

NATIONAL Assessment Centre Services. (part 1 Jan'05) SN0920C90002

Date In: 9/12/20 16:37	Job description	Date & Time Completed	Done by
Ref No: NAI AIG 20013621164	SAS e-filing		
Veh No: SLG 5155A	E-mail (within 3hrs, AIG 2hrs)		
DDA: 5/12/20 12:30	I-Motor Claim Form		
OD: (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SJY 2359.C.	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 repolar.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC Ref No: 670866108	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:

NA 210-271	Invoice Preparation Checklist	Am. (\$)	PAID (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: 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 (w/c 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non-INC) against INC \$20		
	9) N12: 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 Submission	09/12/2020 16:37 (SGT)
Date of Accident	05/12/2020 12:30 (SGT)
Exact Location of Accident	138 Tampines Street 11, Singapore 521130
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG5155A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANGELINE CHIA MUEE GEK (XIE MIAOYU)
NRIC No	SXXXX161F
Email Address	BRYANBENG24@GMAIL.COM
Mobile Phone No	(Phone) +65-97621676
Alternative Phone No	+65-97621676

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100484471-04
Cover Note Number	-

DRIVER

Name of Driver	ANGELINE CHIA MUEE GEK (XIE MIAOYU)
NRIC No	SXXXX161F
Date Of Birth	16/09/1976
Occupation	Indoor

Date Of Driving Pass	25/08/2003
Driving experience	17 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97621676
Alt. Phone Number	+65-97621676
Email Address	BRYANBENG24@GMAIL.COM
Address	BLK 515B TAMPINES CENTRAL 7 #09-14
Address complement	-
Postcode	522515
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007818999
Alt. Police Station Phone No	(Fax) +65-67838603
Police Station Address	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201205/2091

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	SJY2359C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


SKETCH PLAN

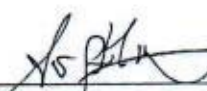
IMPORTANT NOTICE


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

SKETCH PLAN

Vehicle A: SLG5155A
Vehicle B: SJY 5359C

Open Carpark at Blk 136 Tampines St 11


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report NO: T/20201205/2091

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.:



Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20201205/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2020 16:22	Vide Report No.:	Station Diary No.: 32
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Informant's Particulars

Name of Informant: ANGELINE CHIA MUEE GEK			Address: APT BLK 515B TAMPINES CENTRAL 7 #09-14 SINGAPORE 522515		
ID Type / ID No.: NRIC NO / S7629161F			Contact No.: Home/Office: Mobile: 97621676		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 44	Date of Birth: 16/09/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/12/2020 12:30	Type of Location: Car Park
Location: TAMPINES STREET 11				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY2359C	Car				Slightly Damaged	1
SLG5155A	Car	KIA	FORTE K3 1.6A	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG5155A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100484471-04	03/10/2020	02/10/2021



SINGAPORE POLICE FORCE



T/20201205/2091

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Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20201205/2091

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AMRAN BIN AHMAD MARICAN	ID No.	S7011413E
Related Vehicle	SJY2359C (Car)	Contact No.	96694384
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
Driver			
Name	ANGELINE CHIA MUEE GEK	ID No.	S7629161F
Related Vehicle	SLG5155A (Car)	Contact No.	97621676
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/12/2020 at about 1245hrs, I was driving along the open carpark of Blk 138 Tampines St 11, while going back home. All of a sudden, a vehicle from lot 105 drove out and his front car registration plate grazed the left side of my car causing a long scratch from front to back of both doors of my car while my car was approaching the gentry. The other party's car had half of the registration plate dropped off and scratches on the left front bumper of his car due to the incident.

He informed that he was trying to move forward to park his car properly and did not notice my car. No one was hurt in this incident.

I am lodging this report for recording purpose and for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20201205/2091

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Report No. T/20201205/2091

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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:

G /

Sgt 2 HO QI ZHI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

05/12/2020 16:22

Classification Of Case:

Authentication Stamp

NP168

Date of Accident : 05/12/2020 Accident Time: 1230hrs (24-HR-FORMAT)

Accident Place : Open Carpark at Blk 138 Tampines St 11

Vehicle Reg. No (Car plate No.) : SLG5155A Vehicle Make/Model: Kia Forte K3

Insurance Company : AIU Policy No. 2160484471-04

Name of Registered Owner : Company / Individual Angeline Chia Mue Gek (Xie Miao Yu)

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S7629161F

: Co Contact No: - Owner's Contact No: 97621676

DRIVER'S Name : Angeline Chia Mue Gek (Xie Miao Yu) DRIVER'S NRIC No: S7629161F

DRIVER'S Date of Birth : 16-09-1976 DRIVER'S License Pass Date 25 Aug 2003

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other: Owner

DRIVER'S Address : APT Blk 515B Tampines Central # 09-14 Singapore 522515

DRIVER'S Contact No./ Alt No. : 1) 97621676 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an office)

Email Address : drynberg34@gmail.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 Passenger Name: _____ Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: _____

Injured Name: _____

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SJY 2359C</u>	Vehicle Reg No: _____
Vehicle's Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____