

NATIONAL Assessment Centre Services

Form 1 (01/01/07)

Date In: 01/08/2019 10:35	Job description	Date & Time Completed	Done by
Ref No: NBO/AYG/013557/7	SAS e-Ming		
Veh No: SGM 89985	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 13/07/2019 13:20	1-Motor Claim Form		
OD: TP: Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkan		

Preferred Wksp / MNC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: SHB 89552

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:

Claimant's Particulars:	Invoice Preparation Checklist:	Ami (\$)	Ami (\$)
	1) AR: Accident Reporting (\$30):		
	2) DA: Damage Assessment (\$100): INC (\$80)		
	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2008)		
	6) TR: Re-inspection \$75		
	7) NI: Idem DA + SMRT Survey \$100		
	8) NTUC Additional Services:		
	(1)11		
	* N3: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11) - TP (Non INC) against INC \$20		
	N12: Idem Mobile 30		

Q1: 2/3

1/1/19

Invoice date:

Pen Charged

Fee Charged

07-MAY-2019 16:39

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	02/08/2019 12:36
Date Of Accident	31/07/2019 21:20
Exact Location Of Accident	GRANGE RD B/F THE ENTRANCE TO CINE-LEISURE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM8998S
Insured/Policyholder	
Name Of Registered Owner	LEE LAY CHOO
NRIC No	S1463642J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91147328
Alternative Phone No	OTHERS-91147328

Vehicle Particulars

Manufacturer	MAZDA
Model	CX-5
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	1800139391
Cover Note Number	

Driver

Name of Driver	TERENCE LEE GUAN FENG
NRIC No	S9232055C
Date Of Birth	03/09/1992
Occupation	INDOOR
Date Of Driving Pass	19/08/2015
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91147328
Fax Number	
Contact Number	OTHERS-91147328
Email Address	NOEMAIL

Address	27 EASTWOOD DRIVE
Postcode	486556
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	COLLISION - MAJOR/MINOR RD
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	SHB8955L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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:

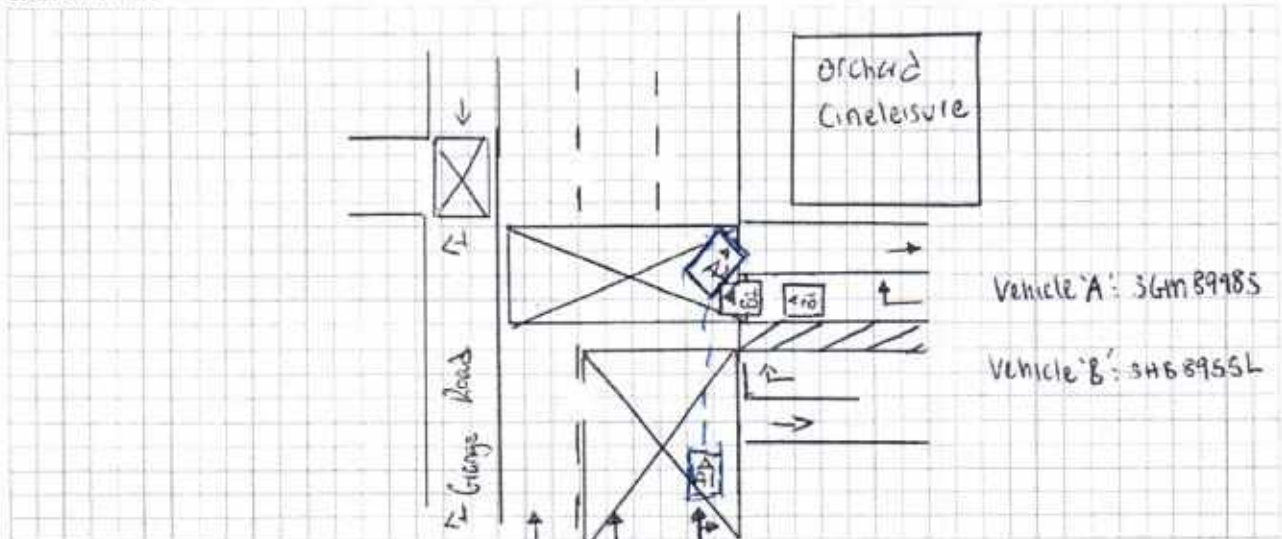
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Paul H. M.
NRIC/FIN No.: 9201 1234 5678 9010

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, I vehicle "A" was travelling on my designated lane along grange Road towards cineleisure. I was about to turn right into the cineleisure carpark when I suddenly felt an impact. I alighted to realise that vehicle "B" did not stop before the stop line before he turned out. This accident could have been avoided if vehicle "B" had stopped before the stop line. I would like to state that I signalled my intentions before making the turn. That is all.

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

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 31/7/2019 (dd/mm/yy) Time of Accident: 21: 20 (24-HR-FORMAT)
Vehicle No.: SLM 89985 Vehicle Make & Model: Mazda CX-5
Exact location of Accident: Giang Road k/l the entrance to Cine-leisure complex
Policyholder's Name / IC No.: Lee Lay Choo / S1463642J
Driver's Name / IC No.: Terence Lee Guan Peng / S9252055C (As Above) ☐
Driver's Contact No.: 9114 7328 Company Contact No.: _____
Driver's Address: 27 Eastwoodvale drive, S1486556
Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver:

or Others specify: children

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): 01

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: SHB8955L (B)

Driver's Contact No: _____ 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.



**SINGAPORE
POLICE FORCE**



G/20190801/7041

1 of 2

POLICE REPORT (NP299)

Report No. G/20190801/7041

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 01/08/2019 15:32	Vide Report No.	Station Diary No.
Name Of Informant TERENCE LEE GUAN FENG	Address 27 EASTWOOD DRIVE SINGAPORE 486556	
ID Type / ID No. NRIC NO / S9232055C	Contact No. Home/Office:	Mobile: 91147328
Nationality SINGAPORE CITIZEN	Email Address terenceleegf@gmail.com	
Occupation Sales and marketing manager	Sex Male	Age 26
Institution/School Name	Date of Birth 03/09/1992	Race Chinese
Date/Time Of Incident 24/07/2019 20:35 - 25/07/2019 21:00	Location Of Incident 27 EASTWOOD DRIVE SINGAPORE 486556	

Brief details.

I lost my wallet which includes my NRIC and \$80 cash and some membership cards at tampines mall shopping centre.

Subjects Involved			
Victim			
Person Name	TERENCE LEE GUAN FENG		
ID Type	NRIC NO	ID No	S9232055C
Gender	Male	Age	26

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2019 15:32
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

For LKK/NAC Use Only



**SINGAPORE
POLICE FORCE**



G/20190801/7041

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190801/7041

Race	Chinese	Language	English
Occupation	Sales and marketing manager	Address Type	
Address	27 EASTWOOD DRIVE SINGAPORE 486556	Mobile No	91147328
Is Informant A Victim?	Yes		
Person Name	TERENCE LEE GUAN FENG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2019 15:32
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



S9232055C

TERENCE LEE GUAN FENG
LI YUANFENG

For LKK/NAC Use Only

Birth Date: 03 Sep 1992

Issue Date: 19 Aug 2015



002403330G

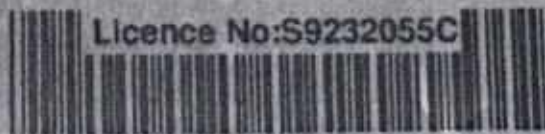
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 19 Aug 2015

For LKK/NAC Use Only

NP 428A



Licence No: S9232055C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1463642J



Name
LEE LAY CHOO

For LKK/NAC Use Only

Race
CHINESE

Date of Birth
04-10-1961

Sex
F

Country of Birth
SINGAPORE



0432412

NRIC No. S1463642J



For LKK/NAC Use Only

Blood Group
B+

Date of issue
18-07-1992

27 EASTWOOD DRIVE
SINGAPORE 486558

NRIC No. S1463642J

Date: 17-12-2001

File: 4175485

MAZDA AUTO PROTECTOR - PRIVATE VEHICLE

Name of Policyholder : Lee Lay Choo
 Period of Insurance : 21 Nov 2018 To 20 Nov 2020
 Engine No. : PE31302129
 Chassis No. : JM6KF2W7AK0242257

Vehicle No. : SGM8996S
 Policy No. : 1800139391
 Endorsement No. :
 Issued Date : 14 Dec 2018

ABOUT THE COVER

Make/Model : MAZDA CX5 2.0 SKYACTIV
 Engine Capacity/Tonnage : 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2018
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : 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 imperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 65 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lee Lay Choo

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

1. Trans Eurocare Pte Ltd Add: 27A Tanjong Pagar Road, Singapore 069042 63310008

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 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), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0603599160

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

BBCAN