

# NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

MNA20033590

Date In: 17/08/2020 14:34	Job description	Date & Time Completed	Done by
Ref No: N88/MNA20004125/1	SAS e-illing		
Veh No: SGB 5585C	E-mail (by date then, AIC then)		
D.O.A: 16/03/2020 14:30	I-Motor Claims Form		
OD TP Reporting Only	I-Motor W/O (Within: OD then, TP then)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKSN		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SGB 5585C	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%. P: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Comments:	
( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repolar.	
( ) Total Loss Case : to e-mail Insurer URGENTLY.	
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )	
Completed by: ( )	
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: ( )	
Date/Time: ( )	
Location: ( )	

NIA2002067		INC / Non-INC	
Client/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$20		
	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NIUC Additional Service:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TE (NI) / TP (Non-INC) against INC \$20		
	2) NI: Idas 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	17/03/2020 14:34
Date Of Accident	16/03/2020 14:30
Exact Location Of Accident	ALONG SCOTTS ROAD TOWARDS ORCHARDS ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB5585C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COURTENAY JAMES HARTING
Passport No/FIN	GXXXX275P
Email Address	JAMES.COURTENAY@BTOPENWORLD.COM
Mobile Phone No	(LOCAL) +65-83838731
Alternative Phone No	OTHERS-97936201

### Vehicle Particulars

Manufacturer	MINI
Model	COOPER S-CABRIOLET 1.6 (A)
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	THIRD PARTY
Fleet Policy	NO
Policy Number	2100297390-07
Cover Note Number	

### Driver

Name of Driver	DEROUIN COURTENAY ELISABETH FRANCOISE
Passport No/FIN	GXXXX717U
Date Of Birth	22/01/1965
Occupation	INDOOR
Date Of Driving Pass	25/04/2013
Driving Experience	6 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83838731
Fax Number	
Contact Number	OTHERS-97936201
Email Address	JAMES.COURTENAY@BTOPENWORLD.COM

Address	BLK 33 PEPYS ROAD #01-02 THE PEAK
Postcode	118454
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?	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: : DAUGHTER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 181004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200317/2056

#### 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	SG1172T
Vehicle Make/Model/Colour	SBS TRANSIT BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	CHAI FOO
NRIC/Passport Number	GXXXX489M
Contact Number	1800-2872727

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	DEROUIN COURTENAY ELISABETH FRANCOISE
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SGB5585C
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:


17/03/2020  
10am



Driver's Signature  
(If driver is not the policyholder)

Date & Time:

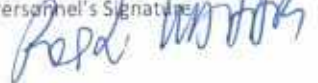
17/03/2020



Name:

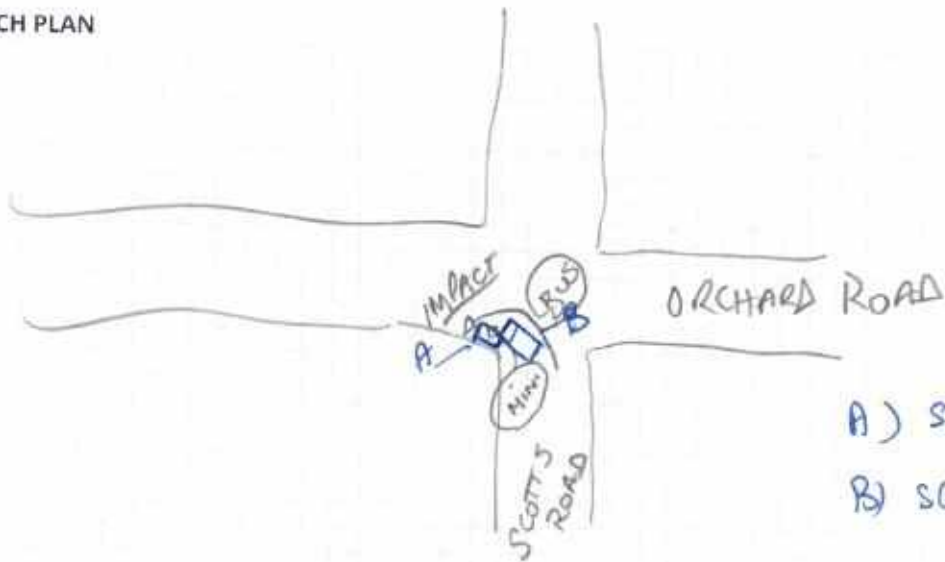
NRIC/FIN No.:

17/03/2020





SKETCH PLAN



A) SGB 5585C

B) SG 1172T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20200317/2056

[Large blue scribble covering the rest of the form]

DECLARATION

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

*[Signature]*  
Policyholder's Signature

Date & Time:

17/3/20

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)

Date & Time:

17/3/20

*[Signature]* 17/03/2020  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 03 / 2020) (DD/MM/YYYY), TIME: (2 : 30) (HH:MM)

LOCATION: JUNCTION OF SCOTTS ROAD AND ORCHARD ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SG8 5585 C
- b) INSURANCE COMPANY: AIG
- c) POLICY NUMBER: 2100297390-07
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: MINI COOPER, S
- 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) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: JAMES COURTENAY (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: G523427SP CONTACT: 83838731
- c) ADDRESS: 33 PEPPYS ROAD, #81-02, SINGAPORE 118454

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: ELISABETH COURTENAY (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: G5243717U CONTACT: 97936201
- c) ADDRESS: 33 PEPPYS ROAD, #81-02, SINGAPORE 118454

\*d) DATE OF BIRTH: (22 / 01 / 1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 25/04/2013

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SG 1172T MODEL: TRANSIT BUS
- b) DRIVER'S NAME: MR CHAI FOO
- c) NRIC/FIN/PASSPORT: G2657489M CONTACT: 1800-2872727

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
- e) DRIVER'S NAME: \_\_\_\_\_
- f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = ~~xxxx~~ james.courtenay@btopenworld.com  
VIDEO



**SINGAPORE  
POLICE FORCE**



T/20200317/2056

1 of 3

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

Report No. T/20200317/2056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/03/2020 13:19	Vide Report No.:	Station Diary No.: 12
--------------------------------------------	------------------	--------------------------

**Informant's Particulars**

Name of Informant: DEROUIN COURTENAY ELISABETH FRANCOISE			Address: APT BLK 33 PEPYS ROAD #01-02 THE PEAK SINGAPORE 118454	
ID Type / ID No. FIN NO / G5243717U			Contact No. Home/Office	Mobile: 97936201
Nationality: FRENCH			Email:	
Sex: Female	Age: 55	Date of Birth: 22/01/1965	Type of Informant: Driver	
Race: Caucasian			Language English	Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/03/2020 14:30	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 SCOTTS ROAD ORCHARD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SG1172T	Bus/Coach/Minibus					0
SGB5585C	Car	MINI	COOP S CAB-A	Red	Seriously Damaged	2

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20200317/2056

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No 1800-2789999

2 of 3

Report No. T/20200317/2056

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	DEROUIN COURTENAY ELISABETH FRANCOISE	ID No	G5243717U
Related Vehicle	SGB5585C (Car)	Contact No	97936201
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/03/2020	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	CHAI FOO	ID No	G2657489M
Related Vehicle	NIL	Contact No	1800-2872727
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 16/03/2020 at 1430hrs, I was in my vehicle (SGB5585C) at Scott Road. My vehicle was in complete stationary at the junction of scott road and orchard road and I was looking out for all of the vehicles to pass through before I turned into Orchard road.

Suddenly, a SBS transit bus (SG1172T) service (162) collided on to my right rear bumper of my vehicle. I was shocked at that point of time. I called the police and they came down to attend to my scene. The traffic police came as well. They offered me to call for ambulance service but I rejected it as I was in a state of shock.

After the accident, I went to see the doctor straight away at Mount Elizabeth hospital for my lower back and neck. I was given 3 days of MC (MC#582) from the doctor. My lower back and neck were injured from the accident. I had also lodged an accident report to the insurance company.

I do not have any rear-car camera footage of the accident. I am lodging this police report for insurance claim purpose.



**SINGAPORE  
POLICE FORCE**



T/20200317/2056

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

3 of 3

Report No: T/20200317/2056

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report:  
E /  
Sgt 2 TEO KENG LENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/03/2020 13:19

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt TAN JUN YAN  
Contact No: 65476311

Classification Of Case:

Authentication Stamp  
NP168

## Orthopaedic Associates

3 Mt Elizabeth #16-03/04 Mt Elizabeth Med Ctr S (228510)

Tel: 6235 8755 Ans Service: 6535 8833

GST and Co Reg No: M8-8004799-0

Patient: DEROUIN COURTENAY ELISABETH FRANCOISE

NRIC: G5243717U

ID: 9914809

Date : 17 Mar 2020

MC: #582

### Medical Certificate

This is to certify that the patient is Unfit for Duty from 17 March 2020 to 20 March 2020 for 4 days.



DR TOH CHOON LAI

Note: This medical certificate is not valid for absence from court.



## PRIVATE AUTO THIRD PARTY ONLY PRIVATE VEHICLE

Name of Policyholder : Courtenay James Harting  
 Period of Insurance : 21 Jun 2019 To 20 Jun 2020  
 Engine No. : D247O622W11B16AA  
 Chassis No. : VMWRH32080TK50872

Vehicle No. : SGB5585C  
 Policy No. : 2100297390-07  
 Endorsement No. :  
 Issued Date : 25 May 2019

## ABOUT THE COVER

Make/Model : MINI COOPER S CABRIOLET  
 Engine Capacity/Tonnage : 1,598.00 CC Sum Insured : NA First Year of Registration : 2005  
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : 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.

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.

\* 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, 1987 (Malaysia); are not to be included under these headings.

## EXCESS

Section 1

Section 2  
 Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

Courtenay James Harting

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

For Approved Reporting Centres, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://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).

0503879000

THAM ZHEN JIAN MELVYN  
 371 ALEXANDRA ROAD #12-37 AIA ALEXANDRA  
 SINGAPORE 159963 SP-MELVYN-WIN

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*M. J. Tan*

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ZHEN JIAN MELVYN THAM