

NATIONAL Assessment Centre Services.

Just 1 Jan 2005

SN0820070005

Date In: 29/12/2020 18:12
Ref No: N/A/12/20014779/y
Veh No: SDA 1318A
D.O.A: 22/12/2020 16:00

Job description

Date & Time Completed

Done by

SAS e-illing

E-mail (by date time, A/C time)

1-Motor Claims Form

1-Motor W/O (With: OD 2hrs, TP 4hrs)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whan

TP Insurer:

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SLH 2524H

INC () / Non-INC ()

Tel:

Owner / Driver: (

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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of rapshor.

() 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 > \$3000] ()

Injury:

N/A/2100596

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Eng-In-Charge):

Watchdog's comments:

Call 1:

2/3

1) A/R: Accident Reporting (\$30)	INC (\$10)
2) D/A: Damage Assessment (\$100)	INC (\$10)
3) T/P: Towing Fee	\$120
4) P/T: Follow-Through Survey	\$30
5) P/T: Follow-Through Survey (Resurvey)	\$30
6) T/R: Re-inspection	\$75
7) N/I: IDAO DA + EMRT Survey	\$160
8) N/UC: Additional Services:	
ON:	
*N/C: Courtesy Car / Tpl Allowance	\$35
*N/C: Repairs Coordination	\$10
*P/T: Post Repair Inspection	\$25
*N/D: DV / Collect Excess Coordination	\$35
TE (R/L): TP (N/A INC) against INC	\$20
2) N/I: IDAO Mobile	\$30
Invoice dated	
Invoice dated	

Fee Charged
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	29/12/2020 18:12 (SGT)
Date of Accident	27/12/2020 16:00 (SGT)
Exact Location of Accident	Bukit Merah Central, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDA1318A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LAU MEOW LEE EVE
NRIC No	SXXXX763I
Email Address	speve@aia.com.sg
Mobile Phone No	(Phone) +65-98183201
Alternative Phone No	+65-92378713

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X3
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070124958
Cover Note Number	-

DRIVER

Name of Driver	TAN KWANG WEN
NRIC No	SXXXX759Z

Date Of Driving Pass	12/10/2015
Driving experience	5 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92378713
Alt. Phone Number	-
Email Address	speve@aia.com.sg
Address	BLK 8 NORTH BRIDGE ROAD
Address complement	#05-4104
Postcode	190008
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LAU MEOW LEE EVE
Gender	Female

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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH2524H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Contact Number	
Address	(Phone) +65-93545004
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as **truthful and accurate as possible**. Any willful 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' law yers/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' law yers/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 law yers/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

BUKIT MARAH CENTRAL CAR PARK

A) SDA1318A

B) SCH 2524H

B1

A - RIVIERA 1M
B2

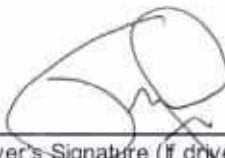
Describe Circumstances of the Accident

ON 27TH DECEMBER 2020 AT ABOUT 1600 HRS, I WAS AT BLOCK 165 CAR PARK, DOING REVERRING INTO A PARKING LOT. WHILE REVERRING A BLH 2524H OVER TAKE ON MY RIGHT AND BRUSH AGAIN FRONT RIGHT OF MY CAR 80A1318A, VIDEO ATTACH.


Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 28.12.2020 1430 Hrs

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

 29/12/2020

Witnessed by Reporting Centre Personnel

Ins. CLK

ACCIDENT STATEMENT

ACCIDENT DATE: 27/12/2020 (DD/MM/YYYY), TIME: 16:00 (HH:MM)

LOCATION: JALAN MERAH CENTRAL CAR PARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDA1318A
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: 2070124958
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LAM MEOW LEE EVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S14287631 CONTACT: 98183201
c) ADDRESS: 9 JALAN MERAH #05-04
S169463

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN KWANG WEN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S16277592 CONTACT: 92378713
c) ADDRESS: BLK 8 NORTH BRIDGE ROAD #05-4104
S190008

* d) DATE OF BIRTH: 16/08/1965 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12.10.2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

- b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TOYOTA AQUA

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: S142524H MODEL: _____
b) DRIVER'S NAME: CHEONG ZHI WEI
c) NRIC/FIN/PASSPORT: G34650349 CONTACT: 93545004

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = SPEVE@AIA.COM.SG

VIDEO



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Meow Lee Eve Lau
 Period of Insurance : 28 Aug 2020 To 27 Aug 2021
 Engine No. : F646K396B48B200
 Chassis No. : WBATY520909C92582

Vehicle No. : SDA1318A
 Policy No. : 2070124958
 Endorsement No. : 000000000354907
 Issued Date : 04 Sep 2020

ABOUT THE COVER

Make/Model : BMW X3 xDrive30i

Engine Capacity/Tonnage : 1,998.00 CC

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 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorized Driver (named or unnamed) has less than 2 years' driving experience.

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2020

Insuring with COE/PAF : Yes

Age Condition : 40 years old and above

Limitation as to use* :

Mileage Condition : Unlimited Mileage

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, performance, 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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 56 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 - \$2000 Theft - \$0 Flood Cover - \$2000

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Meow Lee Eve Lau - \$2000 (Own Damages), \$2000 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorized Repairers (For claims related repairs) Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us). For 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: United Overseas Bank Limited

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, 1999 (Malaysia).

0091083000
 SIM BAK HENG RICHARD

371 ALEXANDRA ROAD #03-08 AIA ALEXANDRA
 SINGAPORE 159963 SP-SIMBAKHENG-EVE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 This computer generated document does not require a signature.

SSPEAM