

NATION 11 Assessment Centre Services SN# 2210003

Date In: 14/01/2022 15:09	Job description	Date & Time Completed	Done by
Ref No: X/BA/MG/22000536/1	SAS e-dilling		
Veh No: SSK 1680X	E-mail (within 2hrs. After 2hrs)		
DOA: 14/01/2022 08:00	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (within 10: 2hrs. 10: 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: S8P 2535H	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 ()			

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

<p>NA2200141</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cat. 1:</p> <p>Cat. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Am't (\$)</th> <th>Am't (\$)</th> </tr> <tr> <th></th> <th>Est. Bill</th> <th>Add. Bill</th> </tr> </thead> <tbody> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$30)</td> <td></td> <td></td> </tr> <tr> <td>3) TF: Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) RT: Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2015)</td> </tr> <tr> <td>6) TR: Re-Inspection \$75</td> <td></td> <td></td> </tr> <tr> <td>7) NI: Issue DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td> Q1:</td> <td></td> <td></td> </tr> <tr> <td> *N5: Courtesy Car / Tpt Allowance \$5</td> <td></td> <td></td> </tr> <tr> <td> *N6: Repair Co-ordination \$10</td> <td></td> <td></td> </tr> <tr> <td> *N7: Post Repair Inspection \$25</td> <td></td> <td></td> </tr> <tr> <td> *N8: DV / Collect Excess Coordination \$5</td> <td></td> <td></td> </tr> <tr> <td> TP (N11): TP (Non INC) against INC \$20</td> <td></td> <td></td> </tr> <tr> <td>9) N12: Blue Mobile \$10</td> <td></td> <td></td> </tr> </tbody> </table> <p>Invoice dated: _____ Fee Charged: _____</p> <p>Invoice dated: _____ Fee Charged: _____</p>		Am't (\$)	Am't (\$)		Est. Bill	Add. Bill	1) AR: Accident Reporting (\$30);			2) DA: Damage Assessment (\$100); INC (\$30)			3) TF: Towing Fee \$40/\$45			4) FT: Follow-Through Survey \$120			5) RT: Follow-Through Survey (Resurvey) \$30			For claiming against INC Only (wef 10 Jan 2015)			6) TR: Re-Inspection \$75			7) NI: Issue DA + SMRT Survey \$160			8) NTUC Additional Services:-			Q1:			*N5: Courtesy Car / Tpt Allowance \$5			*N6: Repair Co-ordination \$10			*N7: Post Repair Inspection \$25			*N8: DV / Collect Excess Coordination \$5			TP (N11): TP (Non INC) against INC \$20			9) N12: Blue Mobile \$10		
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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 Submission	14/01/2022 15:09 (SGT)
Date of Accident	14/01/2022 08:00 (SGT)
Exact Location of Accident	30 Science Park Rd, Singapore 117512
Additional Location Information	PRIVATE CARPARK OF CENTER FOR STRATEGIC INFOCOMM TECHNOLOGIES
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE1680X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG MEI CHENG
NRIC No	SXXXX249H
Email Address	ops79@yahoo.com
Mobile Phone No	(Phone) +65-98185475
Alternative Phone No	+65-96466996

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700044723-04
Cover Note Number	-

DRIVER

Name of Driver	OW PEI SHAN (OU PEISHAN)
----------------	--------------------------

NRIC No	SXXXX974B
Date Of Birth	26/11/1979
Occupation	Indoor
Date Of Driving Pass	13/08/1998
Driving experience	23 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96466996
Alt. Phone Number	-
Email Address	ops79@yahoo.com
Address	BLK 185 BEDOK NORTH ROAD #07-78
Address complement	-
Postcode	460185
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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

PLEASE REFER TO SKETCH PLAN

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	SJP2535H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JACKSON TAN LIYONG
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

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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.

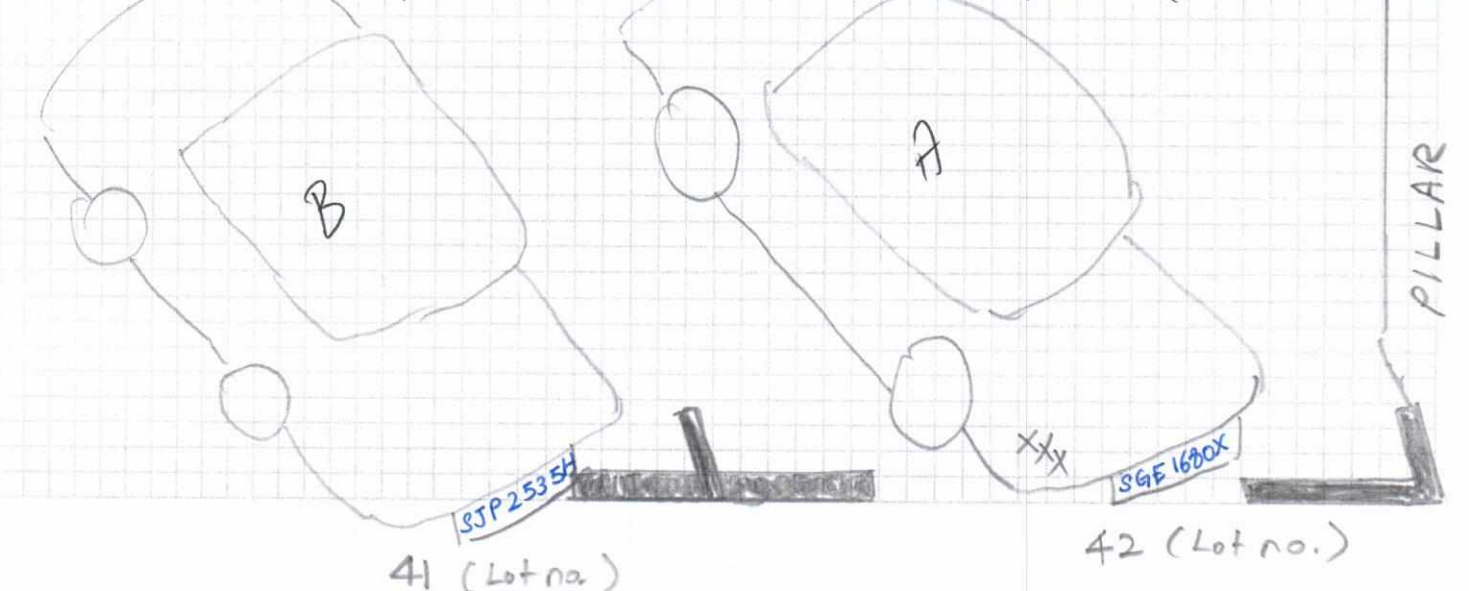
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Private Carpark of Centre for Strategic Infocomm Technologies



Describe Circumstances of the Accident

On 14 Jan 2022, I entered the private carpark of the Centre for Strategic Infocomm Technologies. I parked ~~my~~ vehicle no. plate, SGE1680X (MAZDA 3) within a parking lot. My car was well within the parking lot when I left the car at 7.45am.

When I returned to my car at 10.35am, I noticed that the ^{car's} right front bumper had been hit. I also received a note from the driver of SJP2535H, who acknowledged about knocking into my car, at around 8am on the same day. The driver, named Jackson Tan asked that I contact him regarding the accident.

Jackson and I have both exchanged our details and we agreed to follow up with a report to our respective car insurance to report about the accident.

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

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 01 / 2022) (DD/MM/YYYY), TIME: (08 : 00) (HH:MM)

LOCATION: Private Carpark of Centre for Strategic Infocomm Technologies

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGE 1680X
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: 1700044723-04
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MAZDA 3
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
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: WONG MEI CHENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0162249H CONTACT: 98185475 / 96466996
c) ADDRESS: 5 TANAH MERAH KECHIL RD, #11-03, S(466665)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: OW PEI SHAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7935974B CONTACT: 96466996
c) ADDRESS: 185 BEDOK NORTH RD, #07-78, S(460185)

* d) DATE OF BIRTH: (26 / 11 / 1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 13 AUG 1998

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STP 2535H MODEL:
b) DRIVER'S NAME: JACKSON TAN LIYONG
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Email =

VIDEO



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Wong Mei Cheng
Period of Insurance : 01 Aug 2021 To 31 Jul 2022
Engine No. : P520461906
Chassis No. : JM6BN22A8H0171281

Vehicle No. : SGE1680X
Policy No. : 1700044723-04
Endorsement No. :
Issued Date : 10 Jun 2021

ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV
Engine Capacity/Tonnage : 1,496.00 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/PAF : 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 "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
Mileage Condition : Unlimited Mileage
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 - 1600cc Optional

* 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)

Wong Mei Cheng - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

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 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

I/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).

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.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: S20822160003 Vehicle Registration No: SGR1680X
Name (as shown in NRIC): OW PAI SHANE LOU PAI SHAN NRIC/FIN/Passport No: 80000974B
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 96466996
Email Address: _____
Date of Accident: 14/01/2022 Time of Accident: 08:00
Place of Accident: 30 Science Park Road
Insurance Company: AN

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Insured Vehicle number to SGR 1680X

Policyholder / Driver's Signature
Date:

14/01/2022

Reporting Centre Personnel's Signature
Name: Paul Lim
NRIC/FIN No.: 80000974B
Date: