

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

M420079593

Date In: 14/9/02-15:15	Job description	Date & Time Completed	Done by
Ref No: M420079593/24	SAS e-filing		
Veh No: 5X67M	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 17/9/02-12:40	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: M420079593	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

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	ON:		
	*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	14/09/2020 15:13
Date Of Accident	12/09/2020 12:40
Exact Location Of Accident	PIE (TUAS) BEFORE ADAM RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX67M
Insured/Policyholder	
Name Of Registered Owner	JACQUELINE CLARE BRYANT PHILLIPS
NRIC No	SXXXX812E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91378053
Alternative Phone No	OFFICE-91378053

Vehicle Particulars

Manufacturer	LAND ROVER
Model	RANGE ROVER VELAR 2.0P SI4 S/R
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	1800063974-01
Cover Note Number	

Driver

Name of Driver	JACQUELINE CLARE BRYANT PHILLIPS
NRIC No	SXXXX812E
Date Of Birth	23/10/1969
Occupation	INDOOR
Date Of Driving Pass	24/02/2004
Driving Experience	16 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91378053
Fax Number	
Contact Number	OFFICE-91378053
Email Address	NOEMAIL

Address	31 MARYLAND DRIVE
Postcode	277523
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	WET

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	SGN5000K
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)	

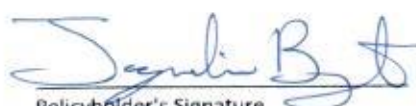
SKETCH PLAN

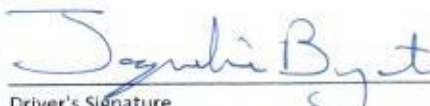
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that 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:

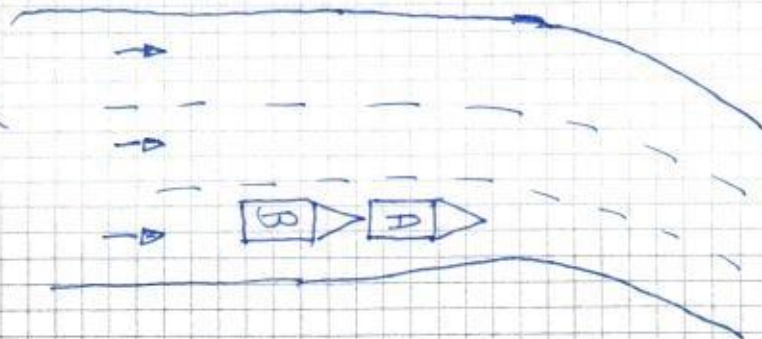

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIE - TUNAS BEFORE ADAM EXIT.

VEH A = SJX 67M

VEH B = SGN 5000K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time. I was driving vehicle A along the stated venue. As the front vehicles stopped. I follow suit. Suddenly, I felt an impact, and vehicle B had collided onto the rear of my car.

DECLARATION

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

Jegulie Byt
Policholder's Signature

Jegulie Byt
Driver's Signature

[Signature]
Reporting Centre Personnel's Signature

Date of Accident : 12/09/20 Accident Time: 1240 PM (24-HR-Format)
 Accident Place : PIE-TUAS BEFORE ADAM EXIT.
 Vehicle No. (Car Plate No.) : SJX 67 M Make/Model: RANGE ROVER VELAR
 Insurance Company : AIG Policy No: 1800063974-01
 Owner or Company Name / IC No. : JACQUELINE CLARE BRYANT PHILLIPS
 Owner or Company Contact No. : _____ Owner's Hp 91378053 Company Tel _____
 DRIVER'S Name / IC No. : _____
 DRIVER'S Date Of Birth : 23-10-1969 DRIVER'S License Pass Date 24 FEB 64
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others : OWNER
 DRIVER'S Address : 31 MARYLAND DRIVE, SINGAPORE, 277523
 DRIVER'S Contact No / Alt No. : 1) 91378053 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : chickboons@yahoo.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): No

Other Party Driver's Particular (if any)

(B)
 Vehicle No: SGN 5000 K
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver/Contact: _____

Vehicle No: _____
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

WEARNES AUTO PROTECTOR (LAND ROVER) PRIVATE VEHICLE

Name of Policyholder : JACQUELINE CLARE BRYANT PHILLIPS
Period of Insurance : 01 Jun 2020 To 31 May 2021
Engine No. : 180411Y0668PT204
Chassis No. : SALYA2AX4JA770147

Vehicle No. : SJX87M
Policy No. : 1800063974-01
Endorsement No. :
Issued Date : 05 May 2020

ABOUT THE COVER

Make/Model : LANDROVER RANGE ROVER VELAR 2.0 BASE/ R-DYNAMIC

Engine Capacity/Tonnage : 1,997.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PAFF : 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 2000cc

* Limitations rendered inoperative 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 - \$900 Theft - \$0 Flood Cover - \$900

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

JACQUELINE CLARE BRYANT PHILLIPS - \$900 (Own Damage), \$900 (Flood Cover)

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

1. Wearnes Automotive Pte Ltd Add: 45 Leng Kee Road Singapore 159103 63789333

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.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

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).

0503486641

WEARNES AUTOMOTIVE - CWC (JLT)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

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