

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA 119 15378**

Date In: 27/11/19-15:00	Job description	Date & Time Completed	Done by
Ref No: NA11919020585724	SAS e-filing		
Veh No: 50669NM	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/11/19-20:45	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: 50669NM	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

NA190888	Invoice Preparation Checklist		Am't (\$) Est Bill	Am't (\$) 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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 1:	6) TR: Re-inspection \$75			
Dat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) N12: Idac Mobile			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N-in INC) against INC \$20			
	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	20/11/2019 15:00
Date Of Accident	19/11/2019 20:45
Exact Location Of Accident	CTE (SLE) BEFORE AMK AVE 3 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC694M
Insured/Policyholder	
Name Of Registered Owner	TAN CHAT PANG
NRIC No	S1600214C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97976597
Alternative Phone No	OFFICE-97976597
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8 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	2100062475-11
Cover Note Number	
Driver	
Name of Driver	TAN CHAT PANG
NRIC No	S1600214C
Date Of Birth	22/11/1963
Occupation	INDOOR
Date Of Driving Pass	31/08/1982
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97976597
Fax Number	
Contact Number	OFFICE-97976597
Email Address	NOEMAIL

Address	BLK 117A RIVERVALE DRIVE #06-86
Postcode	541117
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)	2
Passenger 1	NAME: : KOH CHOON HIANG 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	SJY3652Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CLAUDIA CHAN YUNJIE
NRIC/Passport Number	S8243649I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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)**

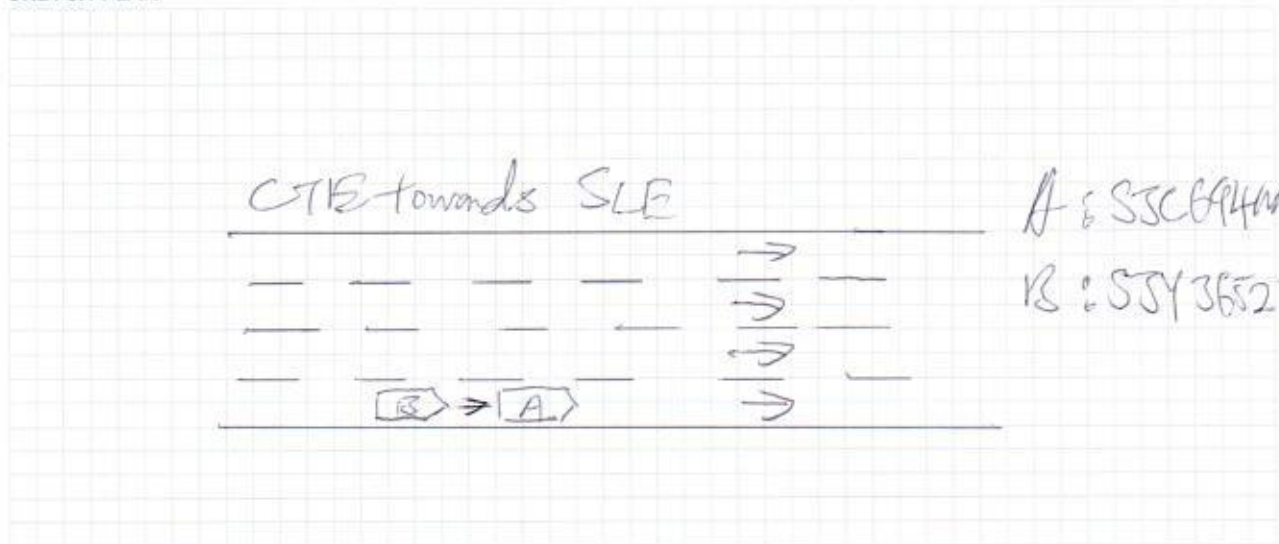
I understand, acknowledge, agree and consent that:

- (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**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On the stated date, time and place, I was driving on the innermost lane at a constant cruising speed when I felt an impact from the rear of my vehicle. I stopped my vehicle and realized Vehicle B had collided into my vehicle's rear. We exchanged particulars and drove off.

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.:

Date of Accident

: 19/11/2019. Accident Time: 2045 (24-HR-FORMAT)

Accident Place

: CTE turns SLE after 2nd AMK Ave 3 exit

Vehicle Reg. No (Car plate No.)

: 3SC694M Vehicle Make/Model: Honda Stream

Insurance Company

: AIGS Policy No. 2100062475-11

Name of Registered Owner

: Company / Individual Tan Chat Pang

ID of Registered Owner

: Co Reg No: — Owner's NRIC No: S1600214C

: Co Contact No: — Owner's Contact No: 97976597

DRIVER'S Name

: Tan Chat Pang **DRIVER'S NRIC No:** S1600214C

DRIVER'S Date of Birth

: 2/11/1963 **DRIVER'S License Pass Date** 31/08/1982

Relationship bet. Owner & Driver

: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner

DRIVER'S Address

: Blk 117A Rivervale Drive #06-86 554117

DRIVER'S Contact No./ Alt No.

: 1) — 2) —

DRIVER'S Occupation

: ☒ INDOOR ☐ OUTDOOR (eg. working inside or outside of an ofc)

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): 02

Was the accident reported to the police? YES ☐ NO ☒

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

Other Party Driver's Particulars (if any)

Vehicle Reg No: 33P36527

Vehicle Reg No: —

Vehicle Make/Model: —

Vehicle Make/Model: —

Name DRIVER: Claude Chan Yannie

Name DRIVER: —

IC No. DRIVER: S82A3649I

IC No. DRIVER: —

DRIVER'S Contact & add: —

DRIVER'S Contact & add: —

Passenger 1: Koh Choon Hiang - Female.

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Tan Chat Pang
Period of Insurance : 30 Jan 2019 To 29 Jan 2020
Engine No. : R18A1750233
Chassis No. : RN61044585

Vehicle No. : SJC694M
Policy No. : 2100062475-11
Endorsement No. :
Issued Date : 24 Jan 2019

ABOUT THE COVER

Make/Model : HONDA STREAM 1.8
Engine Capacity/Tonnage : 1,799.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2008
Insuring with COE/PAF : 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.

* 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tan Chat Pang - \$600 (Own 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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).
 For 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

I/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).

0500722000

CYCLE & CARRIAGE FULCO-MIT
 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

Sharon Ng