

# NATIONAL Assessment Centre Services. [Part 1 of 2] SNo92/550005

Date In: 5/5/21 16:19	Job description	Date & Time Completed	Done by
Ref No: NA/AJ 62(005506/V)	SAS e-filing		
Veh No: SLK6643E	E-mail (within 3hrs, A/C 2hrs)		
TPA: 415/21 1800	I-Motor Claim Form		
OD: <input checked="" type="radio"/> IP 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/Wk321		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Yeh No: SL5 7946E 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 repaler.

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

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

Remarks: (INC) (005506/V) Date of completion: ( ) 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: ( )

NA2102813

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Tel: ( )

Invoice Particulars Checklist:

1) AR: Accident Reporting (\$30); INC (\$30)

2) DA: Damage Assessment (\$100); INC (\$30)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming assist INC Only (w/c 10 Jan 2023)

6) TR: Re-Inspection \$75

7) NI: Idao DA + EMRT Survey \$160

8) NTUC Additional Services:

Q1:

\*NS: Courtesy Car / Tpt Allowance \$5

\*NG: Repair Co-ordination \$10

\*NI: Post Repair Inspection \$25

\*NN: DV / Collect Excess Coordination \$5

TE (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	05/05/2021 16:19 (SGT)
Date of Accident	04/05/2021 18:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS ATE BEFORE BRADDEL EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK6643E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TANG CAI HONG (DENG CAIHONG)
NRIC No	SXXXX274F
Email Address	GWENDOLYN_GZ@YAHOO.COM
Mobile Phone No	(Phone) +65-98318288
Alternative Phone No	+65-98318288

### VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C4 picasso
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
Transmission	Auto
CC	1600

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100499205-04
Cover Note Number	-

### DRIVER

Name of Driver	TANG CAI HONG (DENG CAIHONG)
NRIC No	SXXXX274F

Date Of Birth	14/09/1983
Occupation	Indoor
Date Of Driving Pass	05/01/2018
Driving experience	3 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98318288
Alt. Phone Number	+65-98318288
Email Address	GWENDOLYN_GZ@YAHOO.COM
Address	BLK 914 TAMPINES STREET 91 #12-23
Address complement	-
Postcode	520914
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 - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	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	SLJ7946E
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	TANG CAI HONG (DENG CAIHONG)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLK6643E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Date of Accident : 4/05/2021 Accident Time: 1800 (24-HR-Format)  
Accident Place : CTE TOWARDS AYE BEFORE BRADDEL EXIT  
Vehicle No. (Car Plate No.) : SLK 6643E Make/Model: LITJOEN GRAND L4 PICASSO  
Insurance Company : AIG Policy No: 2100499205-04  
Owner or Company Name /IC No. : TANG LAI HONG  
Owner or Company Contact No. : 98318288 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : TANG LAI HONG (DENG CAIHONG)  
DRIVER'S Date Of Birth : 14/09/1983 DRIVER'S License Pass Date 05 JAN 2018  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : APT BLK 914 TAMPINES ST 91 #12-23  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : gwendolyn\_gz@yahoo.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): 1  
Was the accident reported to the police? YES \ NO  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): YES

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SLJ 7946E (B)</u>	Vehicle No: _____
Vehicle Make/Model: <u>HONDA JAZZ</u>	Vehicle Make/Model: _____
Name Driver: <u>NURUL INSYIRA BINTE MDV RAZALI</u>	Name Driver: _____
IC No. Driver/Contact: <u>8201 3633</u>	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**

## SKETCH PLAN

### IMPORTANT NOTICE

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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

VEHICLE A: SLK6643E  
VEHICLE B: SLJ 7996E



CTE






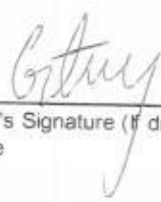
**Describe Circumstances of the Accident**

On the stated date and time, I vehicle A was traveling straight on the stated route. Suddenly, vehicle B abruptly cut into my lane and hit onto the front left portion of my vehicle.

**Declaration**

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

## CITROEN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tang Cai Hong (Deng Caihong)  
 Period of Insurance : 24 Jan 2021 To 23 Jan 2022  
 Engine No. : 10FJCC2281375  
 Chassis No. : VF73A5GZTGJ811730

Vehicle No. : SLK6643E  
 Policy No. : 2100499205-04  
 Endorsement No. :  
 Issued Date : 04 Dec 2020

## ABOUT THE COVER

Make/Model : CITROEN Grand C4 Picasso 1.6 THP  
 Engine Capacity/Tonnage : 1,598.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2017  
 Insuring with COE/PARF : Yes

Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission.  
 This Policy will indemnify any authorised driver other than the Policyholder 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 Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 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, 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 - 1600cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tang Cai Hong (Deng Caihong) - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708600

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://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, 1959 (Malaysia).

1003822147/AC

0502847654

CYCLE & CARRIAGE - ELAINE

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

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