NATIONAL Assessment Centre Services [wef 1 Jan 2005]

	Job description	Date & Time Completed	Done by
Date In: 07/01/20			
Ref No: NA/AIG20000363/13	SAS e-filing		
Veh No: SLZ 9820L	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 06/01/20 1150	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: (ADVANCE Tel: Fax:)

TP Particulars: Veh No: SFM1177C 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 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

NA2000374

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*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: 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 witholding 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	07/01/2020 09:46
Date Of Accident	06/01/2020 11:50
Exact Location Of Accident	PREMIER @ KAKI BUKIT OUTSIDE #06-54
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLZ9820L
Insured/Policyholder	
Name Of Registered Owner	ORE LEE HWAH
NRIC No	SXXXX131G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98777312
Alternative Phone No	OTHERS-98777312
Vehicle Particulars	
Manufacturer	BMW
Model	116I
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	1800078712-01
Cover Note Number	
Driver	
Name of Driver	TAN KIAN KWANG(CHEN JIANGUANG)
NRIC No	SXXXX257B
Date Of Birth	19/04/1987
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2006
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93665988
Fax Number	
Contact Number	
EMail Address	KIANKWANGTAN@HOTMAIL.COM

Address	21 VERDE VIEW
Postcode	688659
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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

PLS REFER TO THE ATTACHED 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	SFM1177C
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	TAN KIAN KWANG(CHEN JIANGUANG)

Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLZ9820L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.

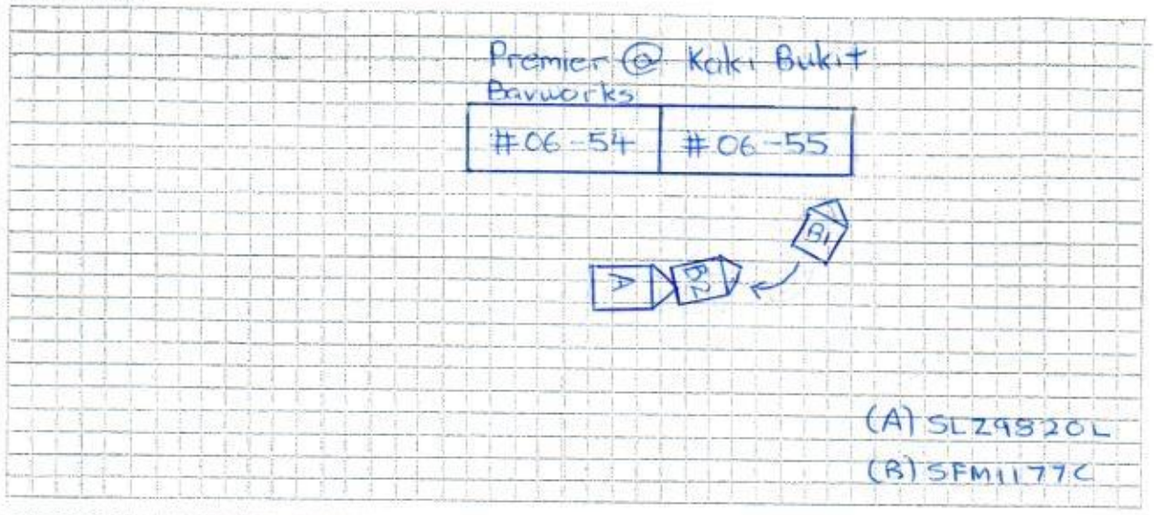
   (e) the information so collected under (a) above may be shared / disclosed:

   (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:	07/01/20 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 06/01/2020 @ about 1150HRS, at along driveway of Premier @ Kaki ~~Bu~~ Bukit, 8 Kaki Bukit Ave. 4, outside Bavworks ~~unit~~ unit #06-54. When I approached #06-54, a vehicle (B) started reversing out from #06-55. I slowed down and came to a complete stop immediately. However, Vehicle (B) continued reversing without cautious and proper lookout and collided into the front portion of my Vehicle (A) causing damages to my Vehicle.

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:	07/01/20 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 06/01/2020 Time: 1150	(hh:mm) 24 hr format
Location Premier @ Koki Bukit, outside #06-54	
Vehicle Number SLZ9820L	
Insured Name ORE LEE HWAH	
NRIC /FIN S0180131G	Contact Number 98777312
Make BMW	Model 116 I
Are you claiming under your own insurance policy for repair to your vehicle?	
( ) Yes If No.Pls select: (/) Third Party ( ) Reporting	
Insurance Company AIG	
Type of Policy (/) Comphensive ( ) Third Party Fire & Theft	( ) TP Only
Policy Number 1800078712 - 01	
Name of Driver TAN KIAN KWANG	( )Same as Insured
NRIC / FIN S8710257B	Contact Number 93665988
Date of Birth 19/04/1987	
Driving Pass Date 17/04/2006	
Occupation ( ) Indoor (/) Outdoor	
Gender (/) Male ( ) Female	
Email Address kiankwangtan@hotmail.com	( )NO EMAIL
Address of Driver 21 Verde View S(688659)	
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 Neck & Back	
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 3rd party Name / Nric	Contact
Veh B SFM1177C	
Veh C	
Veh D	
Veh E	
Veh F	

please email to
advanceag@hotmail.com

AIG

CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder	: ORE LEE HWAH	**Vehicle No.**	: SLZ9820L
Period of Insurance	: 24 Jul 2019 To 23 Jul 2020	**Policy No.**	: 1800078712-01
Engine No.	: A222J235N13B16A	**Endorsement No.**	:
Chassis No.	: WBA1A12050J203509	**Issued Date**	: 08 Jul 2019

ABOUT THE COVER

Make/Model : BMW 116I

Engine Capacity/Tonnage : 1,598.00 CC | Sum Insured : Market Value | First Year of Registration : 2012

Driver Restriction : NA | Off Peak Car : No | Insuring with COE/PARF : 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience

Age Condition : 40 years old and above

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

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 96 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, 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 KIAN KWANG (CHEN JIANGUANG) - $600 (Own Damage), ORE LEE HWAH - $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 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 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: SING INVESTMENTS & FINANCE 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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504615000

COSMO INSURANCE AGENCY PTE LTD
210 TURF CLUB ROAD LOT A16, THE GRANDSTAND
SINGAPORE 287995

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

BBPQCC

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