

NATIONAL Assessment Centre Services.

(wef 1 Jan'05) MNA 119036548-2

Date In: 2/5/19-13:49	Job description	Date & Time Completed	Done by
Ref No: 19/11/19/207759/24	SAS e-filing		
Veh No: SUD 796A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 1/5/19-11:20	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: 61360867 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%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

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

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

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

Remarks:- (INC hotline: 6788 6616) Date & Time Completed Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time Actions

Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
QJ)*		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (N-in INC) against INC \$20		
9) N12: Idac Mobile 30		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

NA 1403341

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

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 13:49
Date Of Accident	01/05/2019 11:20
Exact Location Of Accident	SLIP RD TAMPINES AVE 2 TWDS SIMEI AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD296A
Insured/Policyholder	
Name Of Registered Owner	LOO CHEE CHONG
NRIC No	S1462065F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98153166
Alternative Phone No	OFFICE-98153166
Vehicle Particulars	
Manufacturer	SKODA
Model	SUPERB ELEGANCE COMBI 1.8 AUTO
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	2100473902-02
Cover Note Number	

Driver

Name of Driver	DEOCAMPO FIONA REMIGIUS
NRIC No	S1733029B
Date Of Birth	01/10/1963
Occupation	INDOOR
Date Of Driving Pass	14/10/2005
Driving Experience	13 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90104881
Fax Number	
Contact Number	OFFICE-90104881
Email Address	NOEMAIL

Address	BLK 114 SIMEI STREET 1 #08-608
Postcode	520114
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	YES
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

REFER TO STATEMENT.

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	GBG8486T
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JIMMY
NRIC/Passport Number	
Contact Number	91905080
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	DEOCAMPO FIONA REMIGIUS
------	-------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLD296A

YES

NO

SKETCH PLAN

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. 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.

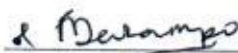
8. Consent under the Personal Data Protection Act (PDPA)

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.



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.:

SKETCH PLAN



① SLD276A

② GB 67486T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my vehicle and my vehicle was stationary at the slip road of Tampines Ave 2.

Suddenly vehicle B came from behind and hit onto the rear portion of my vehicle.

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.:

Date of Accident : 01/05/2019 Accident Time: 11:20 (24-HR-Format)
 Accident Place : TRAMPINGS AVE & Slip Rd Twdg T. Simei Ave
 Vehicle Reg. No. (Car Plate No.) : SLD 296A
 Vehicle Make/Model : SKODA SUPERB
 Insurance Company : MG Policy No. 2100473902-02
 Owner or Company Name / IC No. : LOO CHEE CHONG / 51462065F
 Owner or Company Contact No. : 98153166 Owner's Hp — Company Tel —
 DRIVER'S Name / IC No. : DEOCAMPO FIONA REMIGIUS / 51733029B
 DRIVER'S Date Of Birth : 11/10/1963 DRIVER'S License Pass Date 11/10/2005
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —
 DRIVER'S Address : 114 Simei St 1 #08-608 (S) 520114
 DRIVER'S Contact No. / Alt No. : 1) 9010 4881 2) —
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : —
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1 driver only
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>(B) GAG 8486 T</u>	Vehicle Reg. No: <u>—</u>
Vehicle Make/Model: <u>NISSAN</u>	Vehicle Make/Model: <u>—</u>
Name Driver: <u>Jimmy</u>	Name Driver: <u>—</u>
IC No. Driver: <u>—</u>	IC No. Driver: <u>—</u>
Driver's Contact & Add: <u>91905080</u>	Driver's Contact & Add: <u>—</u>

* Injured Person ① Driver: Deocampo Fiona Remigijs / 51733029B

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MNA119056548 Vehicle Registration No: SLD296A
Name(as shown in NRIC) : DEOCAMPO FIONA REMIGIUS NRIC/FIN/Passport No : S1733029B
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : BLK 114 SIMEI STREET 1 #08-608 Singapore(520114)
Contact (Tel) : _____ Mobile No. : 90104881
Email Address : _____
Date of Accident : 01/05/2019 Time of Accident : 11:20
Place of Accident : SLIP RD TAMPINES AVE 2 TWDS SIMEI AVE
Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend relationship with owner & driver - spouse

Policyholder / Driver's Signature
Date:



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

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1733029B



Name



DEOCAMPO FIONA REMIGIUS

Race

FILIPINO

Date of Birth

01-10-1963

Sex

F

Country of Birth

BRUNEI



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1733029B**

Name:

DEOCAMPO FIONA REMIGIUS



Birth Date: **01 Oct 1963**

Issue Date: **14 Oct 2005**



1407729



NRIC No: **S1733029B**



Blood Group: **O+** Date of Issue: **05-11-1993**

Address:

**APT BLK 114 SINEL STREET #08-608
SINGAPORE 520114**

NRIC No:

S1733029B

Date:

15-11-1997

No:

2082303

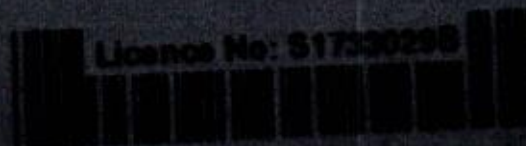
CLASSIFIED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE:

14 Oct 2005

Class 3A Motor cars without clutch pedals $\leq 3000\text{kg}$
with ≤ 7 passengers, exclusive of the driver;
and motor tractors/vehicles without clutch
pedals $\leq 2500\text{ kg}$

Licence No: **S1733029B**



AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Loo Chee Chong
 Period of Insurance : 27 May 2018 To 26 May 2019
 Engine No. : CDA180132
 Chassis No. : TMBKB93T5B9041946

Vehicle No. : SLD296A
 Policy No. : 2100473902-02
 Endorsement No. :
 Issued Date : 20 May 2018

ABOUT THE COVER

Make/Model : SKODA SUPERB ELEGANCE 1.8T (A)
 Engine Capacity/Tonnage : 1,781.00 CC Sum Insured : Market Value
 Driver Restriction : NA Off Peak Car : No First Year of Registration : 2011
 Insuring with COE/PARF : 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.

Loss of Use 1500cc - 1600cc Optional

* 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)

Loo Chee Chong - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the

ent repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, You may refer to AIG website 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: HUI HUA CREDIT PTE LTD

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).

0691699000

YAP WOON MING

544 WOODLANDS DRIVE 16 #12-03

SINGAPORE 730544 SP/JUNETECHO-GARYTAY

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE