

# NATIONAL Assessment Centre Services

[ver 1 Jan 02]

MMA 119126192

|   |  |                       |         |
|---|--|-----------------------|---------|
| Date In: 24 19 119 08:50                            | Job description                          | Date & Time Completed | Done by |
| Ref No: MA1A1G 190 16785 1A4                        | SAS e-filing                             |                       |         |
| Veh No: SMM 4836 61                                 | E-trail (within 3hrs, A/C 2hrs)          |                       |         |
| IPRA: 23 19 119 10:45                               | I-Motor Claim Form                       |                       |         |
| OD: <input checked="" type="radio"/> 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 |                       |         |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel: (   | Fax: (                |
| TP Particulars:                          | Veh No: SLZ 20642  | 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%; 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 repaler. |
| ( ) Total Loss Case: to e-mail Insurer URGENTLY.   |
| Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: (                               |

|   |                       |         |
|---|-----------------------|---------|
| Remarks: (INC) (Inc) (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 | Action |
|           |        |
|           |        |
|           |        |
|           |        |

|                                 |   |         |         |
|---------------------------------|---|---------|---------|
| MA 190 7187                     | Invoice Preparation Checklist                   | Am (\$) | Am (\$) |
| Claimant's Particulars:         | 1) AR: Accident Reporting (\$30);               | 30.00   |         |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$30)    |         |         |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |         |         |
| Damaged Portion:                | 4) PT: Follow-Through Survey \$120              |         |         |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30    |         |         |
| Auditors' Comments:             | For claiming against INC Only (wef 10 Jan 2002) |         |         |
|                                 | 6) TR: Re-inspection \$75                       |         |         |
|                                 | 7) NI: Idao DA + SMRT Survey \$160              |         |         |
|                                 | 8) NTUC Additional Services:                    |         |         |
|                                 | ON*   |         |         |
|                                 | *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 (N11 INC) against INC \$20         |         |         |
|                                 | 9) N12: Idao Mobile \$0                         |         |         |
|                                 | 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             | 24/09/2019 08:50      |
| Date Of Accident           | 23/09/2019 10:45      |
| Exact Location Of Accident | ALONG NICOLL HIGH WAY |
| Country/State of Loss      | SINGAPORE             |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMM4836G             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | IDA CHEE KWEE LAN    |
| NRIC No                     | G3863120P            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-91333724 |
| Alternative Phone No        | OFFICE-91333724      |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | MAZDA        |
| Model  | CX-9-2.5 (A) |
| 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             | 1900114811                           |
| Cover Note Number         | -                                    |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | IDA CHEE KWEE LAN    |
| NRIC No              | G3863120P            |
| Date Of Birth        | 09/11/1979           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 08/08/1999           |
| Driving Experience   | 20 YEARS AND 1 MONTH |
| Gender               | FEMALE               |
| Mobile Number        | (LOCAL) +65-91333724 |
| Fax Number           |                      |
| Contact Number       | OFFICE-91333724      |
| Email Address        | NOEMAIL              |

|   |                       |
|---|-----------------------|
| Address   | 260 ORCHARD RD #06-01 |
| Postcode  | 238855                |
| 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 - CHANGE/CROSS LANE |
| 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)   | 3  |
| Passenger 1   | NAME: : KELLY CHEE KWEE SHIN<br>GENDER: : FEMALE |
| Passenger 2   | NAME: : TAY SIOK HONG<br>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

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 | SLZ2064Z    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| 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: 23/9/2019

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

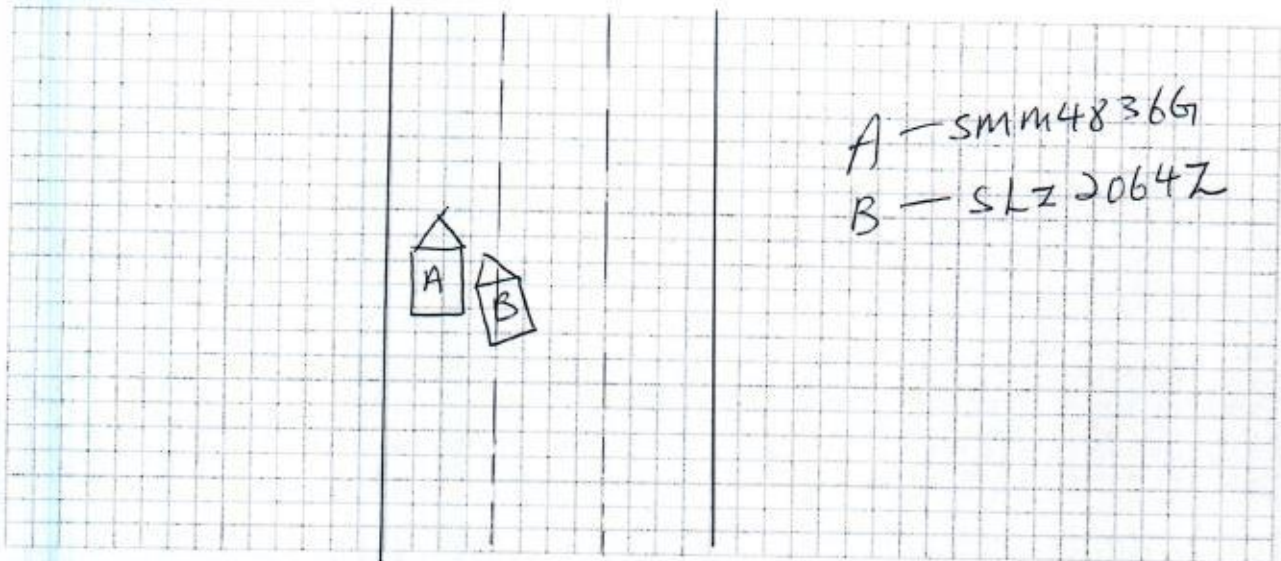
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, I was driving my vehicle  
A along Nicoll High Way. Suddenly vehicle B cut into  
my lane and hit on RH Side Front portion.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 23/9/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Date of Accident : 23/9/19 Accident Time: 10.45am (24-HR-Format)  
 Accident Place : Along Nicoll High Way  
 Vehicle No. (Car Plate No.) : SMM 4836G Make/Model: Mazda CX9  
 Insurance Company : Alfa Policy No: 1900114811  
 Owner or Company Name / IC No. : IDA Chee Kwee Lan / G138631209  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 91333724 Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : as above  
 DRIVER'S Date Of Birth : 9/11/1979 DRIVER'S License Pass Date 8/8/1999  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
 DRIVER'S Address : 260 Orchard Road #06-01 S238855  
 DRIVER'S Contact No / Alt No. : 1) \_\_\_\_\_ 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): 3 person  
 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): N/A

Other Party Driver's Particular (if any)

|                              |                              |
|------------------------------|------------------------------|
| Vehicle No: <u>SLZ 20642</u> | Vehicle No: _____            |
| Vehicle Make/Model: _____    | Vehicle Make/Model: _____    |
| Name Driver: _____           | Name Driver: _____           |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

\* NEW - Passenger's name & gender:

Kelly Chee Kwee Shin (sister) (F)  
Tay Siok Hong (mother) (F)





## COVER NOTE

### MAZDA AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

|                      |                              |                 |               |
|----------------------|------------------------------|-----------------|---------------|
| Name of Policyholder | : Ida Chee Kwee Lan          | Vehicle No.     | :             |
| Period of Insurance  | : 28 Jun 2019 to 27 Jun 2021 | Cover Note No.  | : 1900114811  |
| Engine No.           | : PY30946699                 | Endorsement No. | :             |
| Chassis No.          | : JM6TC2WLAK0311980          | Issued Date     | : 27 Jun 2019 |

#### ABOUT THE COVER

|                         |                            |              |                |                            |        |
|-------------------------|----------------------------|--------------|----------------|----------------------------|--------|
| Make/Model              | : MAZDA CX9 2.5 SKYACTIV G | Sum Insured  | : Market Value | First Year of Registration | : 2019 |
| Engine Capacity/Tonnage | : 2,488.00 CC              | Off Peak Car | : No           | Insuring with COE/PAF      | : Yes  |
| 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 "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, 1967 (Malaysia), are not to be included under these headings.

#### EXCESS

##### Section 1

Fire - \$0 Own Damage - \$750 Theft - \$0 Flood Cover - \$0

##### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Ida Chee Kwee Lan

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

1. Trans Eurocars Pte Ltd Add: 27A Tanjong Pagar, Singapore 069042 63310908

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: NA

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.  
We hereby certify that this Cover Note 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, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0503599190

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 See Yee Chan