

NATIONAL Assessment Centre Services.

(part 1 Jan 2003)

MANA 9/6050

Date In: 16/12/2009 11:31	Job description	Date & Time Completed	Done by
Ref No: N/A/902206614	SAS e-filing		
Veh No: SKT 6406M	E-mail (to/for 3hrs, A/C 2hrs)		
DOA: 14/12/2009 12:30	1-Motor Claims Form		
OD: TP Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: YP 5464G	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 ()	

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/TIME: ()

Driver/Owner: ()	Contract No: ()	Damaged Portion: ()	QC Checked by (Engr-In-Charge): ()	Wksp Comments: ()	Cal 1: ()
				<p>1) All: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$10)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against NO Only (ref 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idea DA + SMRT Survey \$160</p> <p>8) NIUC Additional Services:</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpt Allowance \$3</p> <p>*N6: Repair Coordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect License Coordination \$3</p> <p>*N9: DV / Collect License Coordination \$20</p> <p>TP (NI): TP (N+INC) against TRG \$0</p> <p>9) NIUC Idea Mobile</p>	
				<p>Invoice dated</p> <p>Invoice dated</p>	<p>Fee Charged</p> <p>Fee Charged</p>

NA/909563

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	16/12/2019 11:31
Date Of Accident	14/12/2019 12:30
Exact Location Of Accident	CTE TOWARDS SLE(BEFORE YIO CHU KANG EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT6406M
Insured/Policyholder	
Name Of Registered Owner	TAN HIAN LENG
NRIC No	S0009897C
Email Address	EMELIA.IS.TAN1996@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92972306
Alternative Phone No	OTHERS-92972306
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	2100417443-04
Cover Note Number	
Driver	
Name of Driver	TAN HIAN LENG
NRIC No	S0009897C
Date Of Birth	28/11/1954
Occupation	INDOOR
Date Of Driving Pass	28/08/1978
Driving Experience	41 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92972306
Fax Number	
Contact Number	OTHERS-92972306
Email Address	EMELIA.IS.TAN1996@GMAIL.COM

Address	BLK 402 YISHUN RING ROAD #11-1779
Postcode	760402
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	AFTER RAIN
Road Surface	WET

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)	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP5464G
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:

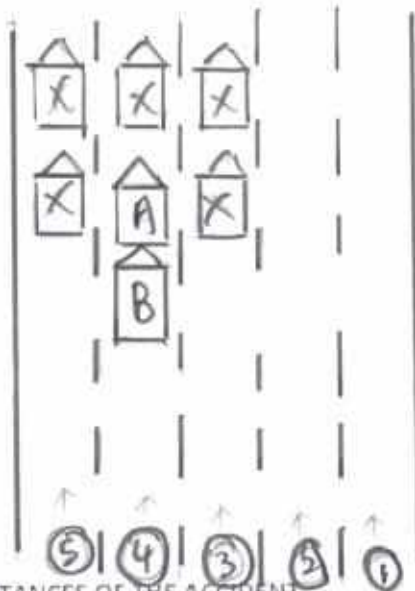
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 Person's Signature
Name: *Rafael*
NRIC/FIN No.:

SKETCH PLAN



A = SKT 6406 M

B = YP 5464 G

C1E towards SLE

(Before Yio Chu Kang Exit)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

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:

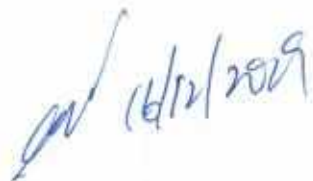
[Signature] 16/12/2018
Reporting Centre Person's Signature
Name: *Pol Li Lim*
NRIC/FIN No.:

On 14.12.19 at about 12:30 hours at along CTE towards SLE (Before Yio Chu Kang Exit). While I was travelling on the 4th lane, driving straight following the flow of the traffic and suddenly I heard a loud bang from behind. The traffic was moderate and the road is slightly damp.

When I alighted, I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicle (A) : SKT6406M

Vehicle (B) : YP5464G



SINGAPORE ACCIDENT STATEMENT

Accident Date: 14/12/19		Time: 12:30 hrs (hh:mm) 24 hr format	
Location CTE towards SLE (Before Jio Chu Kang Exit)			
Vehicle Number SKT 6406 M			
Insured Name Tan Huan Long			
NRIC/FIN S0009897C		Contact Number 9297 2306	
Make Toyota		Model Corolla Altis	
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting			
Insurance Company AIG			
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only			
Policy Number 2100417443-04			
Name of Driver		(<input checked="" type="checkbox"/>) Same as Insured	
NRIC / FIN		Contact Number	
Date of Birth 26/11/1954			
Driving Pass Date 28/08/1976			
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor			
Gender (<input checked="" type="checkbox"/>) Male () Female			
Email Address emelia-is tan rab@gmail.com		() NO EMAIL	
Address of Driver 402 Yishun Ring Road # 11-1779, SC2776			
Was driver an employee of the Insured's Company? () Yes () No			
If No, Relationship of the Driver with the Insured			
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling			
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No			
If Yes, Vehicle Registration Number of Driver's Own Vehicle			
Insurance Company of Driver's Own Vehicle			
Weather Conditions () Clear () Raining (<input checked="" type="checkbox"/>) Others After Raining			
Road Surface () Dry (<input checked="" type="checkbox"/>) Wet () Others			
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No			
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No			
If yes, injured detail			
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No			
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report			
DETAILS OF 3 rd party		Name / Nric Contact	
Veh B 2P 5464 G			
Veh C			
Veh D			
Veh E			
Veh F			

Driver Only

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Hian Leng
Period of Insurance : 15-Jun-2019 To 17-Jun-2020
Engine No. : 1ZRX516121
Chassis No. : MR053REH104534567

Vehicle No. : SKT8408M
Policy No. : 2103417443-04
Endorsement No. :
Issued Date : 14 May 2019

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6 DUAL
Engine Capacity/Tonnage : 1,598.00 CC
Sum Insured : Market Value
Driver Restriction : NA
Off Peak Car : No
First Year of Registration : 2015
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 school, driving test, racing, pace-making, competitively 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: 1500cc + 1600cc Optional

* Limitations mentioned inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - \$0, Own Damage - \$500, Theft - \$0, Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen - \$500

Named Driver and Excess (where applicable)

Tan Hian Leng - \$200 (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 must be carried out by one of our Authorised 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 Authorised Repairers, please contact our 24 hours accident emergency hotline at +65 6335 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: 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 IV of the Road Transport Act, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1998 (Malaysia).

0030210215

AIG - AUTO DIRECT

7B SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SGCNY