

NATIONAL Assessment Centre Services.

[ver 1 Jan'08]

NA 419/45514

Date In: 04/11/2009 11:16	Job description	Date & Time Completed	Done by
Ref No: N/A/AN/5019406/N	SAS e-filing		
Veh No: 31192009 16:00	E-mail (Within 2hrs, AIC 2hrs)		
OD (TP) : Reporting Only	I-Motor Claims Form		
	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBD 9052X	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	Complete	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

NA1908394

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2008)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$35	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (Nil) : TP (Non INC) against INC \$30	
	9) NI2: Idas Mobile	
	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	04/11/2019 11:16
Date Of Accident	31/10/2019 16:00
Exact Location Of Accident	808 KITCHENER COMPLEX ROOF TOP CARPARK(FRENCH RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH317C
Insured/Policyholder	
Name Of Registered Owner	LAURENT LEVAN
NRIC No	S2768589G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91177864
Alternative Phone No	OTHERS-91177864

Vehicle Particulars

Manufacturer	VOLVO
Model	V60 T2 1.5CC
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	2100487212-03
Cover Note Number	

Driver

Name of Driver	CHONG LEVAN CHRISTINA HUI LIN
NRIC No	S2624123E
Date Of Birth	28/03/1967
Occupation	INDOOR
Date Of Driving Pass	08/04/2010
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91177864
Fax Number	
Contact Number	OTHERS-91177864
Email Address	NOEMAIL

Address	53 MIMOSA ROAD #04-55
Postcode	808012
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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 AND POLICE REPORT T/20191102/7007

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD9052X
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)	

SKETCH PLAN

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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

808 Kitchener Complex
roof top carpark.

(FRANCH ROAD)

V-A) SLH317C

V-B) GBD9052X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, I vehicle 'A' was parked stationary on the stated venue. Before I left my vehicle, everything was intact. no dents or scratches damage on my vehicle. On the next following day, I noticed there was a deep dent on my vehicle front left fender, I then tried to retrieve my vehicle camera footage and found that a lorry bearing the plate number GBD9052X parked next to my vehicle, the driver opened his lorry door had came in contact on my vehicle left fender. the video also shows another impact caused while he was back at his lorry retrieving items from his driver side door. my vehicle was damage, a deep dent found on the left fender. vehicle 'B' did not left any notes on my vehicle, he left the scene after causing damage to my vehicle. Police Report T/2019102/2007

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.:



**SINGAPORE
POLICE FORCE**



T/20191102/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191102/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2019 13:06		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHONG LEVAN CHRISTINA HUI LIN			Address: 53 MIMOSA ROAD #04-55 SINGAPORE 808012		
ID Type / ID No.: NRIC NO / S2624123E			Contact No.: Home/Office: Mobile: 91177864		
Nationality: FRENCH			Email: christinalevan@hotmail.com		
Sex: Female	Age: 52	Date of Birth: 28/03/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: others			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 31/10/2019 16:00	Type of Location: Car Park
Location: FRENCH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: HIT & RUN				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD9052X	Lorry					0
SLH317C	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191102/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191102/7007

CONTINUATION OF REPORT

Driver				
Name	CHONG LEVAN CHRISTINA HUI LIN		ID No.	S2624123E
Related Vehicle	SLH317C (Car)		Contact No.	91177864
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

ON THE 31/10/2019 AT ABOUT 1600HRS MY VEHICLE WAS PARKED STATIONARY AT 808 KITCHENER COMPLEX ROOF TOP CAR PARK. I LEFT MY VEHICLE, EVERYTHING WAS INTACT, NO DENT OR SCRATCH DAMAGE ON MY VEHICLE. ON THE NEXT FOLLOWING DAY, I NOTICED THERE WAS A DEEP DENT ON MY VEHICLE FRONT LEFT FENDER. I THEN TRIED TO RETRIEVE MY VEHICLE CAMERA FOOTAGE AND FOUND THAT A LORRY BEARING THE PLATE NUMBER GBD9052X PARKED NEXT TO MY VEHICLE, THE DRIVER OPENED HIS LORRY DOOR HAD CAME IN CONTACT ON MY VEHICLE LEFT FENDER, THE VIDEO ALSO SHOWS ANOTHER IMPACT CAUSED WHILE HE WAS BACK AT HIS LORRY RETRIEVING ITEMS FROM HIS DRIVER SIDE DOOR. MY VEHICLE WAS DAMAGE, A DEEP DENT FOUND ON THE LEFT FENDER. VEHICLE GBD9052X DID NOT LEFT ANY NOTES ON MY VEHICLE, HE LEFT THE SCENE AFTER CAUSING DAMAGE TO MY VEHICLE.



**SINGAPORE
POLICE FORCE**



T/20191102/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191102/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAN JEOK LENG
Contact No.: 65476144

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
02/11/2019 13:06

Classification Of Case:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 31/10/2019 (dd/mm/yy) Time of Accident: 16:00 (24-HR-FORMAT)

Vehicle No.: SLH 317 C Vehicle Make & Model: VOLVO V60 T2 1.5CC

Exact location of Accident: 808 KITCHENER COMPLEX ROOF TOP CARPARK (French Road)

Policyholder's Name / IC No.: LAURENT LEVAN S2768589G

Driver's Name / IC No.: CHONG LEVAN CHRISTINA HUI LIN S2624123E (As Above) ☐

Driver's Contact No.: 9117 7864 Company Contact No: _____

Driver's Address: 53 MIMOSA ROAD #04-55 S808012

Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver: OWNER or Others specify: _____

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?

Occupation (nature of job) ☒ Indoor/ ☐ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (Including Driver): 00

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' Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: 10 UBI AVE 3

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBD 9052 X

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.

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder : LAURENT LEVAN
Period of Insurance : 21 Oct 2019 To 20 Oct 2020
Engine No. : B4154T51750071
Chassis No. : YV1FW28C0H1340472

Vehicle No. : SLH317C
Policy No. : 2100487212-03
Endorsement No. :
Issued Date : 07 Oct 2019

ABOUT THE COVER

Make/Model : VOLVO V60 T2
Engine Capacity/Tonnage : 1,498.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PARF : 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 \$1,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorized 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, game-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 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LAURENT LEVAN - \$800 (Own Damage)

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

1 Wearnes Automotive Pte Ltd Add: 249 Alexandra Road Singapore 159935 64304890 63789350

For other Approved Reporting Centres/AIG Authorized 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 3G Mobile App. Simply search and download "AIG 3G" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC 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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1958 (Malaysia).

0503485716

WEARNES AUTOMOTIVE - RL (V)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mobile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

AIGASIA005LAPP