

# NATIONAL Assessment Centre Services

(ver 1 Jan 2003)

MMA 119148775

|   |  |                        |          |
|---|--|------------------------|----------|
| Date: 11/11/19 11:14                                | Job description: SAS e-filing            | Date & Time Completed: | Done by: |
| Ref No: MA/ AIG 19019914/h4                         | E-mail (within 3hrs, AIG 2hrs)           |                        |          |
| Veh No: SMG 2189K                                   | I-Motor Claim Form                       |                        |          |
| TPA: 9/11/19 22:45                                  | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                        |          |
| TP: <input checked="" type="radio"/> Repairing Only | 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: SLR 3221Y  | 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 Non-INC 686616)S                          | 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 1908451                      | Invoice/Registration Check                      | Inc (\$) | Non-INC (\$) |
| Customer's Particulars:         | 1) AR: Accident Reporting (\$30)                | 30.00    |              |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100) INC (\$40)     |          |              |
| Contact No:                     | 3) TP: Towing Fee \$40/145                      |          |              |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |          |              |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |          |              |
| Auditors' Comments:             | For claimants assist INC Only (wef 10 Jan 2003) |          |              |
|                                 | 6) TR: Re-inspection \$75                       |          |              |
|                                 | 7) NI: Idas DA + SMRT Survey \$160              |          |              |
|                                 | 8) NTUC Additional Services:                    |          |              |
|                                 | OR:   |          |              |
|                                 | *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: Idas Mobile \$30                        |          |              |
|                                 | 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             | 11/11/2019 11:14                  |
| Date Of Accident           | 09/11/2019 22:45                  |
| Exact Location Of Accident | PIE TWDS TUAS BEFORE BKE ENTRANCE |
| Country/State of Loss      | SINGAPORE                         |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SMG2189K              |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | ADELINE CHIA CAI LING |
| NRIC No                     | S9131815F             |
| Email Address               | NOEMAIL               |
| Mobile Phone No             | (LOCAL) +65-98273464  |
| Alternative Phone No        | OFFICE-98273464       |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | NISSAN      |
| Model  | NOTE        |
| 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             | 1800147026                           |
| Cover Note Number         |                                      |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | BENJAMIN HUANG BOJUN |
| NRIC No              | S9111706A            |
| Date Of Birth        | 04/04/1991           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 02/11/2011           |
| Driving Experience   | 8 YEARS AND 0 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-92061342 |
| Fax Number           |                      |
| Contact Number       |                      |
| Email Address        | NOEMAIL              |

|   |                               |
|---|-------------------------------|
| Address   | 12 CHOA CHU KANG GROVE #04-30 |
| Postcode  | 688208                        |
| Was driver an employee of the Insured's Company     | NO                            |
| If No, Relationship of the Driver with the Insured  | SPOUSE                        |
| Vehicle Registration Number of Driver's Own Vehicle | -                             |
|   | -                             |
|   | -                             |
| Insurance Company of Driver's Own Vehicle           | -                             |
|   | -                             |
|   | -                             |

#### General Information of the Accident

|                    |                 |
|--------------------|-----------------|
| Type Of Accident   | CHAIN COLLISION |
| 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                         | 3                             |
| Was any body injured in the Accident?   | YES                           |
| 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)   | 2                             |
| Passenger 1   | NAME: : ADELINE CHIA CAI LING |
|   | 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         | SLR3221Y    |
| 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) |             |

**DETAILS OF OTHER VEHICLE PROPERTY 2**

|                                     |         |
|-------------------------------------|---------|
| Vehicle Registration Number         | SHD433T |
| 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) |         |

**DETAILS OF INJURED PERSON 1**

|   |                      |
|---|----------------------|
| Name  | BENJAMIN HUANG BOJUN |
| Approximate Age                                     |                      |
| Injuries Sustain                                    | BODY                 |
| Injured person in which vehicle?                    | SMG2189K             |
| Were seat belts worn?                               | YES                  |
| Was this injured conveyed to hospital by ambulance? | NO                   |
| Address   |                      |
| Postcode  |                      |

**DETAILS OF INJURED PERSON 2**

|   |                      |
|---|----------------------|
| Name  | ADELIN CHIA CAI LING |
| Approximate Age                                     |                      |
| Injuries Sustain                                    | BODY                 |
| Injured person in which vehicle?                    | SMG2189K             |
| Were seat belts worn?                               | YES                  |
| Was this injured conveyed to hospital by ambulance? | NO                   |
| Address   |                      |
| Postcode  |                      |



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

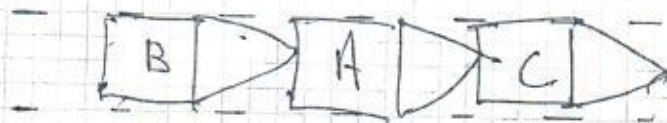
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



A - SMG-2189K

B - SLR 221Y

C - SHD 433T

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving veh A on the above mention date  
 in fire. The veh in front suddenly jam brake n I  
 applied my brakes n stop. A few second later I  
 felt an impact pushing my veh A in front n hit  
 veh C when I alight i realise I was involve in  
 a three car chain collision

## DECLARATION

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

*Signature*

Policyholder's Signature  
 Date & Time:

*Signature*

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

*Signature*

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



AK

Date of Accident : 8/9/12 Accident Time: 10.45pm (24-HR-Format)  
 Accident Place : PIR towards Tuen before BKE entrance  
 Vehicle No. (Car Plate No.) : SMG 2189K Make/Model: Nissan Note  
 Insurance Company : AIG Policy No: 1800147026  
 Owner or Company Name / IC No. : Adeline Chia Cai Ling (S9131815F)  
 Owner or Company Contact No. : - Owner's Hp 98273464 Company Tel  
 DRIVER'S Name / IC No. : Benjamin Huang Bejun (S9111706A)  
 DRIVER'S Date Of Birth : 4/4/01 DRIVER'S License Pass Date 02.11.2011  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
 DRIVER'S Address : 12 Choa Chu Kang Grove #04-30  
 DRIVER'S Contact No./ Alt No. : 1) 9261342 2) -  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : ade.xiecaling@gmail.com  
 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): 2

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): Yes (Driver & Passengers)

Other Party Driver's Particular (if any)

|                               |                              |
|-------------------------------|------------------------------|
| Vehicle No: <u>CHR 3221 Y</u> | Vehicle No: <u>SHD 433 T</u> |
| Vehicle Make/Model: _____     | Vehicle Make/Model: _____    |
| Name Driver: _____            | Name Driver: _____           |
| IC No. Driver/Contact: _____  | IC No. Driver/Contact: _____ |

\* NEW - Passenger's name & gender: ADELINE CHIA CAILING  
FEMALE



# CERTIFICATE OF INSURANCE

## NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder: Adeline Chia Cai Ling  
Period of Insurance: 10 Dec 2018 To 09 Dec 2019  
Engine No.: HR12251947J  
Chassis No.: JNTTAAE12Z0682508

Vehicle No.: SMG2162K  
Policy No.: 1800147026  
Endorsement No.:  
Issued Date: 24 Dec 2018

### ABOUT THE COVER

Make/Model: NISSAN NOTE 1.2 (SUPERCHARGED/NON-SUPERCHARGED)  
Engine Capacity/Tonnage: 1,108.00 CC  
Driver Restriction: NA  
Person or Classes of Persons Entitled to Drive\*:  
Sum Insured: Off Peak Car  
Market Value: No  
First Year of Registration: 2018  
Insuring with COE/PAF: Yes

\* If the Policyholder is insuring on the Policyholder's own or with another person, this Policy will automatically be subject to the Policyholder's own or with another person's license.

You have to pay an additional sum of \$1000 as "No one under 18 years old (No one under 21 years old if the driver is under 21 years old) is under the age of 25 and has less than 2 years' driving experience."

Age Condition: All Age Condition

Limitation as to use\*

\* Use only for road, business and pleasure purposes only for the Policyholder's business.

This Policy does not cover use for hire or reward, driving school, racing, test-driving, speed-making, exhibiting, trial or speed-riding, 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: \$6000 - \$10000

\* Limitations included in Schedule B of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 185) and Section 10 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)

Adeline Chia Cai Ling - \$600 (Own Damage)

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

1. TC AutoCare, Add: No 1, Siew Lok Yang Road Singapore 638099 62622212
2. AutoNation Insurance, Add: 19 Ubi Road 4 Singapore 408623 64909996
3. TC AutoCare, Add: 25 Leng Nam Road Singapore 159097 67038511 67038512 67038513
4. Tan Chong Motor Sales, Add: 911 Bukit Timah Road Singapore 596023 64684091 64684093 64684095
5. Tan Chong Motor Sales, Add: 17 Loring 8 Tia Poyah Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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: MayBank

We hereby certify that this 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. 185), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610318

TAN CHONG CREDIT PTE LTD-GBL

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE  
SINGAPORE 596022 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*M. Tanik*

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

88C298