

NATIONAL Assessment Centre Services: [ver 1 Jan 03] MMA 120086333

Date In: 3/10/20 15:04	Job description	Date & Time Completed	Done by
Ref No: MA1 AG 20010628/64	SAS e-filing		
Veh No: SJV 400 U	E-mail (within 3hrs, AIC 2hrs)		
DOA: 3/10/20 10:50	I-Motor Claim Form		
(1) <input checked="" type="radio"/> 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/Wkgn		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SGS 21748	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 repoter.

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

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

Remarks: INC () / Non-INC ()	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:	Location:	Remarks:

NA2005231		Invoice/Registration Checklist	Am (\$)	Remarks
Claimant's Particulars:	Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$50)		
QC Checked by (Eng-In-Charge):		3) TP: Towing Fee \$40/\$45		
Auditors' Comments:		4) PT: Follow-Through Survey \$120		
		5) PT: Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (wef 10 Jan 2003)		
		6) TR: Re-Inspection \$75		
		7) NI: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:		
		• NI: Courtesy Car / Tpt Allowance \$5		
		• NI: Repairs Co-ordination \$10		
		• NI: Post Repair Inspection \$25		
		• NI: DV / Collect Excess Coordination \$5		
		TP (NI1): TP (Non INC) against INC \$20		
		9) NI2: Idao 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	03/10/2020 15:04
Date Of Accident	03/10/2020 10:50
Exact Location Of Accident	BLK 158 BEDOK SOUTH AVE 2 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJV400U
Insured/Policyholder	
Name Of Registered Owner	TAN GEOK LIAN (CHEN YULIAN)
NRIC No	SXXXX891J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93894144
Alternative Phone No	OFFICE-93894144
Vehicle Particulars	
Manufacturer	LAND ROVER
Model	EVOQUE-2.0 (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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100402059-05
Cover Note Number	
Driver	
Name of Driver	LAM CHING ROU
NRIC No	TXXXX552J
Date Of Birth	30/10/2001
Occupation	INDOOR
Date Of Driving Pass	02/10/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-86996412
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	19C SIMEI ST 4 #01-30
Postcode	528715
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN 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

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	SGS2134B
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.

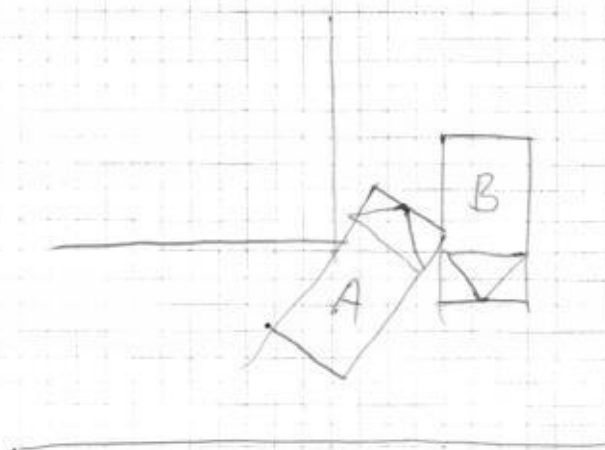

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

Blk 158, Bedok North Ave 3 (carpark)



A - SJV 400 V

B - 3 GS 2134B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3rd October 2020, around 10.45 am. I am driving my mother's car SJV400V at Blk 158 Bedok South Ave 3 carpark. I Forward to the exit direction. When I was trying to do a left turn, I saw a car coming from the middle of the road. I had already turn halfway when the car continued coming towards me, so I stopped immediately. The car still trying to turn right and her door hit the side of front right corner of my car.

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.:

E-APPLICATION OF QUALIFIED DRIVING LICENCE (QDL)

[LOGOUT](#)**STEP 1: APPLY QDL****STEP 2: DECLARATION****STEP 3: INPUT MAILING ADDRESS AND PARTICULARS****STEP 4: PAYMENT TERMS AND CONDITION**

Dear **LAM CHING ROU (NRIC: T0134552J)**,

Welcome to the e-application of QDL page!

Our records shows that you currently have a pending application:

- Application No: **Q000240235**
- Applied Class: **3A**
- Applied Date: **02 Oct 2020**

Do not use the Back or Forward button on your browser as this may end your transaction.

This website is optimised for IE version 10.0 and 11.0

Last Updated: 1 August 2018

PS: You can now enjoy round-the-clock access to selected AIG products and services with our easy-to-use Apple or Android smartphone app. Purchase new policies, renew your policies, access claims support or receive emergency assistance for motor and travel, anytime, 24-hours a day. Your AIG Mobile App can be downloaded for free at iTunes or Google Play.

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CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (LAND ROVER) PRIVATE VEHICLE

Name of Policyholder	: TAN GEOK LIAN (CHEN YULIAN)	Vehicle No.	: SJV400U
Period of Insurance	: 06 Feb 2020 To 05 Feb 2021	Policy No.	: 2100402059-05
Engine No.	: 310714002651204PT	Endorsement No.	:
Chassis No.	: SALVA2AG2FH008033	Issued Date	: 20 Jan 2020

ABOUT THE COVER

Make/Model	: LANDROVER RANGE ROVER EVOQUE (SDR/COUPE)		
Engine Capacity/Tonnage	: 1,999.00 CC	Sum Insured	: Market Value
Driver Restriction	: NA	Off Peak Car	: No
Person or Classes of Persons Entitled to Drive*	: 2015		
	: Insuring with COE/PAF Yes		

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 authorized 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" ("YIDEX") if you are in Your Authorized Driver (named or unnamed) is under the age of 25 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 school, driving test, racing, speed-making, mobility 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.

Laws of Use 2000(c)

* Limitations rendered imperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 188), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2018, are not to be included under these headings.

EXCESS

Section 1
Fire - \$0; Own Damage - \$1100; Theft - \$0; Flood Cover - \$1100

Section 2
Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

TAN GEOK LIAN (CHEN YULIAN) - \$1100 (Own Damage), \$1100 (Flood Cover)

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

1. Wearn's Automotive Pte Ltd. Add: 45 Leng Kee Road, Singapore 159103-63760333

For other Approved Reporting Centres/AIG Authorized 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: OCBC 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. 188), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2018 and Motor Vehicles (Third-Party Risks) Rules, 1989 (Malaysia).

0903496812

WEARNES AUTOMOTIVE - DAY (J)

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.

AIG00000000

79 Shenton Way, AIG 18-19 Building, SIF/102 | T: +65 6338 6200 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related)
- Advice on Motor Claims procedures
- Medical Referral Assistance

If no one is injured in the accident:

- You are not required to make any police report
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s)
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorized repairers within 24 hours or the next working day of the accident

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

- Report the accident to the police, providing full details of the circumstances of the accident
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s), if applicable
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorized repairers within 24 hours or the next working day of the accident

What should I do in the event of an accident?

- Keep calm and move your car to a safe place.
- Do not admit or discuss fault or blame with the other party(ies)
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorized repairers within 24 hours or the next working day of the accident
- Submit Writ/Summons/Correspondence from third party(ies) to AIG immediately

Vehicle No.	SJV 400U		Model / Make	Landrover Evoque
Date of Accident	3/10/2020			
Time of Accident	1050 HRS			
Location of Accident	Blk 158 Bedok South Ave 2 (carpark)			
Exact purpose use during accident				
Name of Owner	Tan Cheok Lian			
Telephone No.	H/P : 92894144		Home :	Office :
NRIC	S 7110891J			
Address	19C Simei St 4 #01-30 S' 528715			
Claim type	OD (THIRD PARTY) REPORTING ONLY			
Insurance Company	AIG			
Type of Coverage	(Comprehensive) Third Party Third Party / Fire / Theft			
Policy No.	2100402059-05			
Name of Driver				
As Above If No, Lam Ching Rou				
NRIC	T 0134552J		Any Passengers :	2(F) + 1 dog
Date of birth	30/10/2001			
Occupation	Outdoor / (Indoor)			
Driving License Pass Date	2 OCT 2020			
Gender	Male / (Female)			
Contact No.	H/P : 86996412		Home :	Office :
Address	as above			
Driver have any own vehicle	(No,) If yes, Reg No.			
Relationship	Employee, If no, state mother.			
Weather condition	(Clear) Raining Other			
Road Surface	(Dry) Wet Other			
Any Injuries	(No,) If Yes, Who?			
Name And Contact No.				
Name And Contact No.				
Police Report	No, If Yes, Where?			
Vehicle B No.	89S 2134B		Any Passengers :	0
Name of Driver			Contact No. :	91788167
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name			Witness Contact :	
Accident Portion				
Camera Recorder	(Yes / No (No capture)			
Email Address	CHINGERLAM@gmail.com			
PARTICULAR WORKSHOP				
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON				
FAX NO	6741 0510			
WORKSHOP Email ADDRESS	sales@n51.com.sg			