

# NATIONAL Assessment Centre Services.

(ver 1 Jan 00)

NA/49/56697

Date In: 27/11/2009 14:18	Job description	Date & Time Completed	Done by
Ref No: NA/49/56697/4	SAS e-filing		
Veh No: SKA 197X	E-mail (to join this, AIC this)		
DOA: 27/11/2009 10:00	I-Motor Claim Form		
OID: <input checked="" type="checkbox"/> 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/Whan		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKA 197X	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:	Completed by:
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury:
Date/Time:
Location:

NA/49/56697/4	Invoice
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 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + EMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpl Allowance \$5
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (NI): TP (Non INC) against INC \$20
	9) NI: Idao Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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	27/11/2019 14:13
Date Of Accident	27/11/2019 10:00
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN1977X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEAH KIM SENG (XIE JINCHENG)
NRIC No	S7242126D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93870644
Alternative Phone No	OTHERS-93870644

### Vehicle Particulars

Manufacturer	BMW
Model	530I-2.0 LED NAV HUD MSPT (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	1800059930-01
Cover Note Number	

### Driver

Name of Driver	CHEAH KIM SENG (XIE JINCHENG)
NRIC No	S7242126D
Date Of Birth	11/11/1972
Occupation	INDOOR
Date Of Driving Pass	23/10/1993
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93870644
Fax Number	
Contact Number	OTHERS-93870644
Email Address	NOEMAIL

Address	17 BEDOK AVENUE
Postcode	469928
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	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?	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)	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

PLEASE REFER TO SKETCH PLAN

#### 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	SGM183D
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	SHB4822M
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)	

## SKETCH PLAN

### 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. 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:

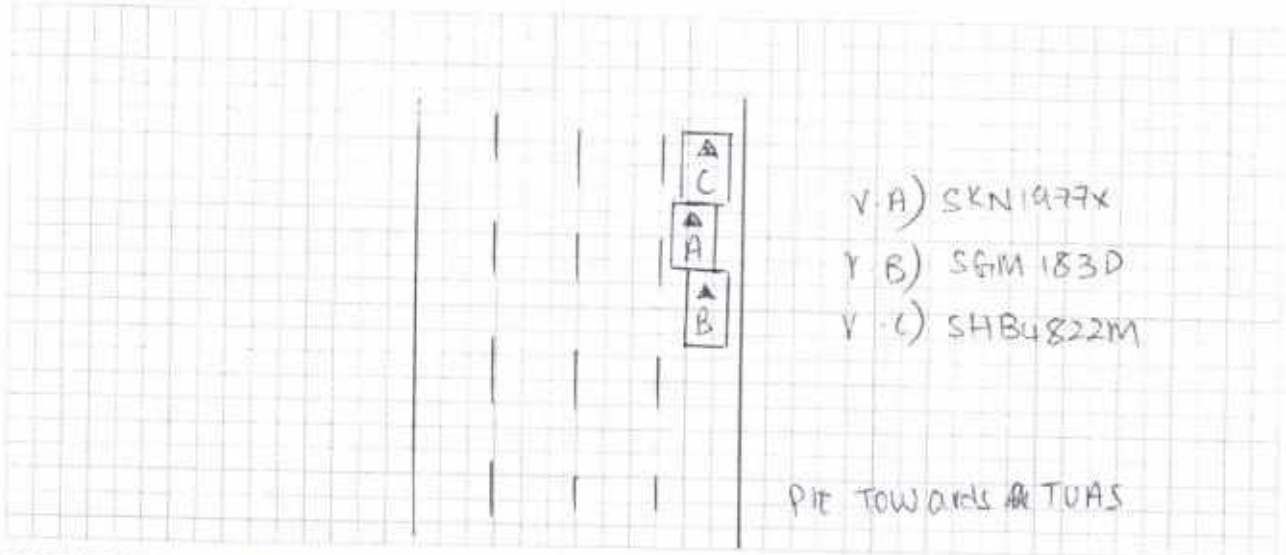
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' SKN1977X was travelling on the stated route. I was travelling straight in my lane, suddenly the front vehicle stop, as such I applied my brakes and came to a complete stop too. I kept a distance behind vehicle 'C'. The next moment I felt a huge impact on my vehicle rear portion. The impact caused my vehicle to propelled forward and hit onto vehicle 'C' rear portion. I got out of my vehicle and realised that vehicle 'B' SGM183D had collided onto my stationary vehicle and caused it to hit vehicle 'C' SHB4822M. Total 3 cars involved.

## 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.:

27/11/2019  
Khalid Watah

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 27/11/2019 (dd/mm/yy) Time of Accident: 10 00 (24-HR-FORMAT)  
Vehicle No.: SKN 1977 X Vehicle Make & Model: BMW 530I LED NAV HUD MSPT  
Exact location of Accident: PIE TOWARDS TUAS  
Policyholder's Name / IC No.: CHEAH KIM SENG S7242126D  
Driver's Name / IC No.: CHEAH KIM SENG S7242126D (As Above) ☐  
Driver's Contact No.: 9387 0644 Company Contact No.: \_\_\_\_\_  
Driver's Address: 17 BEDOK AVENUE  
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?**

☒ Private use / ☐ Work purpose

**Occupation (nature of job)** ☒ Indoor / ☐ Outdoor

**No. of Passengers (Including Driver):** 01

**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's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party(s) Details:**

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: SGM 183 D (B)

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

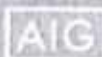
2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: SHB 4822 M (C)

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.



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Cheah Kim Seng  
 Period of Insurance : 27 Jun 2019 To 26 Jun 2020  
 Engine No. : 106389828488208  
 Chassis No. : WBAJA52070WA34767

Vehicle No. : SKN1977X  
 Policy No. : 1800059930-01  
 Endorsement No. :  
 Issued Date : 04 Jun 2019

### ABOUT THE COVER

Make/Model : BMW 530i (A)  
 Engine Capacity/Tonnage : 1,996.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2017  
 Insuring with COE/PAF : Yes

a) The Policyholder  
 b) Any other person who is driving on the Policyholder's behalf with driver permission.  
 This Policy will indemnify the Policyholder or any authorized 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" ("YIDEX") if you are or your Authorized Driver (named or unnamed) is under the age of 25 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 provide cover for hire or reward, driving to earn, driving for racing, speed-racing, speed-testing, the carriage of goods other than passengers in connection with any trade or business or use for any purpose in connection with Motor Trade.

Limit of Use 1500cc - 1800cc Optional

\* Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 186) and Section 50 of the Road Transport Act, 1987 (Malaysia), who 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

Windscreens : \$100

Named Driver and Excess (where applicable)

Cheah Kim Seng : \$800 (Own Damage)

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

Approved Reporting Centres/AIG Authorized Repairers (for claims related repairs)  
 Any accident repairs to the Vehicle must be carried out by one of our Authorized Repairers. Within the first 2 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 Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8220. Alternatively, you may visit 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: NA

When a policy is issued, the policy is subject to the Certificate of Insurance which is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 186), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1983 (Singapore).

0500522000

MULTILINES AGENCIES

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 075120 AYSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Janik*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

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