

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MAHA 91314V**

Date In: 15/1/19 - 14:47	Job description	Date & Time Completed	Done by
Ref No: NA/A/19/020304/24	SAS e-filing		
Veh No: UMJ2VSD	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/1/19 - 14:00	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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: 5575705 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*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) against INC \$20		
	9) N12: Idac 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	15/11/2019 14:47
Date Of Accident	14/11/2019 14:00
Exact Location Of Accident	TAMPINES AVE 10 TWDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ2125D
Insured/Policyholder	
Name Of Registered Owner	TAM KAI WENG
NRIC No	S6830803H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90609985
Alternative Phone No	OFFICE-90609985

Vehicle Particulars

Manufacturer	MINI
Model	ATTRAGE 1.2 CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900012231
Cover Note Number	

Driver

Name of Driver	TAM KAI WENG
NRIC No	S6830803H
Date Of Birth	01/08/1968
Occupation	INDOOR
Date Of Driving Pass	05/06/2014
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90609985
Fax Number	
Contact Number	OFFICE-90609985
Email Address	NOEMAIL

Address	BLK 567 HOUGANG STREET 51 #06-57
Postcode	530567
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?	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)	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

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	SJS7370S
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 INJURED PERSON 1

Name	TAM KAI WENG
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Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SMJ2125D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.



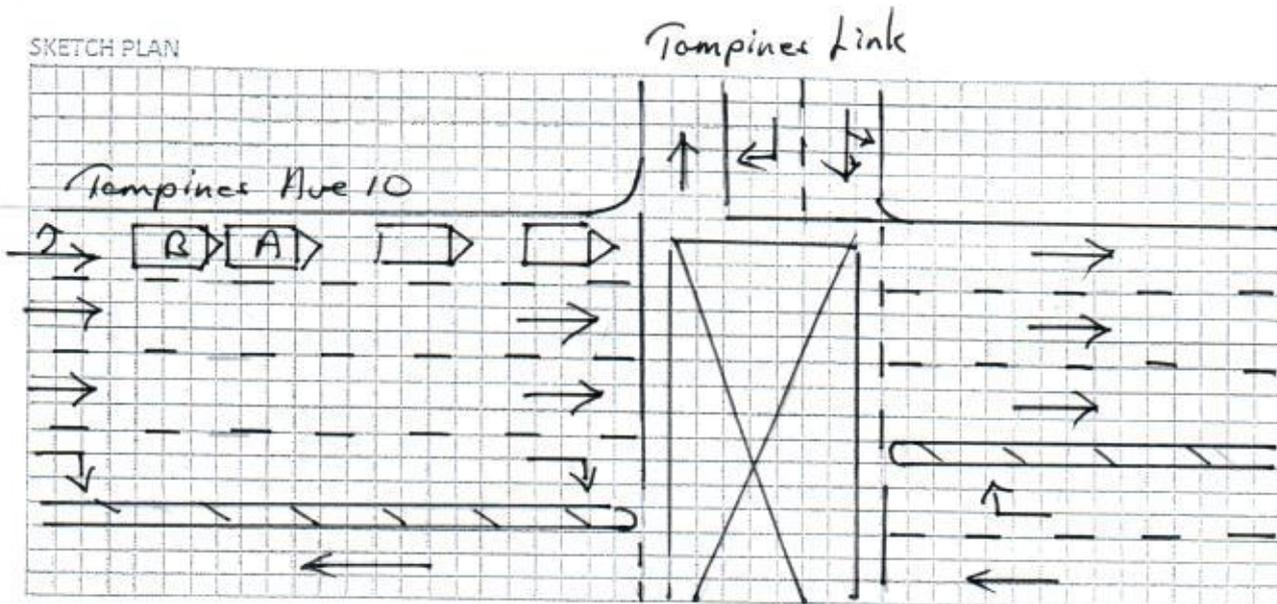
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/11/2019 at about 1410 hrs at before Junction of Tampines Ave 10 and Tampines Link. I was travelling on the extreme left lane along Tampines Ave 10 towards TPE and when coming towards the above mentioned Junction, I slow down and stop before the 'RED' traffic light behind few vehicles. Suddenly I felt a great impact from the Rear and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my Vehicle.

(A) SMJ 2125 D
 (B) SJS 7370 S

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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.:

pls email to
mg3solution@gmail.com

SINGAPORE ACCIDENT STATEMENT

Accident Date:	14/11/2019	Time:	1400hr	(hh:mm) 24 hr format
Location	at along Tampines Ave 10 towards TPE before Tampines Link			
Vehicle Number	SMJ2125D			
Insured Name	TAM kai weng			
NRIC / FIN	56830803H	Contact Number	9060 9985	
Make	Mitsubishi	Model	attage	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (/) Third Party () Reporting				
Insurance Company	Aik			
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	1900012231			
Name of Driver	TAM kai weng	(/) Same as Insured		
NRIC / FIN	56830803H	Contact Number	9060 9985	
Date of Birth	01/08/1968			
Driving Pass Date	05/06/2014			
Occupation (/) Indoor () Outdoor				
Gender (/) Male () Female				
Email Address	- () NO EMAIL			
Address of Driver	Blk 567 Huiqiang street 51 #06-57 S(530567)			
Was driver an employee of the Insured's Company? () Yes (/) No				
If No, Relationship of the Driver with the Insured				
(/) Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes (/) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle -				
Weather Conditions (/) Clear () Raining () Others				
Road Surface (/) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (/) No				
Was anybody injured in the accident? (/) Yes () No				
If yes, injured detail Back & neck				
Was there any video captured by Car Camera? () Yes () No				
Was the Accident reported to the Police? () Yes () No If yes attach police report				
DETAILS OF 3 rd party	Name / Nric	Contact		
Veh B	53873705			
Veh C				
Veh D				
Veh E				
Veh F				

1 person only

RIDE SHARE PRIVATE VEHICLE

Name of Policyholder : Tam Kai Weng
Period of Insurance : 26 Feb 2019 To 25 Feb 2020
Engine No. : 3A92UHN8649
Chassis No. : MMBSTA13AKH001128

Vehicle No. : SMJ2125D
Policy No. : 1900012231
Endorsement No. :
Issued Date : 27 Feb 2019

ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT
Engine Capacity/Tonnage : 1,193.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive*

Sum Insured	Market Value	First Year of Registration	2019
Off Peak Car	No	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.

When the Vehicle is used for the carriage of passenger for hire or reward, such authorised driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward.

You have to pay an additional sum of \$3,000 as "Young and/or inexperienced Driver Excess" ("YDFE") if You are or Your Authorised Driver named or nominated is under the age of 27 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.
 Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.

This Policy does not cover

- 1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing.
- 2) use whilst towing a trailer (except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle, and
- 3) use for any purpose in connection with Motor Trade.

* 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 - \$2000 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$2000

Windscreen : \$100

Named Driver and Excess (where applicable)

Tam Kai Weng - \$2000 (Own Damage) \$2000 (Property 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 6336 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

If the vehicle is used for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward. Should you decide to include any other driver, please contact us. (Company reserves the right to accept/reject the inclusion of any Named Drivers)

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE 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 of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

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C&C FULCO-CORPORATE
 22 UBI ROAD 4 FULCO BUILDING
 SINGAPORE 408617 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE