

NATIONAL Assessment Centre Services: [wef 1 Jan 05] MNAIW 10591

Date In: 22/1/20-15:39	Job description	Date & Time Completed	Done by
Ref No: NA/016200024/24	SAS e-filing		
Veh No: SL6845X	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 21/1/20-12:00	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: SL63339E	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

NA2000826	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int. Bill	Add. Bill
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		
	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:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*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 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	22/01/2020 15:39
Date Of Accident	21/01/2020 12:00
Exact Location Of Accident	JUNC ORCHARD RD & BUYONG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC845X
Insured/Policyholder	
Name Of Registered Owner	TAN WAN KIANG
NRIC No	SXXXX904D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96266346
Alternative Phone No	OFFICE-96266346

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT

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
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Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100464190-03
Cover Note Number	

Driver

Name of Driver	TAN WAN KIANG
NRIC No	SXXXX904D
Date Of Birth	22/09/1967
Occupation	INDOOR
Date Of Driving Pass	12/05/1989
Driving Experience	30 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96266346
Fax Number	
Contact Number	OFFICE-96266346
EMail Address	NOEMAIL

Address	BLK 780 PASIR RIS STREET 71 #07-578
Postcode	510780
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
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?	
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS3339E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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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- 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:

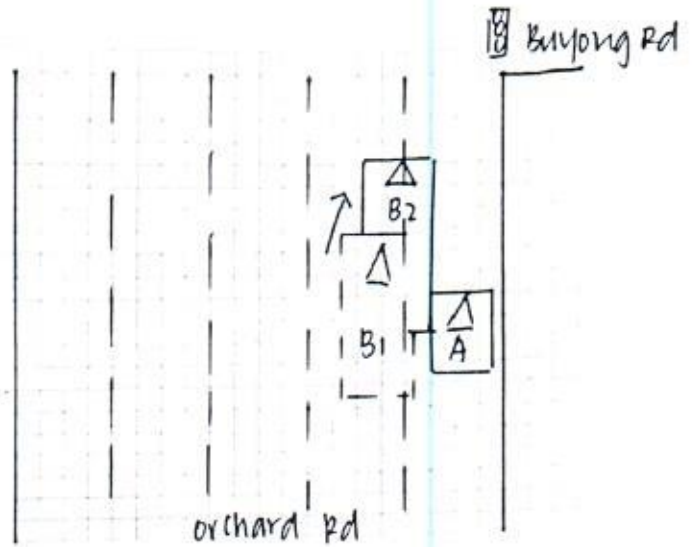
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Vehicle A: 8LC 645X

Vehicle B: 8BS 3339E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle A, 8LC645X, was travelling straight along the stated venue. Upon seeing vehicle B, 8BS3339E, nearing my vehicle, I stopped. Vehicle B then continued to filter into my lane and hit onto my front left portion. The accident damaged my left side mirror and rim.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 01 / 2020 (DD/MM/YYYY), TIME: 12 : 00 (HH:MM)

LOCATION: JUNCTION of Orchard Rd x Blyong Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 845X
 b) INSURANCE COMPANY: ALG
 c) POLICY NUMBER: 200464190-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Shuttle
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: TAN WAN KIANG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S17999040 CONTACT: 96266346
 c) ADDRESS: 780 PASIR RIS ST 71 #07-578 S(510780)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Drizzling)

b) ROAD SURFACE: (DRY / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: 8B53339E MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(01)

* No of passenger
 (including driver)
UNKNOWN

* No of passenger
 (including driver)
()

Email =

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onedrive.live.com



OneDrive

Sign In



1 of 1



AIG

CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Wan Keng
 Period of Insurance : 29 Apr 2019 To 28 Apr 2020
 Engine No. : L15B3534313
 Chassis No. : GK81003621

Vehicle No. : SLC545X
 Policy No. : ZY50454190-03
 Endorsement No. :
 Issued Date : 26 Apr 2019

ABOUT THE COVER

Make/Model : HONDA FIT SHUTTLE
 Engine Capacity/Tonnage : 1,495 CC
 Driver Restriction : NA
 Sum Insured : Off Peak Car
 Market Value : No
 First Year of Registration : 2016
 Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

As the Insured
 As any other person who is driving on his/her own behalf and is not a professional driver
 This Policy will indemnify the Policyholder or any authorized driver only if he/she holds the specified age condition

You have to pay an additional sum of \$2000 as "Young Driver Independent Class Excess" ("YDIE") if you are or your Authorized Driver claimed to be under the age of 21 when you have been driving insurance.

Age Condition : All Age Condition

Limitation as to use*

This policy is for cover, exclusive and without limitation, for the Policyholder's business. This Policy does not cover use for hire or reward, driving before, during, after, or while making, installing, repairing or inspecting, the carriage of goods other than employees in connection with any trade or business or use for any purpose in connection with those Trade.

Loss of Use (TDR) - 180 Days Excess

* Loss of Use (TDR) is covered by Section 4 of the Motor Vehicle (Third Party, Rules and Compensation) Act (Cap. 180) and Section 46 of the Road Transport Act, 1997 (Singapore), and that is to be included under Motor Vehicle.

EXCESS

Section 1
 Fire - \$1 (Own Damage - \$500; Theft - \$1; Flood Cover - \$1)

Section 2
 Property Damage - \$1

Windscreen - \$100

Named Driver and Excess (where applicable)

Tan Wan Keng - \$500 (Own Damage)

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

Approved Reporting Centres (ARC) / Authorized Repairers (AR) (where applicable)
 An accident report to the vehicle must be signed and stamped by the AR. Subsequent to the accident, the first 3 pages of the 1st registration of the vehicle in Singapore. You have the option of having the accident report carried out at the AR's workshop.
 For ARs: Approved Reporting Centres (ARC) / Authorized Repairers (AR) (where applicable) (AR) contact use 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG 24-hour hotline. Simply search and download "AIG 24-hour Hotline" or "AIG 24-hour Hotline".

IMPORTANT NOTES

Here Purchase Company/Employer's Loan - Maybank

This policy is valid for the policy to which this Certificate of Insurance is issued in accordance with the provisions of the Motor Vehicle (Third Party, Rules and Compensation) Act (Cap. 180) Part 12 of the Road Transport Act, 1997 (Singapore) and the Motor Vehicle (Third Party, Rules and Compensation) Act (Cap. 180) Part 12 of the Road Transport Act, 1997 (Singapore).

001980000

VINCOR PTE LTD
 1 CHANG CHUAN ROAD #05-02 OC BUILDING
 SINGAPORE 159505

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown services

What should I do in the event of an accident?

- Keep calm and move your car to a safe place.
- Do not admit or discuss fault or blame with the other party.