

NATIONAL Assessment Centre Services. [ver 1 Jan 00] **MANA 2000 28378**

Date In: 04/03/2020 16:17	Job description	Date & Time Completed	Done by
Ref No: MANA/2000 3580/Y	SAS e-illing		
Veh No: SME 539C	E-mail (by John Sims, AIC 2hrs)		
DOA: 03/03/2020 18:15	I-Motor Claim Form		
O/D 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/Witness		

Preferred Wkep / INC Assign Wkep / OW: () Yelt () Fact ()

TP Particulars: Veh No: **SGH 8080R** 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 ()

() Walk-In Customer; Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

Injury: _____

Damaged Portion: _____

MANA 2000 1796	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Archiver's comments:	For claiming against INC Only (ver 10 Jan 2005)	
Sal: 1	6) TR: Re-inspection \$75	
2/3	7) NI: Idco DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	* NS: Courtesy Car / Tpl Allowance \$3	
	* NG: Repair Coordination \$10	
	* NI: Post Repair Inspection \$23	
	* ND: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (NS+INC) against I+G \$20	
	9) NI: Use Mobile \$0	
	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	04/03/2020 16:17
Date Of Accident	03/03/2020 18:15
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT TOWARDS KENG LEE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF539C
Insured/Policyholder	
Name Of Registered Owner	MARGARET LEE CHEE YEE
NRIC No	SXXXX228F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98784333
Alternative Phone No	OTHERS-98784333

Vehicle Particulars

Manufacturer	LEXUS
Model	ES250
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	1900158962
Cover Note Number	

Driver

Name of Driver	SEOW KWONG TING, STANWIN (XIAO GUANGTING)
NRIC No	SXXXX722B
Date Of Birth	27/10/1987
Occupation	INDOOR
Date Of Driving Pass	07/03/2008
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98784333
Fax Number	
Contact Number	OTHERS-98784333
Email Address	NOEMAIL

Address: BLK 138A LORONG 1A TOA PAYOH
#27-10

Postcode: 311138

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 - CHANGE/CROSS LANE

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): 2

Passenger 1: NAME: : MARGARET LEE CHEE YEE
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

PLEASE REFER TO SKETCH PLAN

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: SGH8080R

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

IMPORTANT NOTICE

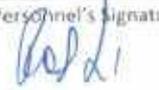
1. Please report **correctly** the details of the accident to speed up the claims process.
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 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for 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.
- B. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

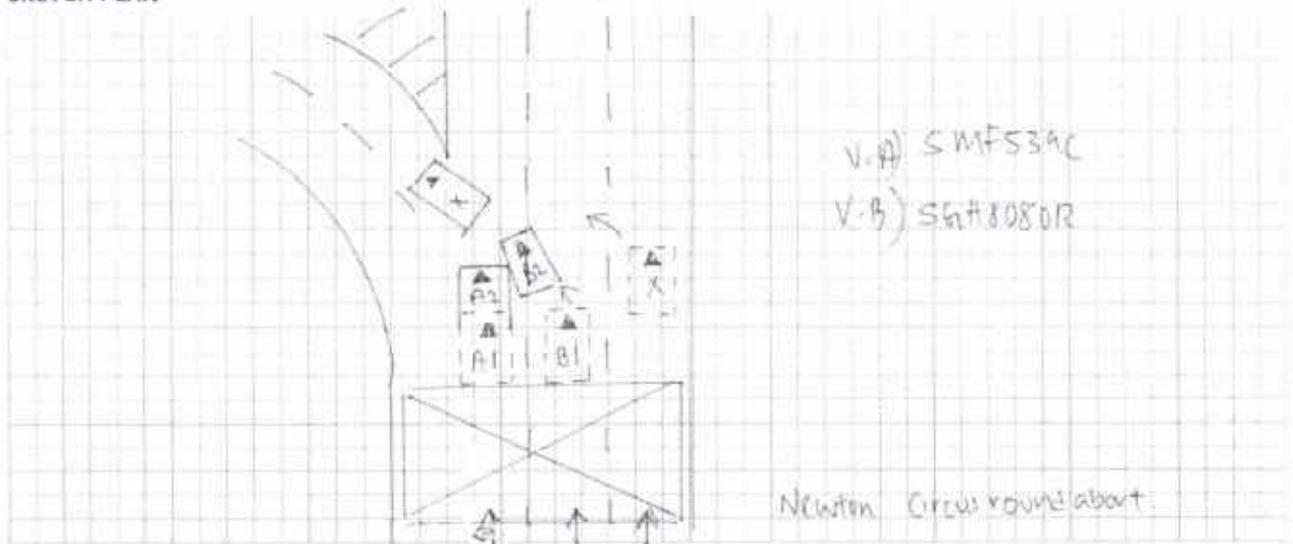
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' SMF539C was travelling on the
 stated venue. I was travelling along the 3rd lane, which it's a turn left and
 go straight lane. while travelling, a red vehicle on the first lane made an
 abrupt lane change, as such I immediately applied my brakes and came to a
 stop to avoid a collision. The next moment vehicle 'B' SGT8080R on my right cut
 into my lane and grazed against my stationary vehicle right portion. I wish to
 state that the lane that vehicle 'B' was travelling on is only for going straight.
 vehicle 'B' should not turn left. This accident could be avoided if vehicle 'B' did
 not make an abrupt lane change.

DECLARATION

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

[Handwritten Signature]
 Policyholder's Signature
 Date & Time:

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

[Handwritten Signature] 04/03/2020
 Reporting Centre Personnel's Signature
 Name: *[Handwritten Name]*
 NRIC/FIN No.:

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 03/03/2020 (dd/mm/yy) Time of Accident: 18:15 (24-HR-FORMAT)
Vehicle No.: SMF 539 C Vehicle Make & Model: LEXUS ES250 2.5
Exact location of Accident: NEWTON CIRCUS ROUND ABOUT TWDS KENG LEE ROAD
Policyholder's Name / IC No.: MARGARET LEE CHEE YEE S8211228F
Driver's Name / IC No.: SLOW KWONG TING, STANWIN S8734722B (As Above)
Driver's Contact No.: 9878 4333 Company Contact No.: _____
Driver's Address: 138A LORONG 1A TOA PAYOH #27-10 S311138
Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver: SPOUSE or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

No. of Passengers (Including Driver): 02

Passenger Name : MARGARET LEE CHEE YEE
Passenger Name : _____

Gender : Female
Gender : _____

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SGH 8080 R

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : MARGARET LEE CHEE YEE
Period of Insurance : 26 Oct 2019 To 25 Oct 2020
Engine No. : A25A0215126
Chassis No. : JTHB11B1302001325

Vehicle No. : SMF539C
Policy No. : 1900158962
Endorsement No. :
Issued Date : 09 Sep 2019

ABOUT THE COVER

Make/Model : LEXUS ES250 2.5
Engine Capacity/Tonnage : 2,487.00 CC
Driver Restriction : NA
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.

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2018
Insuring with COE/PARF : Yes

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 : 30 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 operative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Section 95 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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

MARGARET LEE CHEE YEE

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: DBS BANK LTD

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)

0504650900

ALL INS AGENCY PTE LTD
 22 SIN MING LANE #05-78 MIDVIEW CITY
 SINGAPORE 573969

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

All Ins Agency Pte Ltd