

NATIONAL Assessment Centre Services

[ver 1 Jan 09]

MNA 119125783 - 01

Date In: 23/19/19 14:55	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MNA 119125783 50164	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SLD 3464L	i-Motor Claim Form		
TP No: 23/19/19 14:20	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer: (TP) Rep (Only)	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Professional Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: SHA 9550U	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) (6788/6616)	Date: ()	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: ()

Client's Particulars: MNA 1907144	Invoice Information Checked: ()	Am (\$)	Am (\$)
Driver/Owner: ()	1) AR: Accident Reporting (\$30)	3.00	
Contact No: ()	2) DA: Damage Assessment (\$100)	INC (\$80)	
Damaged Portion: ()	3) TP: Towing Fee (\$40/\$45)	\$120	
QC Checked by (Engr-In-Charge): ()	4) PT: Follow-Through Survey (\$30)	\$120	
Auditors Comments: ()	5) PT: Follow-Through Survey (Resurvey) (\$30)	\$120	
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection (\$75)	\$160	
	7) NI: Idao DA + SMRT Survey (\$160)		
	8) NTUC Additional Services:		
	OR:		
	*N5: Courtesy Car / Tpl 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)		
	9) N12: Idao Mobile (\$30)		
	Invoice dated: ()	Fax Charged: ()	
	Invoice dated: ()	Fax 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	23/09/2019 14:55
Date Of Accident	23/09/2019 14:20
Exact Location Of Accident	PAYA LEBAR RD BESIDE SHELL STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD3464L
Insured/Policyholder	
Name Of Registered Owner	TENG SZE KWANG
NRIC No	S6935048H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91469255
Alternative Phone No	OFFICE-91469255

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	REPORTING ONLY
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	2100469826-03
Cover Note Number	

Driver

Name of Driver	TENG SZE KWANG
NRIC No	S6935048H
Date Of Birth	15/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	08/04/1989
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	+65-91469255
Fax Number	
Contact Number	OFFICE-91469255
Email Address	NOEMAIL

Address	BLK 133 EDGEDALE PLAINS #10-52
Postcode	820133
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?	NO
Was any injured conveyed to hospital by ambulance?	
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

I STOP AT THE TRAFFIC JUNCTION OF PAYA LEBAR RD BESIDE THE SHELL STATION DUE TO RED LIGHT, WHEN I NOTICED THE TAXI IN FRONT OF ME STARTED TO MOVE, AS SUCH I FOLLOW TO MOVE, ALL OF A SUDDEN, THE TAXI BRAKE HARD, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, I LIGHTLY TOUCH ONTO THE TAXI REAR PORTION.

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	SHA9550U
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:
NRIC/FIN No.:

SKETCH PLAN

Shell

B

A

A = SLD 3464L
B = SHA 9550U

Paya Lebar Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:

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 : MNA119125783 Vehicle Registration No: SLD3464L
Name(as shown in NRIC) : TENG SZE KWANG NRIC/FIN/Passport No : S6935048H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 91469255
Email Address : _____
Date of Accident : 23/09/2019 Time of Accident : 14:20
Place of Accident : PAYA LEBAR RD BESIDE SHELL STATION
Insurance Company : AIG

(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 ADD IN PRIVATE SETTLEMENT FORM.

Policyholder / Driver's Signature
Date: 24/9/19

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 24/9/19.

MUTUAL SETTLEMENT FORM FOR MOTOR ACCIDENT

AIG

1. WE, THE UNDERSIGNED HEREBY AGREE TO MUTUALLY SETTLE AMONG OURSELVES A MOTOR ACCIDENT AS FOLLOWS:

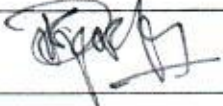

Date / Time:	23 Sept 2019 / 2:20 pm
Along:	Paya Lebar Road
Involving Vehicle Number(s):	SLD 3464L & SHA 9550 U

2. BOTH PARTIES HAVE AGREED TO SETTLE THIS MATTER AMICABLY AS FOLLOWS:

**Delete (A) and (B) as applicable.*

(A) Neither party shall be liable to compensate the party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

(B) Without admission of liability, TENG SZE KWANG (Name) (Party paying compensation) has paid a sum of S\$ 150.00 (Amount) which TAN CHOON GUAN (Owner of vehicle receiving compensation) herewith acknowledge receipt in full and final settlement of damages and costs incurred as a result of this accident.

Signature: 	Signature: 
Name: <u>TENG SZE KWANG</u>	Name: <u>TAN CHOON GUAN</u>
I/C No: <u>504874</u>	I/C No: <u>82841F</u>
Address: <u>Buk 133 Edgedale Plains #10-52</u>	Address:
Vehicle No.: <u>SLD 3464L</u>	Vehicle No.: <u>SHA 9950U</u>
Contact No.: <u>91469255</u>	Contact No.: <u>90487737</u>
Date: <u>24/9/19</u>	Date: <u>24/9/19</u>

MUTUAL SETTLEMENT FOR MOTOR ACCIDENT

1. We the undersigned hereby agree to mutually settle among ourselves a motor accident as follows:

Date/Time : 23/9/19 1420 hrs
Along : Upp Paya Lebar Road
Involving : SHA 95504 X SLD 3464L

2. Neither party will report the accident to the relevant authorities as there are no personal injuries involved.

3. Both parties have agreed to settle this matter amicably as follows:

*Delete (a) or (b) as applicable

*(a) Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred as a result of the accident. Each party shall bear their own repair cost.

*(b) Without admission of liability, Teng Sze Kwang (party paying compensation) has paid a sum of \$ 150/- which Tan Choon Guan (owner of vehicle receiving compensation) hereby acknowledges receipt in full and final settlement of all damages and costs incurred and/or to be incurred as a result of this accident.

Signature : [Signature]
Name : Tan Choon Guan
I/C No : X 8254F
Address : _____

Vehicle no : SHA 95504
Contact no : 90487937
Date : 24/9/19

Signature : [Signature]
Name : Teng Sze Kwang
I/C No : X 5048H
Address : _____

Vehicle no : SLD 3464L
Contact no : 91469255
Date : 24/9/19

"The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document"

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Teng Sze Kwang
Period of Insurance : 14 Jun 2019 To 13 Jun 2020
Engine No. : 2ZR1777147
Chassis No. : JTDGG20W70J004387

Vehicle No. : SLD3464L
Policy No. : 2100469826-03
Endorsement No. :
Issued Date : 10 May 2019

ABOUT THE COVER

Make/Model : TOYOTA NEW WISH

Engine Capacity/Tonnage : 1,798.00 CC

Driver Restriction : NA

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

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)

Teng Sze Kwang - \$600 (Own Damage)

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

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

Any 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 accident 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 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.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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).

0030210492

AIG - AUTO DIRECT

78 SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPDAC