

NATIONAL Assessment Centre Services:

1001 (1/2002) **SW082297003**

Ref No: **2109/2022 16:41**
 Job No: **1381 (72 22096187)**
 O.A: **SW082297003**
 Date: **21/09/2022 18:03**
 TP / Reporting Only
 Insurer:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (withib shrt, AIG shrt)		
1-Motor Claim Form		
1-Motor W/O (withib OD, shrt, TP shrt)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by <u>Tax / Hand to Owner/Wksp</u>		

Referred Wksp / INC Ass'n Wksp / QW: ()
 Particulars: Yeh No: **SEL 1619E** INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured/Driver Liability: () % (Note: Est. Status (WO): N/O-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: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check/ Post Repair Inspection ()
- 3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: _____

Date/Time	Action

NA202692

Insured Name: _____
 Driver/Owner: _____
 Contact No: _____
 Damaged Portion: _____
 Checked by (Eng: In-Charge): _____
 Address: _____
 L 2/3:

Invoice Description	Amount
1) ARI Accident Reporting (\$30)	
2) DA Damage Assessment (\$100)	RVC (\$80)
3) TP Towing Fee	\$120
4) FT Follow-Through Survey	\$30
5) FT Follow-Through Survey (Resurvey)	
Per claimant at least INC Only (swat 10 Jan 2022)	
6) TR Re-inspection	\$75
7) NI + DA + SWRT Survey	\$160
8) NTIC Additional Services	
9) NI: In-charge Mobile	
NI: Courtesy Car / Tpl Allowance	\$5
NI: Repair Coordination	\$10
NI: Post Repair Inspection	\$25
NI: DV / Callout Unacc Coordination	\$5
TP (NI) / TP (Non-INC) Eval: INC	\$10
Per Charged	
Per 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 Actual Driver
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. 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	29/09/2022 16:41 (SGT)
Reported by	Both
Date of Accident	28/09/2022 18:03 (SGT)
Exact Location of Accident	Sixth Ave, Singapore
Additional Location Information	JUNCTION WITH QUEEN ASTRID PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCE2727L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN CHIN HAN adam
NRIC No	SXXXX101A
Email Address	adam@plcc.sg
Mobile Phone No	(Phone) +65-90072727
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	640i
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
Transmission	Auto
CC	2979

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100292479-10

DRIVER

Name of Driver	TAN CHIN HAN adam
NRIC No	SXXXX101A
Date Of Birth	10/04/1975
Occupation	Indoor

Date Of Driving Pass	17/05/1993
Driving experience	29 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90072727
Alt. Phone Number	-
Email Address	adam@plcc.sg
Address	25 JALAN MERAH SAGA #01-04
Address complement	-
Postcode	278104
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 - Head on 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	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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(TYPE OF COLLISION IS HEAD TO SIDE)

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL1618E
Vehicle Manufacturer	LandRover
Vehicle Model	Discovery
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96798283

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

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- 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 Traffic Police Department for investigation.**
- 6. This report will be forwarded by the insurers to 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.

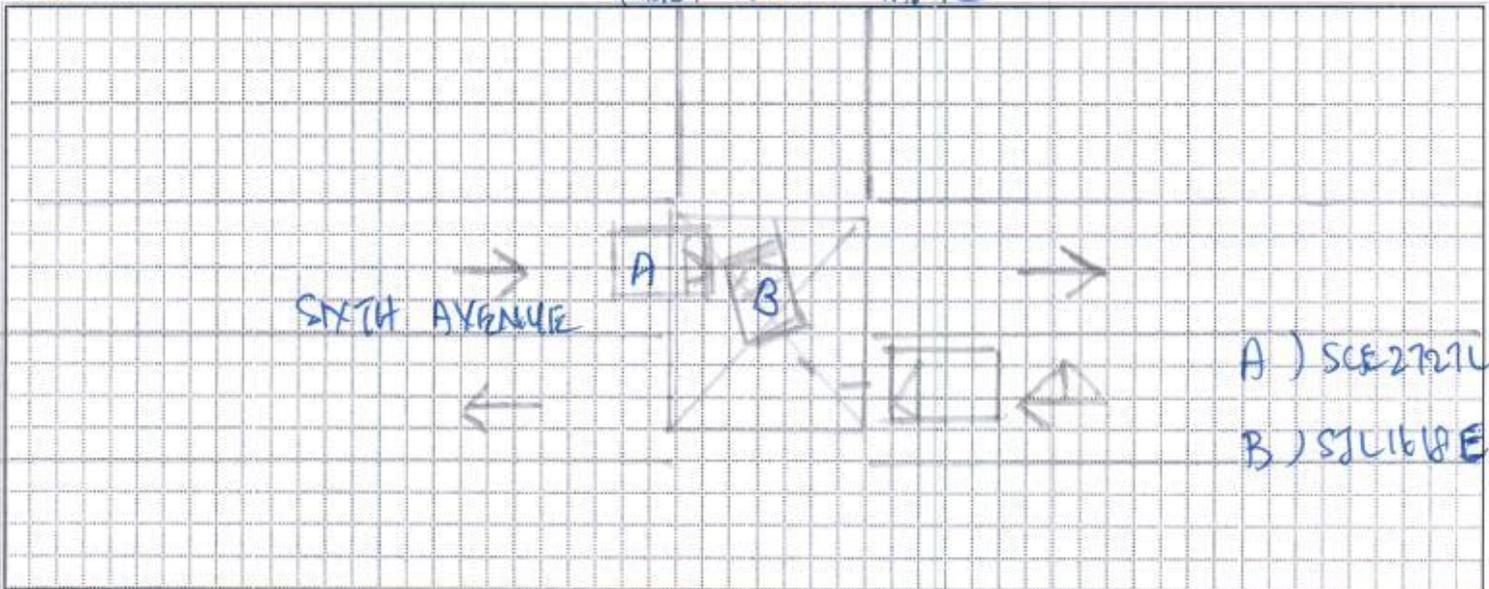
Policyholder's Signature / Date & Time

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

29/9/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

QUEEN ASHRO PARK

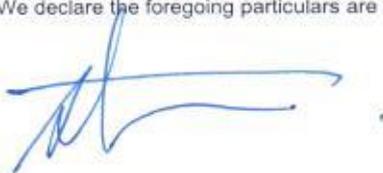


Describe Circumstance of the Accident

- 1) Driving along Sixth Avenue and going straight.
- 2) At Junction with Queen Astral Park, white car turned into yellow box while I was driving straight.
- 3) My car was not able to stop in time and my front bumper hit his left front wheel.

Declaration

I/We declare the foregoing particulars are true in every respect.

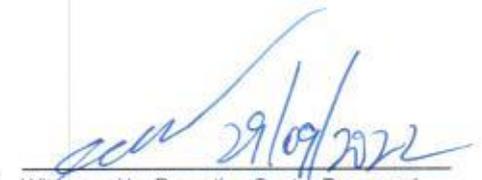


Policyholder's Signature / Date & Time

29/09/2022

3:20 pm

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



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: 28/09/2022 (DD/MM/YYYY), TIME: 18:03 (HH:MM)

LOCATION: Junction of Sixth Ave and Quek Astrod Park

- 1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: SCC 2727 L
 - b) INSURANCE COMPANY: AIG
 - c) POLICY NUMBER: 2100292479-10
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: BMW 640i
 - f) TYPE: (SAEON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: Personal
 - 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: TAN CHIN HAN ADAM (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S7513101A CONTACT: 90072727
 - c) ADDRESS: 25 JUN MERAH SAGA #01-04
S278104

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
(including driver)
()

- DRIVER
 - a) NAME: as above (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 - c) ADDRESS: _____

- * d) DATE OF BIRTH: 10/04/1975 (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS: 17/05/1993
- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

- 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: _____

* No of passenger
(including driver)
()

- 8. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: SJL1618E MODEL: Land Rover Discovery
 - b) DRIVER'S NAME: _____ CONTACT: HP 96798283
 - c) NRIC/FIN/PASSPORT: _____

* No of passenger
(including driver)
()

- 9. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: _____ MODEL: _____
 - b) DRIVER'S NAME: _____ CONTACT: _____
 - c) NRIC/FIN/PASSPORT: _____

email = adam@plcc.sg
VIDEO

