

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

MYANMAR

Date In: 4/1/12 - 17:00	Job description	Date & Time Completed	Done by
Ref No: 44/11/12 200554724	SAS e-filing		
Veh No: JK70382	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 1/1/12 - 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: 6BF1639X

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 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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 2 / 3:

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

In Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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:-

OD\*

\*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



## 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	04/05/2020 17:02
Date Of Accident	01/05/2020 12:00
Exact Location Of Accident	PIE TWDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT3058D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAMUEL TAN WAH NGUI
NRIC No	SXXXX058H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96481445
Alternative Phone No	OFFICE-96481445

### Vehicle Particulars

Manufacturer	MINI
Model	COOPER S CLUBMAN JCW AERO DYNAMIC KIT
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	REPORTING ONLY
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	1900130686
Cover Note Number	

### Driver

Name of Driver	SAMUEL TAN WAH NGUI
NRIC No	SXXXX058H
Date Of Birth	07/02/1961
Occupation	INDOOR
Date Of Driving Pass	01/01/2004
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96481445
Fax Number	
Contact Number	OFFICE-96481445
Email Address	NOEMAIL

Address	195 JALAN LOYANG BESAR #05-04
Postcode	509439
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 - 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?	
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	GBF1639X
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)	




## SKETCH PLAN


### IMPORTANT NOTICE

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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.

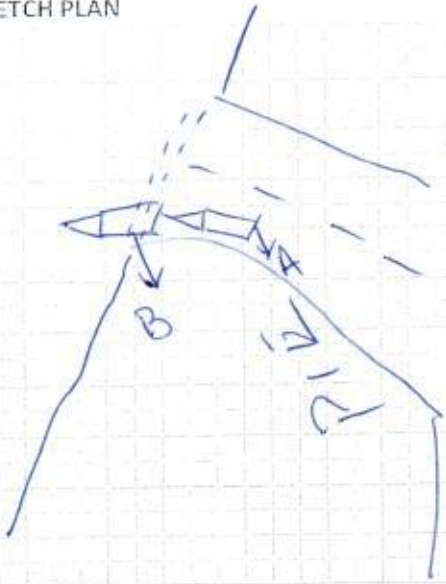
  
Policyholder's Signature  
Date & Time:

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

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

PAYA LEBAR Rd

SKETCH PLAN



A) SKT3058B

B) GBF1639X

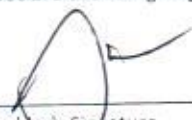
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1/5/2020, 12pm, I was travelling out of PIE towards Paya Lebar Road. The vehicle GBF 1639X stopped and did not moved out while the road is clear. My car moved forward and hit on the car GBF 1639X.

I would like to do private settlement but the driver's company refused.

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.:



VEHICLE NO: \* S1C73058D

MAKE &amp; MODEL: \*

DATE OF ACCIDENT	*	01 / 05 / 2020
TIME OF ACCIDENT	*	1200 AM / PM
LOCATION OF ACCIDENT	*	Prz twds Mya Lebar rd.
Exact Purpose use during accident		
NAME OF OWNER	*	Samuel Tan Wah Ngai
TELP NO	*	96481445
NRIC	*	
CLAIM TYPE	*	OD / THIRD PARTY / <u>Reporting Only</u>
PRIVATE HIRE		YES / <u>NO</u> ?
INSURANCE CO.	*	AIG
TYPE OF COVERAGE	*	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	*	1900130686
EMAIL	*	
NAME OF DRIVER	*	As above / If No:
NRIC		*Any passengers:
DATE OF BIRTH		/ /
OCCUPATION		Outdoor / <u>Indoor</u>
DATE OF DRIVING PASS		/ / 2004
GENDER	*	<u>Male</u> / Female
CONTAC NO.		Office: Home:
EMAIL		sami.tan@me.com
ADDRESS		
DRIVER HAVE ANY OWN Vehicle		<u>NO</u> / If yes, Reg No.
RELATIONSHIP		Employee / If <u>NO</u> , Owner.
WEATHER CONDITION	*	<u>Clear</u> / Raining / Other:
ROAD SURFACE	*	<u>Dry</u> / Wet / Other:
ANY INJURIES	*	<u>No</u> / If yes, Who?
CONTAC NO.		
POLICE REPORT	*	<u>No</u> / If yes, Where?
VEHICLE B NO. T/ VEH NO	*	G3F1639X *Any Passenger:
NAME		
CONTAC NO.		
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?		YES / NO
WAS THERE ANY AUDIO CAPTURE?		YES / NO
WAS THERE ANY PHOTO CAPTURE?		YES / NO
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO
		4/5/20 driver show face
		4/5 photos taken





## CERTIFICATE OF INSURANCE

### MINI AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : Samuel Tan Wah Ngui  
**Period of Insurance** : 30 Jul 2019 To 29 Jul 2021  
**Engine No.** : H112K111B48A20A  
**Chassis No.** : WMWLN720X0 2J08857

**Vehicle No.** : SKT3058D  
**Policy No.** : 1900130686  
**Endorsement No.** :  
**Issued Date** : 06 Aug 2019

#### ABOUT THE COVER

**Make/Model** : MINI Cooper S Clubman AT LED NAV  
**Engine Capacity/Tonnage** : 1,998.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2019  
**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. 186), 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 - \$1000. Theft - \$0. Flood Cover - \$0

##### Section 2

Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

Samuel Tan Wah Ngui - \$1000 (Own Damage)

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

1 Eurokars Habitat Pte Ltd. Add: Eurokars Centre, 12 Sungal Kadut Ave, Singapore 729648 63633003

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](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: HL Bank

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. 186), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599140

ARF (AP) PTE LTD - MINI  
7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX  
SINGAPORE 069111  
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Monile*

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

SSCHMG