

# NATIONAL Assessment Centre Services.

[Ref: 1 Jan 2003]

NAH49056784

Date In: 02/05/2018 17:02	Job description	Date & Time Completed	Done by
Ref No: NAH49056784	SAS e-filing		
Veh No: SN 13291	E-mail (to Jada 3hrs, AIC 2hrs)		
D.O.A: 30/04/2018 08:15	I-Motor Claim Form		
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No: PC 5418R	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date: ( )	Time: ( )
Insured/Driver Liability: ( )	[Note: Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repaler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: ( )

Damage: ( )

NAH4903227	1) AR: Accident Reporting (330)	INC (330)
Driver/Owner:	2) DA: Damage Assessment (5100)	540/45
Contract No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) FT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30
	Foreclosing against INC Only (wef 10 Jan 2003)	\$75
	6) TR: Re-inspection	\$160
	7) NI: (due DA + SMRT Survey	
	8) NTUC Additional Services:	
	OD:	\$5
	NI: Courtesy Car / Transport Allowance	\$10
	NI: Repair Co-ordination	\$20
	NI: Post Repair Inspection	\$5
	NI: DV / Collect Excess Co-ordination	\$20
	TP (NI): TP (Non-INC) Co-ordination	\$30
	NI: NI: Mobile	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	02/05/2019 17:02
Date Of Accident	30/04/2019 08:15
Exact Location Of Accident	ALONG FRANKEL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV1329L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAN CAIYUN
NRIC No	S9037231I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81808036
Alternative Phone No	OTHERS-81808036

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800128580
Cover Note Number	

### Driver

Name of Driver	HAN CAIYUN
NRIC No	S9037231I
Date Of Birth	05/10/1990
Occupation	INDOOR
Date Of Driving Pass	30/09/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81808036
Fax Number	
Contact Number	OTHERS-81808036
Email Address	NOEMAIL

Address	12 ROBEY CRESCENT #05-12
Postcode	546290
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC5418R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	90056600
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

*Rix*

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*02/05/2019*  
Reporting Centre Personnel's Signature  
Name: *Rashid*  
NRIC/FIN No: *Wafar*

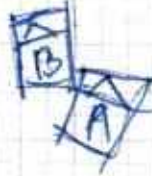


SKETCH PLAN

Alorah Franklin Road

A) SJV 1329L

B) PC 5418P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date & time, I accidentally bump into vehicle B.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30/04/19 (dd/mm/yy) Time of Accident: 08:15 (24-HR-FORMAT)  
Vehicle No.: SV1329L Vehicle Make & Model: Hyundai i30  
Exact location of Accident: Frankel Avenue  
Policyholder's Name / IC No.: Han Caiyun 39037231E  
Driver's Name / IC No.: \_\_\_\_\_ (As Above) ☒  
Driver's Contact No.: 8180 8036 Company Contact No.: \_\_\_\_\_  
Driver's Address: 15 Lengkong Satu (3417486)  
Insurance Company: AI6 Email address (if any): \_\_\_\_\_

#### Relationship between Owner & Driver:

or Others specify: \_\_\_\_\_

#### What do you wish to claim? (Please TICK one only)

☒ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

#### Exact purpose for which the vehicle Was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job): ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 1

Passenger Name: \_\_\_\_\_  
Passenger Name: \_\_\_\_\_

Gender: \_\_\_\_\_  
Gender: \_\_\_\_\_

#### Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: PC 5418R

Driver's Contact No: 9005 6600 Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

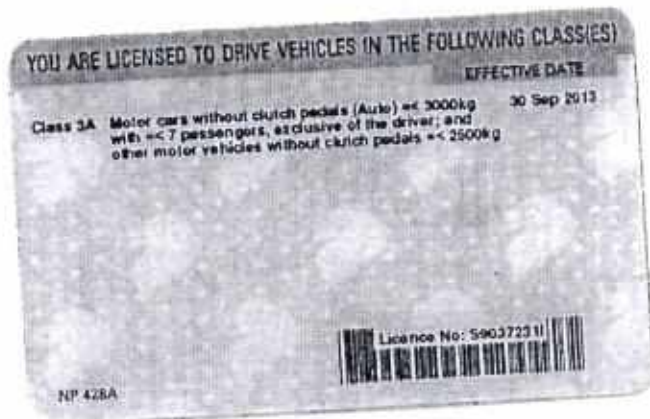
\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.











# CERTIFICATE OF INSURANCE

## AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : HAN CAIYUN  
Period of Insurance : 29 Oct 2018 To 28 Oct 2019  
Engine No. : G4FC9U779146  
Chassis No. : KMHDC51DMAU230919

Vehicle No. : SJV1329L  
Policy No. : 1800128580  
Endorsement No. : 000000000236777  
Issued Date : 29 Oct 2018

### ABOUT THE COVER

Make/Model : HYUNDAI I 30

Engine Capacity/Tonnage : 1,591.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2010

Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive\* :

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

HAN CAIYUN - \$600 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504631000

B.A.S. INSURANCE AGENCY

NO 30 KAKI BUKIT ROAD 3 #05-06

SINGAPORE 417819

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

SEPSAA