

NATIONAL Assessment Centre Services. (ref 1 listed) **MANA 420089718**

Date In: 14/10/2020 09:47	Job description	Date & Time Completed	Done by
Ref No: NBA/AIG20011087/Y	SAS e-illing		
Veh No: SMY 5000 V	E-mail (by date time, AIG time)		
D.O.A: 12/10/20 19:10	I-Motor Claims Form		
OD: TP Reporting Only	I-Motor W/O (with: OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Writer		

Preferred Wreck / IRC Assign Wreck / QW: () Tel: () Fax: ()

TP Hand/Gulchry: () Veh No: **SJZ** 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 > \$9000) ()

Injury: _____

NA2005456				
Driver/Owner:	1) All Accident Reporting (\$30)			
Contact No:	2) DA1 Damage Assessment (\$100)	INC (\$10)		
Damage Portion:	3) TP Towing Fee	\$120		
QC Checked by (Engr-In-Charge):	4) TP Follow-Through Survey	\$30		
	5) TP Follow-Through Survey (Resurvey)	\$30		
	6) TR1 Re-inspection	\$100		
	7) NI Use DA + SMRT Survey			
	8) NTUC Additional Services			
	OD:			
	*NI: Courtesy Car / TP Allowance	\$30		
	*NI: Repair Coordination	\$20		
	*NI: Post Repair Inspection	\$30		
	*NI: DV / Collect Excess Coordination	\$20		
	TP (NI) TP (NI) INC against DGS	\$0		
	2) NI: Use Mobile			
	Invoice dated		Fee Charged	
	Invoice dated		Fee Charged	

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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	14/10/2020 09:47
Date Of Accident	12/10/2020 19:10
Exact Location Of Accident	23 PAVILION GROVE (658615) HOME OF STAY ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM5000U
Insured/Policyholder	
Name Of Registered Owner	LOO BEE CHIN
NRIC No	SXXXX430Z
Email Address	WINSON_TINGWEI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97115310
Alternative Phone No	OTHERS-97115310

Vehicle Particulars

Manufacturer	MAZDA
Model	6
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	1900008139
Cover Note Number	

Driver

Name of Driver	LOO BEE CHIN
NRIC No	SXXXX430Z
Date Of Birth	07/03/1957
Occupation	INDOOR
Date Of Driving Pass	24/05/1982
Driving Experience	38 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97115310
Fax Number	
Contact Number	OTHERS-97115310
Email Address	WINSON_TINGWEI@HOTMAIL.COM

Address	BLK 42 CLEMENTI AVENUE 3 #01-105
Postcode	120442
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG DIVISION HQ
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 18007910000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT J/20201013/7031

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ6763L
Vehicle Make/Model/Colour	TOYOTA WISH
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

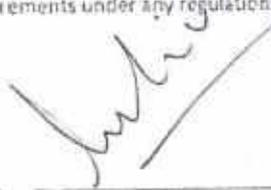
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:



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



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

ACCIDENT DATE & LOCATION	
Date & Time of Accident *	Date: 12/10/2020 Time: 19.10pm (24 hr format)
Exact Location of Accident *	23 Pavilion Grove S (658615) Home Stay entrance gate
INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE	
Vehicle Registration Number *	SMM 5000U Make & Type*: MAZDA 6
Name of Registered Owner *	Loo Bee CHIN
NRIC / FIN / Passport / Co Regn No. *	S1225430Z
Contact Number *	9711 5310 Email/Fax No: Winsan_tingwei@hotmail.com
Exact Purpose for which vehicle was being used at Time of Accident	<input checked="" type="checkbox"/> Private Usage / <input type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken
INSURANCE COMPANY (OWN VEHICLE)	<input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only
Name of Insurance Company *	China / EQ / Etiqa / MSIG / Tokio Marine / Great American / <u>AIK</u>
Type of Policy *	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	
DRIVER	
Name of Driver *	Loo Bee CHIN Gender* Male / Female
NRIC / FIN / Passport Number *	S1225430Z
Date of Birth *	07/03/1957 (dd/mm/yyyy)
Occupation *	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	24/05/1982
Contact Number *	9711 5310
Address	Blk 442 Clementi Ave 3 # 01-105 S (120442)
Email Address / Fax Number *	Email: Winsan_tingwei@hotmail.com Fax: —
Relationship of the Driver with the Insured *	<input checked="" type="checkbox"/> Owner / <input type="checkbox"/> Employee / <input type="checkbox"/> Spouse / <input type="checkbox"/> Friend / Others:
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision	Chain Collision / <input checked="" type="checkbox"/> Side-Swipe / Front to Rear / Others:
Weather Conditions *	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / Others:
Road Surface *	Wet / <input checked="" type="checkbox"/> Dry / Others:
OTHER INFORMATION	
Was anybody injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(02)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
DETAILS OF POLICE ACTION	
Was the Accident Reported to the Police? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes If Yes, Please state which Police Station _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____
Number of Passengers (Including DRIVER)? *	(0)
Passengers	Name: _____ Name: _____
	Gender: Male / Female _____ Gender: Male / Female _____
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / <input checked="" type="checkbox"/> No	

DETAILS OF OTHER VEHICLE(S) / PROPERTIES

Vehicle Registration Number *	1) SJZ 6763L	2)
Vehicle Make / Model / Colour	TOYOTA Wish	Silver
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		



**SINGAPORE
POLICE FORCE**



J/20201013/7031

1 of 2

POLICE REPORT (NP299)

Report No. J/20201013/7031

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 13/10/2020 13:13	Vide Report No.	Station Diary No.
Name Of Informant LOO BEE CHIN	Address 442 CLEMENTI AVENUE 3 #01-105 SINGAPORE 120442	
ID Type / ID No. NRIC NO / S1225430Z	Contact No. Home/Office:	Mobile: 97115310
Nationality SINGAPORE CITIZEN	Email Address loobeechin@live.com	
Occupation Housewife	Sex Female	Age 63
	Date of Birth 07/03/1957	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 12/10/2020 19:10 - 12/10/2020 19:10	Location Of Incident 23 Pavilion Grove Singapore 658615,home of stay entrance gate	

Brief details.

Yesterday night about 10plus my son-in-law came out of house and realised that my car was damaged. I browsed through my home camera and found out that it was my neighbour unit number 26 who hit my car and run away without notifying anyone. It happened at ^{19-10pm} 7:09am on 12th October 2020, vehicle number SJZ6763L hit my car SMM5000U. The damage was serious and it can be heard from the camera a loud crashing sound. It couldn't be that she's unaware of the accident. Till now, she has not apologised or inform us of the damage caused by her. I will be filing an insurance claim against her and repair the

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/10/2020 13:13
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20201013/7031

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

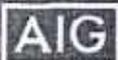
Report No. J/20201013/7031

damages.

Subjects Involved			
Suspect			
Person Name	Neighbour		
Gender	Female	Address	Pavilion Grove 26
Victim			
Person Name	LOO BEE CHIN		
ID Type	NRIC NO	ID No	S1225430Z
Gender	Female	Age	63
Race	Chinese	Language	English
Occupation	Housewife	Address	442 CLEMENTI AVENUE 3 #01-105 SINGAPORE 120442
Mobile No	97115310	Is Informant A Victim?	Yes
Person Name	LOO BEE CHIN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/10/2020 13:13
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Loo Bee Chin
 Period of Insurance : 23 Jan 2019 To 22 Jan 2021
 Engine No. : PE21252939
 Chassis No. : JM6GL1072K0311481

Vehicle No. : SMM5000U
 Policy No. : 1900008139
 Endorsement No. : 00000000281713
 Issued Date : 31 May 2019

ABOUT THE COVER

Make/Model : MAZDA 6 2.0 SKYACTIV
 Engine Capacity/Tonnage : 1,998.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2019
 Insuring with COE/PARF : 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 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 - 1800cc Optional

* 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
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Loo Bee Chin - \$600 (Own Damage)

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

1. Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310008

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. 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: HONG LEONG FINANCE 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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA
 7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX
 SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Tanik

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

ESCFNY