

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MONA 002813

Date In: 18/1/05-11:55	Job description	Date & Time Completed	Done by
Ref No: 16/01/05/0022740/24	SAS e-filing		
Veh No: 5MA891K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/1/05-11:45	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 6849244M	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:	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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	QD*		
	*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	

At 1: _____

At 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	18/02/2020 11:53
Date Of Accident	17/02/2020 11:45
Exact Location Of Accident	PIE (TUAS) AFTER BEDOK NORTH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA891K
Insured/Policyholder	
Name Of Registered Owner	SIM JINCAI, IVAN (SHEN JINCAI)
NRIC No	SXXXX435A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84281135
Alternative Phone No	OFFICE-84281135

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT 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	1800069032
Cover Note Number	

Driver

Name of Driver	SIM JINCAI, IVAN (SHEN JINCAI)
NRIC No	SXXXX435A
Date Of Birth	31/08/1987
Occupation	INDOOR
Date Of Driving Pass	23/11/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84281135
Fax Number	
Contact Number	OFFICE-84281135
Email Address	NOEMAIL

Address	73 ANCHORVALE CRESCENT #14-07
Postcode	544661
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)	2
Passenger 1	NAME: : CHEN XIU QI GENDER: : FEMALE

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	GBH9244M
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SBQ5512T
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 SIM JINCAI, IVAN (SHEN JINCAI)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMA891K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHEN XIU QI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMA891K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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:
NRIC/FIN No.:

SKETCH PLAN

Veh A: SMA 891K

Veh B: GBH 9244M

Veh C: SBQ 5512T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SMA 891K) traveling along PIE towards Tuas on second lanes of a 3-lanes, expressway. Somewhere after Bedok North Exit, vehicle C (SBQ 5512T) ahead slowed down & stopped due to the heavy traffic flow. As such, I slowed down and stopped completely behind vehicle C. Out of sudden, vehicle B (GBH 9244M) came from rear and collided directly onto the rear portion of my vehicle. Due to the impact, my vehicle was surged forward and collided onto the rear portion of vehicle C. After accident, I alighted and realised I was involved into a 3 car chain accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

2

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.	SMA891K		Model / Make	Mazda 3
Date of Accident	17/2/2020			
Time of Accident	1145	HRS		
Location of Accident	Along PIE tuds Turn after Bedok North Exit			
Exact purpose use during accident	Private use			
Name of Owner	Sim Jin Cai, Ivan			
Telephone No.	H/P : 8428 1135	Home :	Office :	
NRIC	S 8726435A			
Address	73 Anchorvale Crescent #14-07 S(544661)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	AIG			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	1800069032			
Name of Driver	As Above If No,			
NRIC	Any Passengers : 1 (F)			
Date of birth	31/8/1987			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	23/11/2015			
Gender	Male	/	Female	
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state Owner		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	Sim Jin Cai, Ivan		8428 1135	
Name And Contact No.	Chen Xiu Qi		9772 9720	
Police Report	No,	If Yes, Where?		
Vehicle B No.	GBH 9244M	Any Passengers :		
Name of Driver		Contact No. :		
Vehicle C No.	SBQ 5512T	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 & rear portion			
Camera Recorder	Yes / No			
Email Address	ivan.jc.sim@gmail.com			
PARTICULAR WORKSHOP	Twincar Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Ting			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Sim Jincai, Ivan (Shen Jincai)
Period of Insurance : 28 May 2018 To 27 May 2020
Engine No. : P520517281
Chassis No. : JM6BNZ2A3J0225878

Vehicle No. : SMA891K
Policy No. : 1800069032
Endorsement No. :
Issued Date : 12 Jun 2018

ABOUT THE COVER

Make/Model	MAZDA 3 1.5 SKYACTIV	Sum Insured	Market Value	First Year of Registration	2018
Engine Capacity/Tonnage	1,496.00 CC	Off Peak Car	No	Insuring with COE/PAF	Yes
Driver Restriction	NA				

Person or Classes of Persons Entitled to Drive*

at The Policyholder's
to any other person who is driving in the Policyholder's letter of authority 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 \$2,000 as "Young and/or Inexperienced Driver Excess" ("YIDEX") 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 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 or in connection with any trade or business or use for any purpose in connection with Motor Taxis.

Limit of Use 1000cc - 1800cc Optional

* Limitations mentioned hereinafter by Section 9 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 119) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included unless stated otherwise.

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)

Sim Jincai, Ivan (Shen Jincai) - \$600 (Own Damage)

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

1. Tems Eureka Pte Ltd. Unit 9 Ubi Drive, Singapore 408605 63053999

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SIG Mobile App. Simply search and download "AIG SIG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

I/We hereby certify that the policy to which this Certificate of Insurance refers is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 119), Part 2 of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1988 (Malaysia).

050359190

ARF (AP) PTE LTD - MAZDA
7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX
SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Prile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE