

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

SN09205000C

Date In: 28/1/12-15:34	Job description	Date & Time Completed	Done by
Ref No: HA/A16201454024	SAS e-filing		
Veh No: SMCBIR	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/1/12-09:45	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: JCH273B	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

HA200249	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add'l 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		
	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*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N-in INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	28/12/2020 15:34 (SGT)
Date of Accident	27/12/2020 09:45 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	twds sle after punggol
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC851R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WILLIAM S/O NADAN
NRIC No	SXXXX557H
Email Address	cdowilly_79@hotmail.com
Mobile Phone No	(Phone) +65-96675865
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Eclipse cross
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	1800073899-01
Cover Note Number	-

DRIVER

Name of Driver	WILLIAM S/O NADAN
NRIC No	SXXXX557H
Date Of Birth	05/02/1979
Occupation	Indoor

Date Of Driving Pass	09/01/2001
Driving experience	19 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96675865
Alt. Phone Number	+--
Email Address	cdowilly_79@hotmail.com
Address	BLK 856C TAMPINES STREET 82
Address complement	#12-164
Postcode	523856
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SEE YEU LING
Gender	Female

PASSENGER 2

Name	ASHER WILLIAMS
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SCN2223B
Vehicle Manufacturer	Toyota
Vehicle Model	Harrier
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)	5

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGA9119U
Vehicle Manufacturer	Mazda
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WILLIAM S/O NADAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMC851R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SEE YEU LING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMC851R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	ASHER WILLIAMS
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMC851R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



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 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.

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.



Policyholder's Signature / Date & Time



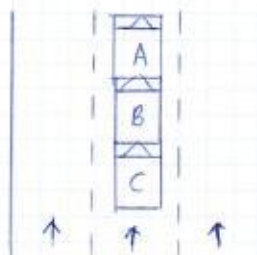
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

TPE (SLE)
After Punggol



A → SMC 851 R

B → SCN 2223 B

C → SGA 9119 U

Describe Circumstances of the Accident

On the stated time & date, I was travelling straight on my vehicle A, bearing (SMC 851 R). Suddenly, I felt two huge impacts from the rear.

I alighted from my vehicle and realised I was involved in a chain collision with vehicle B, (SCN 2223 B) and vehicle C, (SGA 9119 U).

* I wish to also emphasise that the owner of vehicle B, (SCN 2223 B) told me to write one impact in my statement.

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



Witnessed by Reporting Centre Personnel

ACCIDENT REPORTING

Accident Date: (27 / 12 / 2020) (DD/MM/YYYY)

Time: (09 : 45) (HH:MM)

Location: TPE (SLE) after Anggoi

1. Accident Details

- a) Type Of Accident: Chain collision
- b) Weather Condition: (Clear) / Raining / Others: _____
- c) Road Surface: (Dry) / Wet / Others: _____
- d) Are You Claiming Under Your Own Insurance? (Yes / ~~No~~)
If No, Please State: (Third Party Claim / Reporting Only)
- e) Was Any Foreign Vehicle Involved In An Accident? (Yes / ~~No~~)
If Yes, Please State Vehicle No: _____
- f) Were You Been Approached By Unknown Person(s) Soliciting/Offering Accident Claims Assistance? (Yes / ~~No~~)
- g) Was The Accident Reported To The Police? (Yes / ~~No~~)
If Yes, Police Station Name: _____
- h) Was Notice Of Prosecution Given?
If Yes, Against Whom?: _____

2. Details Of Own Vehicle

- a) Vehicle Registration No: SMC 851 R
- b) Vehicle Category: Private
- c) Vehicle Manufacturer: Mitsubishi Vehicle Model: Eclipse Cross 1.5
- d) Transmission: Manual / Auto CC: 1,499.00
- e) No. Of Passengers (Including Driver) 3
 - Passenger Name: See Yeu Ling (Female / Male)
 - Passenger Name: Asher Williams (Female / ~~Male~~)
 - Passenger Name: _____ (Female / Male)
 - Passenger Name: _____ (Female / Male)

3. Own Vehicle Policy

- a) Handling Insurer: AIG (1800073899-01)
- b) Coverage Type: (ACT / ~~Comp~~ / Comprehensive / Third Party / Third Party, Fire & Theft)
- c) Fleet Policy? (Yes / ~~No~~)
- d) Owner Name: William S/O Nadan (Female / ~~Male~~)
- e) ID Type: S7904557 H (UEN / ~~NRIC~~ / Passport Or Fin / Work Permit)
- f) Email: cdowilly_79@hotmail.com Mobile: 9667 5865
- f) Alt No. Type: (Home / Office / Not In List) : _____

4. Driver's Information

- a) Is The Driver The Policyholder? (~~Yes~~ / No)
- b) Driver Name: William S/O Nadan (Female / ~~Male~~)
- c) ID Type: S7904557 H (UEN / ~~NRIC~~ / Passport Or Fin / Work Permit)
- d) Date Of Birth: 05/02/1979
- e) Driving Pass Date: 09/01/2001
- f) Email: cdowilly_79@hotmail.com Mobile: 9667 5865
- g) Address: Blk 856C Tampines Street 82, #12-164, Singapore
- h) Postal Code: 523856
- i) Occupation: (Indoor / Outdoor)
- j) Driver Owner Relationship: _____ Does Driver Own Other Vehicles: (Yes / ~~No~~)
If Yes, Please Provide Vehicle Registration No: _____ Handling Insurer: _____



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : William S/O Nazan
Period of Insurance : 28 Jun 2020 To 25 Jun 2021
Engine No. : 484C03.6636
Chassis No. : JMAXTGK1HJ2001742

Vehicle No. : 3MJC851R
Policy No. : 1800073899-01
Endorsement No. :
Issued Date : 10 May 2020

ABOUT THE COVER

Make/Model : MITSUBISHI Eclipse Cross 1.5
Engine Capacity/Type : 1499 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive :
Age Condition : All Age Condition
Limitation as to use :
Market Value :
Insuring with COE/PAWP : Yes

EXCESS

Section 1
Fire & Theft : 3000
Section 2
Property Damage : 3000
Section 3
Windscreen : 3000

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

1. Cycle & Carriage Repairs & Paint Centre, 401 Ponggol Road, Singapore 680011 (Ponggol)
2. Cycle & Carriage Suburban Service Centre, 401 Ponggol Road, Singapore 680011 (Ponggol)
3. Cycle & Carriage Suburban Service Centre, 401 Ponggol Road, Singapore 680011 (Ponggol)
4. Cycle & Carriage Suburban Service Centre, 401 Ponggol Road, Singapore 680011 (Ponggol)

IMPORTANT NOTES

1. This insurance policy is issued to the policyholder named herein and is not assignable.
2. The policyholder must maintain the vehicle in a roadworthy condition at all times.
3. The policyholder must not use the vehicle for any illegal or unauthorized purpose.
4. The policyholder must not use the vehicle for any purpose other than that specified in the policy.
5. The policyholder must not use the vehicle for any purpose other than that specified in the policy.

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4. Cycle & Carriage Suburban Service Centre, 401 Ponggol Road, Singapore 680011 (Ponggol)



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder	: William S/O Nadan	Vehicle No.	: SMC851R
Period of Insurance	: 26 Jun 2020 To 25 Jun 2021	Policy No.	: 1800073899-01
Engine No.	: 4040DL6636	Endorsement No.	: 1
Chassis No.	: JMAXTGK1WJ2001742	Issued Date	: 10 May 2020

ABOUT THE COVER

Make/Model	: MITSUBISHI Eclipse Cross 1.5	Sum Insured	: Market Value	First Year of Registration	: 2018
Engine Capacity/Tonnage	: 1,499.00 CC	Off Peak Car	: No	Insuring with COE/PAF	: Yes
Driver Restriction	: NA				

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 further 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 \$1,000 as "Young and Inexperienced Driver Excess" ("YIDE") if you are a Young and Inexperienced Driver (defined as 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 1800hrs - 1800hrs

* Limitations mentioned hereinafter by Section 6 of the Motor Vehicle (Third Party Rules and Compensation) Act (Cap. 185), Section 96 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2015, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 (Own Damage) - \$400 (Theft) - \$0 (Road Cover) - \$400

Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable):

William S/O Nadan - \$400 (Own Damage), \$400 (Road Cover)

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

1 Cycle & Carriage Body & Paint Centre Add: 305 Pandan Gardens Singapore 609553 67664050

2 Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 1 Singapore 408752 67481038

3 Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 30 Changi Road Singapore 101494 66103666

4 Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 400 Sea Ming Road Singapore 571753 65324058

For other Approved Reporting Centres/AO Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AO 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: Standard Chartered Bank (Singapore) Limited

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle (Third Party Rules and Compensation) Act (Cap. 185), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2015 and Motor Vehicle (Third Party Rules) Rules, 1989 (Malaysia).

9034623203

FULCOMCP2 - EH

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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