

# NATIONAL Assessment Centre Services.

[Part 1 Jan 2003]

MNA 119097108

Date In: 25/7/19 09:26	Job description	Date & Time Completed	Done by
Ref No: NA1AIG19013097164	SAS e-filing		
Veh No: SKN 5825A	E-mail (within 8hrs, AIC 2hrs)		
LOA: 24/7/19 14:30	I-Motor Claim Form		
OT: 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/Whan		

Preferred Wksp / HMC Assign Wksp / CW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: FRE 21835	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%; R: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Landing: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

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

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

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

Repair Status: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date: ( )

Time: ( )

Location: ( )

Weather: ( )

Witness: ( )

Police: ( )

Insurance: ( )

Other: ( )

NA1905496	1) AIR: Accident Reporting (\$30)	2) DA: Damage Assessment (\$100)	3) TP: Towing Fee (\$40/\$45)	4) TP: Yellow-Through Survey (\$120)	5) TP: Follow-Through Survey (Resurvey) (\$30)	6) TIR: Re-Inspection (\$75)	7) NLI: Idea DA + SMRT Survey (\$160)	8) NTUC Additional Services:
Driver/Owner:	ON*	*N5: Courtesy Car / Tpl Allowance	*N6: Repair Coordination	*N7: Post Repair Inspection	*N8: DV / Collect Excess Coordination	*N9: TP (NLI) / TP (Non-INC) against INC	*N10: Use Mobile	
Contact No:								
Damaged Portion:								
QC Checked by (Engn-In-Charge):								
Auditors' Comment:								
Sub. 1:								
Sub. 2:								
Sub. 3:								
Sub. 4:								
Sub. 5:								
Sub. 6:								
Sub. 7:								
Sub. 8:								
Sub. 9:								
Sub. 10:								
Sub. 11:								
Sub. 12:								
Sub. 13:								
Sub. 14:								
Sub. 15:								
Sub. 16:								
Sub. 17:								
Sub. 18:								
Sub. 19:								
Sub. 20:								
Sub. 21:								
Sub. 22:								
Sub. 23:								
Sub. 24:								
Sub. 25:								
Sub. 26:								
Sub. 27:								
Sub. 28:								
Sub. 29:								
Sub. 30:								
Sub. 31:								
Sub. 32:								
Sub. 33:								
Sub. 34:								
Sub. 35:								
Sub. 36:								
Sub. 37:								
Sub. 38:								
Sub. 39:								
Sub. 40:								
Sub. 41:								
Sub. 42:								
Sub. 43:								
Sub. 44:								
Sub. 45:								
Sub. 46:								
Sub. 47:								
Sub. 48:								
Sub. 49:								
Sub. 50:								
Sub. 51:								
Sub. 52:								
Sub. 53:								
Sub. 54:								
Sub. 55:								
Sub. 56:								
Sub. 57:								
Sub. 58:								
Sub. 59:								
Sub. 60:								
Sub. 61:								
Sub. 62:								
Sub. 63:								
Sub. 64:								
Sub. 65:								
Sub. 66:								
Sub. 67:								
Sub. 68:								
Sub. 69:								
Sub. 70:								
Sub. 71:								
Sub. 72:								
Sub. 73:								
Sub. 74:								
Sub. 75:								
Sub. 76:								
Sub. 77:								
Sub. 78:								
Sub. 79:								
Sub. 80:								
Sub. 81:								
Sub. 82:								
Sub. 83:								
Sub. 84:								
Sub. 85:								
Sub. 86:								
Sub. 87:								
Sub. 88:								
Sub. 89:								
Sub. 90:								
Sub. 91:								
Sub. 92:								
Sub. 93:								
Sub. 94:								
Sub. 95:								
Sub. 96:								
Sub. 97:								
Sub. 98:								
Sub. 99:								
Sub. 100:								



## 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	25/07/2019 09:06
Date Of Accident	24/07/2019 14:30
Exact Location Of Accident	MACPHERSON RD TOWARDS WINDSOR HOTEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN5825A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE AH BAH
NRIC No	S0207583J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97488825
Alternative Phone No	OFFICE-97488825

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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	2100380128-05
Cover Note Number	-

### Driver

Name of Driver	NIGEL LEE TING JIAN
NRIC No	S8438589A
Date Of Birth	08/12/1984
Occupation	INDOOR
Date Of Driving Pass	10/11/2005
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94787290
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 342A YISHUN RING ROAD #11-1904
Postcode	761342
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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)	3
Passenger 1	NAME: : EMILY KOO GENDER: : FEMALE
Passenger 2	NAME: : MICHELLE FOONG GENDER: : FEMALE

#### 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 ATTACHED STATEMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBE2183S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

GBH3486X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## 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:

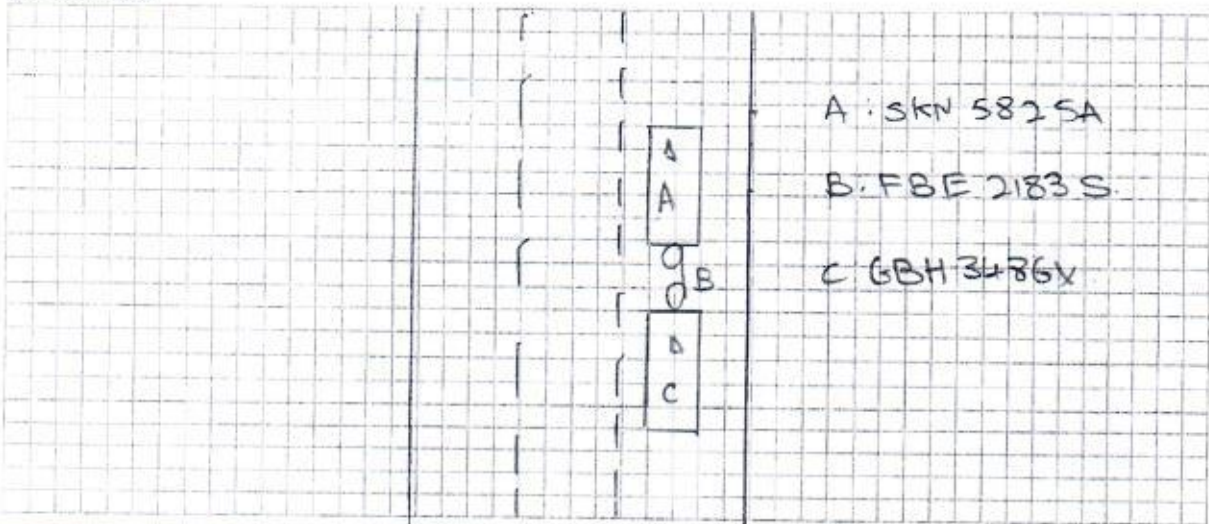
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/07/19 at about 2:30pm, I was travelling  
 along MacPherson Rd towards Windsor Hotel.  
 I was stationary due to the front traffic (red  
 light). Suddenly I felt an impact from my  
 rear. I was involved in a three vehicle chain  
 collision.

## 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 : 24/01/19 Accident Time: 2:30 AM (24-HR-Format)  
 Accident Place : Macpherson rd towards Windsor Hotel  
 Vehicle, No. (Car Plate No.) : SKH582SA Make/Model: \_\_\_\_\_  
 Insurance Company : AIG Policy No: 2100380128-05  
 Owner or Company Name /IC No. : 502075831 Lee Ah Ah Bah  
 Owner or Company Contact No. : 97488825 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Nigel Lee Ting Han  
 DRIVER'S Date Of Birth : 08/12/1984 DRIVER'S License Pass Date 10/11/2005  
 Relationship of Owner & Driver : Spouse (Parents) <sup>OTO Driver</sup> Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : B 3426 Yishun Ring road #11-1404  
 DRIVER'S Contact No. / Alt No. : ST61342  
 : 1) 94787290 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): Driver + 2 Passengers  
 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  
 Any Injury (If YES, Pls state): No injury

B  
2nd  
**Other Party Driver's Particular (if any)**  
 Vehicle, No: FBE 2183S Vehicle, No: 3rd C: GBH 3426 X  
 Vehicle Make/Model: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_ Name Driver: \_\_\_\_\_  
 IC No. Driver/Contact: \_\_\_\_\_ IC No. Driver/Contact: \_\_\_\_\_

\* NEW - Passenger's name & gender:

- ① Emily Koo (F)
- ② Michelle Fong (F)

*Nigel*

5508042

REF ID: S8438589A

Date of birth  
04-08-2015

Address  
APT BLK 342A YISHUN RING ROAD  
#11-1904  
SINGAPORE 761342

**For LKK/NAC Use Only**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S):

Class 3 Motor cars < 3000 kg with < 7 passengers, exclusive of the driver, and motor tractors / vehicles < 2500 kg

PASS DATE  
10 Nov 2005

NP 423A

License No: S8438589A

**For LKK/NAC Use Only**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8438589A

Name  
NIGEL LEE TING JIAN

Chinese Name  
李廷堅

Race  
CHINESE

Date of birth  
08-12-1984

Sex  
M

Country/Place of birth  
SINGAPORE

**For LKK/NAC Use Only**

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8438589A

Name  
NIGEL LEE TING JIAN

Post Date  
08 Dec 1984

Issue Date  
10 Nov 2005

001200185A

**For LKK/NAC Use Only**





## CERTIFICATE OF INSURANCE

### MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lee Ah Bah  
Period of Insurance : 27 Jun 2019 To 26 Jun 2020  
Engine No. : P520217151  
Chassis No. : JMGBM41A8EQ127759

Vehicle No. : SKN5825A  
Policy No. : 2100380126-05  
Endorsement No. :  
Issued Date : 16 May 2019

#### ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV

Engine Capacity/Tonnage : 1,496.00 CC

Driver Restriction : NA

Sum Insured : Market Value  
Off Peak Car : No

First Year of Registration : 2014  
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 - 1800cc 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)

Lee Ah Bah - \$600 (Own Damage), Nigel Lee Ting Jian - \$600 (Own Damage)

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

1 Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. 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: HONG LEONG FINANCE 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), the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

3503599190

RF (AP) PTE LTD - MAZDA

MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Monik*

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

Attention: Way #07-16 AIG Building 5079120 / T: +65 6419 3000 / [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0207583J



Name

LEE AH BAH



张慧颖

Race

CHINESE

Date of Birth

11-12-1954

Sex

M

Country of Birth

SINGAPORE

For NAC Use Only



0078216



NRIC No. S0207583J



Artisan

For LKK/NAC Use Only

Blood Group Date of issue

A+ 09-09-1991

APT BLK 162 BISHAN STREET 13 303-10  
SINGAPORE 2057

NRIC No:

S0207583J

Date:

383 No: 1383205