

NATIONAL Assessment Centre Services

[ver 1 Jan 2003]

MNA 119099569-01

Date In: 30/7/19 11.42	Job description	Date & Time Completed	Done by
Ref No: NA/A1901335/14	SAS e-filing		
Veh No: SMC 2545L	E-mail (within 2hrs, AIC 2hrs)		
DOA: 29/7/19 20.30	I-Motor Claim Form		
OD: <input checked="" type="radio"/> TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Profound Wesp / INC Assign Wesp / GW: (

Tel:

Fax:

TP Particulars:

Veh No:

64 907.9 X INC () / Non-INC ()

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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 ()

General Remarks:

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

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

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

Remarks:

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time:

Action:

MA1905698

Claimant's Particulars:	1) AR: Accident Reporting (\$30);	3000
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idao Mobile 30	
	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	30/07/2019 11:42
Date Of Accident	29/07/2019 20:30
Exact Location Of Accident	BRADDELL ROAD B4 BCA ACADEMY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2545L
Insured/Policyholder	
Name Of Registered Owner	RANDY SNG YONG HOE
NRIC No	S0053360B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97814781
Alternative Phone No	OFFICE-97814781

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	1800074772
Cover Note Number	

Driver

Name of Driver	RANDY SNG YONG HOE
NRIC No	S0053360B
Date Of Birth	09/07/1954
Occupation	INDOOR
Date Of Driving Pass	09/07/1982
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97814781
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 306 SERANGOON AVENUE 2 #05-78 SINGAPORE
Postcode	550306
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	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)	2
Passenger 1	NAME: : GAN BEE GEOK AUDREY 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 TO 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	GU9079X
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)

DETAILS OF INJURED PERSON 1

Name	RANDY SNG YONG HOE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMC2545L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	GAN BEE GEOK AUDREY
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMC2545L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

VEHICLE NO.: _____
INSURER : _____
DATE & TIME: _____

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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:

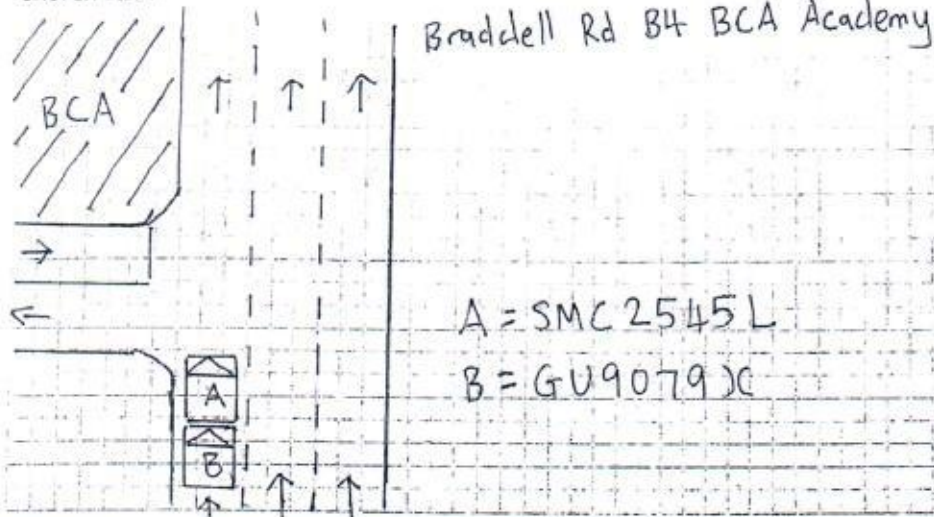
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 the stated date and time, 1 vehicle A (SMC2545L) was travelling on the stated venue on lane 3. Suddenly, I felt huge an impact from the rear. I alighted and realise vehicle B (GU9079X) had collided onto me vehicle's rear portion causing damages. My passenger and I felt uncomfortable and thus seek medical attention at Intermedical 24 Hr Clinic and was given 2 days MC. Passenger → GAN BEE GEOK S1269096G

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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.:

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

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 : MNA119099569 Vehicle Registration No: SMC 2545L
Name(as shown in NRIC) : Randy Sng Yong Hoe NRIC/FIN/Passport No : 50053360B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 97814781
Email Address : _____
Date of Accident : 29/7/19 2030 Time of Accident : 2030
Place of Accident : BRADDELL ROAD B4 BCA ACADEMY
Insurance Company: A/G 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 PASSENGER GENDER to Female

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 30/7/19

Particular of Insured / Driver & Details of the Accident

(Pls circle where applicable)

Location of Accident: Braddell Road B4 BCA Academy Entrance

Date & Time of Accident: 29/07/2019 2030 hrs

Purpose when vehicle was used at the time of accident: Private Use
(eg. Going Home)

Details of Own Vehicle

Vehicle Registration Number: SMC 2545 L

Make / Model: Mazda 3

Vehicle Category: Private Car

Claiming Own Insurance: YES / NO

If No, Reporting only / Third Party Claim

Name of Preferred workshop: jwg International Pte Ltd Contact: jwg-reporting@yahoo.com

Insured / Policy Holder

Name of Registered Owner: Randy Sng Yong Hoe

NRIC: S0053360 B

Address: Blk 306 Serangoon Avenue 2 #05-78 S(550306)

Mobile No: 9781 4781

Other Contact: Home No. / Office / Others: _____

Email: _____

Driver

Name of Driver: Randy Sng Yong Hoe

NRIC/ Fin: S0053360 B

Driving License Pass Date: 09/07/1982

DOB: 09/07/1954

Address: Blk 306 Serangoon Avenue 2 #05-78 S(550306)

Occupation: INDOOR / OUTDOOR

Mobile No: 9781 4781

Gender: MALE / FEMALE

Other Contact: Home No. / Office / Others: _____

Email: _____

Driver an employee: YES / NO

If Driver is a policyholder, please kindly ignore this question. If no, what is relationship with the policyholder: Owner

Insurance Company

Fleet Policy: YES / NO

Policy Number: 1800074772

Type of Coverage: _____

General Information of Accident

Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: _____

Weather Conditions: CLEAR / RAINING / OTHERS: _____

Road Surface: DRY / WET

Any video captured by car camera? YES / NO

*Any witness? YES / NO

Any police report made: YES / NO

*Injured party: YES / NO

(*If Yes, pls provide name & tel)

For Injured Party details, it must be supported by police report

No. of Passenger (Including Driver): 2

Details of Passenger 1

Name of Passenger: Gian Bee Greok Audrey

Gender: _____

Details of Passenger 3

Name of Passenger: _____

Gender: _____

Details of Other Vehicle Property 1

Vehicle Registration No: GU 9079 X

Vehicle Make / Model / Colour: _____

Name of Driver: _____

No. of Passenger (Including Driver): _____

NRIC: _____

Contact Number: _____

Nature of Damage: _____

Vehicle Category: _____

Details of Passenger 2

Name of Passenger: _____

Gender: _____

Details of Passenger 4

Name of Passenger: _____

Gender: _____


Details of Other Vehicle Property 2

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S0053360B**
 Name: **RANDY SNG YONG HOE**
 Birth Date: **09 Jul 1954**
 Issue Date: **31 May 2003**



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S0053360B**
 Name: **RANDY SNG YONG HOE**
 Race: **孙 永和**
 CHINESE
 Date of Birth: **09-07-1954** Sex: **M**
 Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES/

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	09 Jul 1982


For LKK/NAC Use Only

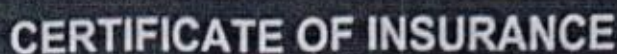
Licence No: **S0053360B**
 NP 428A

3204143


 NRIC No: **S0053360B**


 Board Order: **B+** Date of issue: **18-10-2000**

APT BLK 306 SERANGOON AVENUE 2 #05-78
 SINGAPORE 550306
 NRIC No: **S0053360B** Date: **01/11/2008** No: **6124016**



Name of Policyholder : Randy Sng Yong Hoe
Period of Insurance : 28 Jun 2018 To 27 Jun 2020
Engine No. : P520499463
Chassis No. : JM6BN24A8J0209215

Vehicle No. : SMC2545L
Policy No. : 1800074772
Endorsement No. :
Issued Date : 06 Jul 2018

Make/Model	MAZDA 3 1.5 SKYACTIV
Engine Capacity/Tonnage	1,496.00 CC
Driver Restriction	NA

Sum Insured	: Market Value	First Year of Registration	: 2018
Off Peak Car	: No	Insuring with COE/PAF	: Yes

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

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 imperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Section 1
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Randy Sing Yong Hoe - \$600 (Own Damage)

1 Trans-Eurokare Pte Ltd, Add: 5 Ubi Close, Singapore 408605 63958899

For other Approved Reporting Centres/AiG Authorised Repairs, please contact our 24-hour accident emergency hotline at +65 6338 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.

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

I/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. 182), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503596190

ARF (AP) PTE LTD - MAZDA
7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX
SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

78 Shenton Way #27-16 AIO Building S078120 | T: +65 6410 3000 | F: +65 6415 0723 | www.aig.com.sg

AIG Asia Pacific Insurance Co., Ltd.