

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MAH 133493**

Date In: 9/1/09-15:40	Job description	Date & Time Completed	Done by
Ref No: 119/11/190138574	SAS e-filing		
Veh No: JKW124C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 6/2/09-13:15	i-Motor Claim Form		
OD : TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

)

TP Particulars:

Veh No: **JFS36B**

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 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

MA 19 07618	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
	*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 (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
Ref. 1:	Invoice dated	Fee Charged		
Ref. 2 / 3:	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	09/10/2019 15:40
Date Of Accident	06/10/2019 13:25
Exact Location Of Accident	BEDOK NORTH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN5124C
Insured/Policyholder	
Name Of Registered Owner	TEO CHEUN HUAT RAYMOND (ZHANG JUNFA RAYMOND)
NRIC No	S7442779J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83281101
Alternative Phone No	OFFICE-83281101

Vehicle Particulars

Manufacturer	MINI
Model	COOPER D 5DR HATCH LED
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?	YES
If No, Please state action to be taken	
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	1800039942-01
Cover Note Number	

Driver

Name of Driver	TEO CHEUN HUAT RAYMOND (ZHANG JUNFA RAYMOND)
NRIC No	S7442779J
Date Of Birth	30/12/1974
Occupation	INDOOR
Date Of Driving Pass	13/07/1998
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83281101
Fax Number	
Contact Number	OFFICE-83281101
EMail Address	NOEMAIL

Address	BLK 34 BEDOK SOUTH AVENUE 2 #09-369
Postcode	460034
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)	5
Passenger 1	NAME: : TEO KIM SOON GENDER: : MALE
Passenger 2	NAME: : TEO CHEUN PHENG GENDER: : MALE
Passenger 3	NAME: : TAN YAN HUI GENDER: : FEMALE
Passenger 4	NAME: : KANG CHWEE ANN 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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFS36B
Vehicle Make/Model/Colour	MAZDA

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	JARREN TEO
NRIC/Passport Number	S9102422E
Contact Number	88332727
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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: 7th Oct 2019
12:00

Driver's Signature

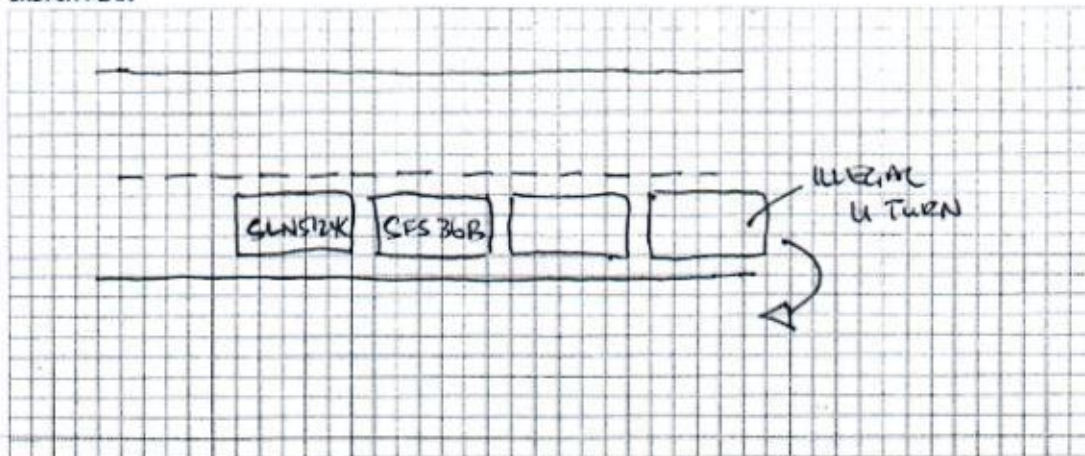
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SLN 3124C

ACCIDENT DATE: 06/10/2019

CONTACT NUMBER: 8328 1101

ACCIDENT TIME: 13.25

EMAIL: teochemhua@raymond@gmail.com

LOCATION: BEDOK NORTH ROAD

I WAS DRIVING ALONG BEDOK NORTH ROAD AND STOP AT TRAFFIC LIGHT. LIGHTS TURN GREEN AND WAS MOVING OFF WHEN THE CAR IN FRONT HIT EMERGENCY BRAKE DUE TO AN ILLEGAL U TURN CAUSING THE ACCIDENT.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: ☒ CLAIM OWN POLICY () CLAIM THIRD PARTY () REPORTING ONLY

DECLARATION

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

Policyholder's Signature

Date & Time: 7th Oct 2019
13:00

GUARANTEE Sketch/Photo form_V3

Driver's Signature

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

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Accident Details

Date	6th Oct 2019	Time	13:25
Location of Accident	BEDOK NORTH ROAD		
Type of Accident	BUMPER TO BUMPER COLLISION		
Weather condition	DRY	Road Surface	DRY

Own Vehicle Details

Registration	SLN 5124C	Model	MINI COOPER D 5DR
Insurer	AIG	Policy No	1800039942-01
Type of Claim	OD CLAIM	No of passengers + driver	5
Owner's Name / IC	TED CHEW HUAT RAYMOND		
Address	BLK 34 BEDOK SOUTH AVE 2 #09-368 S(460034)		
Occupation	SALES		
Pass date of Licence	13th JUL 1998		
Contact	8328 1101	Alternative Phone No	90170666 90170666
E-mail	teocheunhuatraymond@gmail.com		
Driver's Name / IC	TED CHEW HUAT RAYMOND		
Address	BLK 34 BEDOK SOUTH AVE 2 #09-368 S(460034)		
Occupation	SMCS		
Pass date of Licence	13th JUL 1998		
Contact	8328 1101	Alternative Phone No	
E-mail	teocheunhuatraymond@gmail.com		
Relationship w owner	OWNER		

Injury Details

Injured's Name/Age			
Address			
Injury details			
In which vehicle			
Seat belt worn (Y/N)			
Ambulance (Y/N)			

Other Vehicle(s) Details

Registration	SFS 368		
Model	MAZDA		
Insurer			
Damage	REAR OF CAR		
Other Driver's Name	JARREN TEO		
NRIC No	S9102422E		
Contact	8633 2727		
No of passengers + driver	1		

Witness's Details

Name		Name/Gender	TAN YAN HUI (F)
Contact		Name/Gender	TEO Kim SION (M)
E-mail		Name/Gender	KANG CHWE ANN (F)

TEO cheun
Pheng (male)

1) Was there any video captured by Car Camera? (Y/N)	Y
2) Was any foreign vehicle involved in this accident? (Y/N)	N
3) Foreign Vehicle registration Number	NA
4) Foreign Vehicle Category	NA
5) Does the driver own Any Other Vehicle? (Y/N)	N
6) Vehicle Registration Number of Driver's Own Vehicle	SLN 5124C
7) Insurance Company of Driver's Own Vehicle	AIG
8) Approached by anyone offering assistance with repair? (Y/N)	N



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : TEO CHEUN HUAT RAYMOND (ZHANG JUNFA RAYMC) Vehicle No. : SLN5124C
Period of Insurance : 26 May 2019 To 25 May 2020 Policy No. : 1800039942-01
Engine No. : 34349331B37C15A Endorsement No. :
Chassis No. : WMWXT320302C56898 Issued Date : 12 Apr 2019

ABOUT THE COVER

Make/Model : MINI Cooper D 5Dr Hatch LED
Engine Capacity/Tonnage : 1,496.00 CC Sum Insured : Market Value First Year of Registration : 2016
Driver Restriction : NA Off Peak Car : No 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 - 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 - \$0 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

TEO CHEUN HUAT RAYMOND (ZHANG JUNFA RAYMOND)

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: DBS BANK 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, 1959 (Malaysia).

Insure Link Pte Ltd

2 Kallang Avenue #08-16

OT Hub S(339407)

Off : 6444 4844

Fax: 6444 0040

0501295000

INSURE LINK PTE LTD

2 KALLANG AVE #08-16 CT HUB

SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

Yin Ying Loh