NATIONAL Assessment Centre Services. NMA42007100

Date In: 03/03/2020 11:41	Job description	Date &Time Completed	Done by
Ref No: NCA/BIG20003470/Y	SAS e-filing		
Veh No: SMF 5470	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 02/03/2020 18:20	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 / OW: (Tel: Fax:)

TP Particulars: Veh No: SGS 3671X 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 [illegible]

( ) 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: ( )

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

Injury :

Date [illegible]

NA2001785

[illegible]

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

[illegible]

Cat. I:

2 / 3

Invoicing [illegible]		
1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100)	INC ($40) $40/$45	
3) TF : Towing Fee	$120	
4) FT : Follow-Through Survey	$30	
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2000)	$75	
6) TR : Re-Inspection	$160	
7) NI : Idea DA + SMRT Survey		
8) NTUC Additional Services-		
OD:		
*N5: Courtesy Car / Tpt Allowance	$5	
*N6: Repair Co-ordination	$10	
*N7: Post Repair Inspection	$25	
*N8: DV / Collect Invoice Coordination	$5	
TP (N11) : TP (Non INC) against INC	$30	
9) N12: Idea Mobile	$30	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

MNA420027700 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 03/03/2020 11:41
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	03/03/2020 11:41
Date Of Accident	02/03/2020 18:20
Exact Location Of Accident	T-JUNCTION OF PASIR RIS DRIVE 1 AND LOYANG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF547D

Insured/Policyholder

Name Of Registered Owner	YVONNE LAU JIE LIN
NRIC No	SXXXX342B
Email Address	JOELTANJX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90180412
Alternative Phone No	OTHERS-97862438

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE
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	1800125362
Cover Note Number	

Driver

Name of Driver	TAN JIAXIANG, JOEL
NRIC No	SXXXX698Z
Date Of Birth	03/02/1989
Occupation	INDOOR
Date Of Driving Pass	06/03/2008
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90180412
Fax Number	
Contact Number	OTHERS-97862438
EMail Address	JOELTANJX@GMAIL.COM

Address	BLK 446 TAMPINES STREET 42 #08-40
Postcode	520446
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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 AND ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGS5671Y
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)	

SKETCH PLAN

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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.

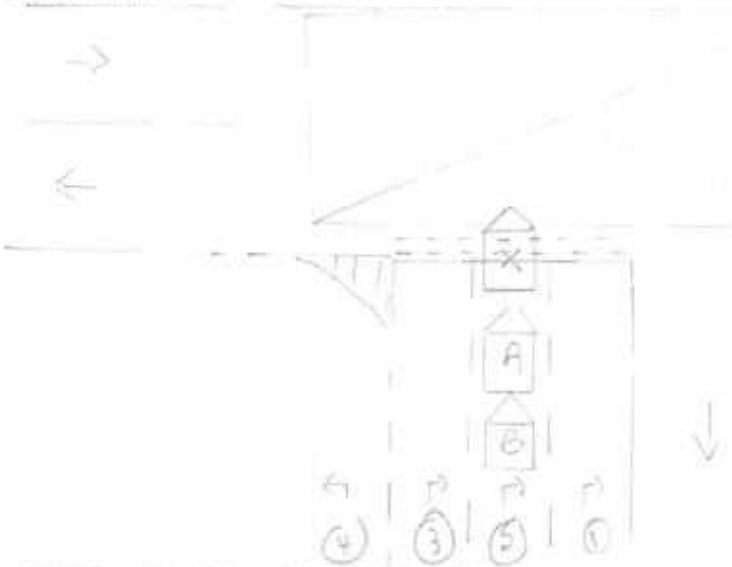
Policyholder's Signature
Date & Time:

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

03/03/2020

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

SKETCH PLAN



A = SMF 5477 D

B = SGS 5671 Y

T-Junction of Pasir Ris Drive 1 and Loyang Avenue

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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

03/03/2020

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

On 02.03.2020 at about 18:20 hours at T-Junction of Pasir Ris Drive 1 and Loyang Avenue. I was travelling straight on lane 2 (along Pasir Ris Drive 1 turning right to Loyang Avenue) and the traffic light was green, when my front vehicle slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang from behind. When I alighted I realised vehicle (B) had collided onto rear portion of my vehicle (A).

Vehicle (A): SMF 547D

Vehicle (B): SGS 5671Y

02/03/2020

SINGAPORE ACCIDENT STATEMENT

Accident Date: 02/05/2020 Time: 18 20 (hh:mm) 24 hr format	
Location T-Junction of Pasir Ris Drive 1 and Loyang Avenue	
Vehicle Number SMF5427D	
Insured Name Jvenne Lim Jie Lin	
NRIC /FIN S8416342B Contact Number 9018 0412	
Make KIA Model Cerato	
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 ( ) TF Only	
Policy Number 300125362	
Name of Driver Tan Jiaxiang, Joel ( )Same as Insured	
NRIC / FIN S8904658Z Contact Number 9186 2438	
Date of Birth 03/02/1989	
Driving Pass Date 06/03/2008	
Occupation (✓) Indoor ( ) Outdoor	
Gender (✓) Male ( ) Female	
Email Address joeltanjx@gmail.com ( )NO EMAIL	
Address of Driver BLK446 Tampines Street 42	
#08-40 Singapore 520446	
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	
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 SGS5671Y	
Veh C	
Veh D	
Veh E	
Veh F	

Driver Only

AIG

CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder	: Yvonne Lau Jie Lin	Vehicle No.	: SMF547D
Period of Insurance	: 26 Oct 2018 To 25 Oct 2020	Policy No.	: 1800125362
Engine No.	: G4FGJH710267	Endorsement No.	:
Chassis No.	: KNAF3416MK5019275	Issued Date	: 05 Nov 2018

ABOUT THE COVER

Make/Model : KIA Cerato
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
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 "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 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

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 96 of the Road Transport Act, 1987 (Malaysia), 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)

Yvonne Lau Jie Lin - $600 (Own Damage)

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

1.Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
2.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800
3 Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

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: NA

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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

10D1658R26AC4/Detail

0504624208

FULCOKICP2 - LN
22 UBI ROAD 4 FULCO BUILDING
SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

35CnFy