

NATIONAL Assessment Centre Services

Print 1 Jan 2005

MNA 2000831

Date In: 21/1/05 - 11:57	Job description	Date & Time Completed	Done by
Ref No: 49/11670001229/24	SAS e-filing		
Veh No: 1MC42564	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 21/1/05 - 18:40	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: 124646	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

NA 2000831	Invoice Preparation Checklist	Am (\$) [st Bill]	Am (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30)		
Driver/Owner:	2) DA : Damage Assessment (\$100), INC (\$80)		
Contact No:	3) TP : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) RT : 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	

Auditors' Comments:-

Ref. 1:

Ref. 2/3:

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	21/01/2020 11:43
Date Of Accident	20/01/2020 18:10
Exact Location Of Accident	MANDAI RD TWDS YISHUN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC4256H
Insured/Policyholder	
Name Of Registered Owner	CHOONG MEI LING (ZHONG MEILING)
NRIC No	SXXXX845F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90924746
Alternative Phone No	OFFICE-90924746

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 HATCHBACK 1.5 AT DELUXE EU6
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	1800076878
Cover Note Number	

Driver

Name of Driver	CHOONG MEI LING (ZHONG MEILING)
NRIC No	SXXXX845F
Date Of Birth	30/05/1974
Occupation	INDOOR
Date Of Driving Pass	25/07/1997
Driving Experience	22 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90924746
Fax Number	
Contact Number	OFFICE-90924746
Email Address	NOEMAIL

Address	BLK 724 YISHUN STREET 71 #04-185
Postcode	760724
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?	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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ4804L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ON JING CHENG
NRIC/Passport Number	
Contact Number	98768131
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJS4648L
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	CHOONG MEI LING (ZHONG MEILING)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMC4256H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:



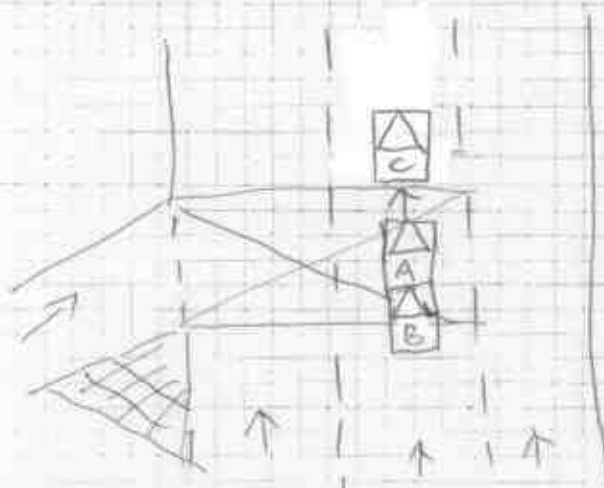
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Mandai Road toward Yishun.



A - BMC 4256H

B - GZ 4604L

C - 8JS 4648L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Mandai Road towards Yishun. At around 6.10 pm to 6.15 pm, I stopped my car as the traffic slowed down. The car in front of me has also come to a stop. When my car came to a halt, the van behind me rammed into the back of my car, causing my car to jerk and move. - forward. - I step on my brake to prevent hitting the car in front. However, my car still touched the car in front despite stepping on the brakes. There was a loud impact sound as the van behind me banged into my car. My head was propelled forward and backward in a whiplash from the impact of the hit. The car in front of mine did not stop and moved on with the traffic.

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.:

Vehicle No.	SMC #256H	Model / Make	Mazda 3 Hatchback
Date of Accident	20/01/2020		
Time of Accident	1810	HRS	
Location of Accident	Mandai Road towards Yishun		
Exact purpose use during accident	Private Used		
Name of Owner	CHOONG MEI LING		
Telephone No.	H/P: 90924746	Home:	Office:
NRIC	S7417845F		
Address	Blk 724, Yishun Street 71, #04-185 S' 760724		
Claim type	OD (THIRD PARTY) REPORTING ONLY		
Insurance Company	AIG Asia Pacific Ins pte Ltd.		
Type of Coverage	(Comprehensive) Third Party Third Party / Fire / Theft		
Policy No.	1200076878		
Name of Driver	As Above If No, Choong Mei Ling		
NRIC	S7417845F Any Passengers: 0		
Date of birth	30/05/1974		
Occupation	Outdoor / (Indoor)		
Driving License Pass Date	25 July 1987		
Gender	Male / (Female)		
Contact No.	H/P: 90924746	Home:	Office:
Address	Blk 724, Yishun St 71 #04-185 S' 760724		
Driver have any own vehicle	(No,) If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	(Clear) Raining Other		
Road Surface	(Dry) Wet Other		
Any Injuries	No, (If Yes, Who?) Choong Mei Ling.		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	GZ 4604L	Any Passengers: 0	
Name of Driver	ON JING CHENG	Contact No.: 98768131	
Vehicle C No.	SJS 4648L	Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	front and rear portion		
Camera Recorder	(Yes) No		
Email Address	rachel_choong@yahoo.com		
PARTICULAR WORKSHOP			
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON			
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n5i.com.sg		

CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Cheong Mei Ling (Zhong Meiling)
Period of Insurance : 29 Jun 2018 To 28 Jun 2020
Engine No. : P520505284
Chassis No. : JM8BN24ARJ0215503

Vehicle No. : SMC4256H
Policy No. : 1800076878
Endorsement No. :
Issued Date : 12 Jul 2018

ABOUT THE COVER

Make/Model	MAZDA 3 1.5 SKYACTIV
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Engine Capacity/Tonnage 1 496.00 CC

Sum Insured = Market Value

First Year of Registration 2018

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive*

at The Ministry

In any other person who is taking on the Principal's interest with full participation

This Policy will extend to the Policyholder or any authorized officer only if he/she meets the specified age condition.

You have to pay an additional sum of \$1,000 as "Young and Inexperienced Driver Excess" ("YID") if You are or Your Authorized 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 small, domestic and similar purposes and for the Polyester's Decadent

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, game-making, reliability test 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

¹ 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, 1967 (Malaysia), are not to be excluded under those headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - 50

Windows: 1.5 ticks

Named Driver and Excess (where applicable)

Croong Mei Ling (Zhong Meiling) - \$600 (Chen Damage)

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

* Teong Ewekang Pte Ltd. Att. S. Lim Choo, Singapore 400605-63058939

For other Approved Reporting Centres/A.G. Authorised Repetents, please contact for 24-hour accident/emergency helpline at +65 8338 8200. Alternatively, you may refer to A.G. website www.ing.com.sg

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

(We hereby verify 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 Revised Statutes Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia))

0503569150

AHE (AHL) PTE LTD - MAZDA

Y MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 05111

Life written by AIG Asia Pacific Insurance Pte. Ltd.

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AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

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