

NATIONAL Assessment Centre Services

MA 118021946

Date In: 13/12/18 11:59	Job description	Date & Time Completed	Done by
Ref No: WA/ AIG 18002859/64	SAS e-filing		
Veh No: SKX 8178 L	E-mail (within 3hrs. AIG 2hrs)		
D.O.A: 12/12/18 18:30	i-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (within 30 days TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wasp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: SJF 9644 H	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

Claimant's Particulars:	Invoice Preparation Checklist	AM (S)	AM (S)
Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$30)	30.00
Contact No:	2) DA: Damage Assessment (\$100)		
Damaged Portion:	3) TF: Towing Fee	\$40/\$40	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120	
	5) FT: Follow-Through Survey (Resurvey)	\$30	
	For claiming assist INC Only (wef 10 Jan 2017)		
	6) IR: Re-inspection	\$75	
	7) NI: Idea DA - SMRT Survey	\$140	
	8) NTUC Additional Services:		
	9) NI: Idea Nozzle	\$0	
	*NS: Courtesy Car / Tpl Allowance	\$0	
	*NS: Repair Coordination	\$10	
	*NI: Post Repair Inspection	\$10	
	*NS: DV / Collect Excess Coordination	\$0	
	TP (NI) : TP (NI) & NI (Against INC)	\$10	
	9) NI: Idea Nozzle	\$0	
	Invoice total		
	Fax Charges		
	Invoice total		
	Fax Charges		

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 ability.
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 Report	13/02/2018 11:59
Date Of Accident	12/02/2018 18:30
Exact Location Of Accident	21 CHOA CHU KANG AVE 4 LOT ONE SHOPPING MALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX8178L
Insured/Policyholder	
Name Of Registered Owner	LIM KWEE PHEOW
NRIC No	S1296388B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93822515
Alternative Phone No	OFFICE-93822515
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER 2.0 ELEGANCE AT ABS D/AIRBAG 2WD
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700089696
Cover Note Number	-

Driver

Name of Driver	LIM KWEE PHEOW
NRIC No	S1296388B
Date Of Birth	18/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1997
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93822515
Fax Number	
Contact Number	OFFICE-93822515
Email Address	NOEMAIL

Address	BLK 663 CHOA CHU KANG CRES #13-263
Postcode	680663
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : SHIRLEY
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF9644H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KIM SHOW
NRIC/Passport Number	S7137384C
Contact Number	96284791
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



21 Choa Chu Kang Ave 4
Lot One Shopping Mall
basement Carpark Gantry

A = SKX 8178L

B = SJF 9644H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



A/20180213/2040

1 of 2

POLICE REPORT (NP299)

Report No. A/20180213/2040

Police Station Of Origin
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

Date/Time Report Made 13/02/2018 09:57		Vide Report No.		Station Diary No. 56	
Name Of Informant LIM KWEE PHEOW		Address APT BLK 663 CHOA CHU KANG CRESCENT #13-263 SINGAPORE 680663			
ID Type / ID No. NRIC NO / S1296388B		Contact No. Home/Office Mobile 93822515			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Retail/Shop sales manager		Sex Male	Age 59	Date of Birth 18/09/1958	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 12/02/2018 18:30		Location Of Incident 21 CHOA CHU KANG AVENUE 4 LOT ONE, SHOPPERS' MALL SINGAPORE 689312 BASEMENT CARPARK GANTRY			

Brief details.

On the above date and time, I was driving my car bearing: SKX8178L out from Lot 1 shopping mall located at 21 choa chu kang ave 4. I wish to inform I am the third car from the gantry. As there is issue with the first car near the gantry, he had reverse his car, resulting to the second car bearing SJF9644H to also reverse his car. Subsequently, the said car had reverse and collide with my car, hitting my front bumper and bonnet, with slight damage. The owner of the car acknowledged and inform that he will settle

Signature Of Officer Recording The Report: A / Sgt 2 NOR'AISAH BINTE MOHD PERDAUS
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / ASP CHUA SIN TING Contact No.: 65575076

Signature Of Informant:
Date/Time: 13/02/2018 09:57
Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



A/20180213/2040

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20180213/2040

the matter with his insurance company. We had also exchange particulars, namely LIM Kim Show, (I/C:S7137384C, HP:96284791). I am lodging a report for record purposes and insurance claim.

Signature Of Officer Recording The Report:

A / Sgt 2 NOR' AISAH BINTE MOHD PERDAUS

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
ASP CHUA SIN TING
Contact No.: 65575076

Signature Of Informant:

Date/Time:
13/02/2018 09:57

Classification Of Case:

Authentication Stamp



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1296388B**

Name
LIM KWEE PHEOW

Birth Date: **18 Sep 1958**
Issue Date: **14 May 2003**

000484584C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1296388B**

Name
LIM KWEE PHEOW

Race:
CHINESE

Date of Birth: **18-09-1958** Sex: **M**

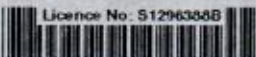
Country of Birth
SINGAPORE




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	12 May 1997

Licence No: **S1296388B**



NP 428A

1857369

S1296388B

NRIC No: **S1296388B**

Biometric Group: **A+** Date of Issue: **04-04-1994**

Address:
PT BLK 683 CHOA CHU KANG CRESCENT #13-263
SINGAPORE 680663

NRIC No: **S1296388B** Date: **04-03-1999** No: **2776511**






CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : LIM KWEE PHEOW
Period of Insurance : 29 Dec 2017 To 28 Dec 2018
Engine No. : 3ZRB641663
Chassis No. : ZSU600058050

Vehicle No. : SKX8178L
Policy No. : 1700089696
Endorsement No. :
Issued Date : 26 Dec 2017

ABOUT THE COVER

Make/Model : TOYOTA HARRIER 2.0 GRAND
Engine Capacity/Tonnage : 1,986.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2015
Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
by 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 \$2,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is 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: 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 186) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these findings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Let Fixed Premium - \$800 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised 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 Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6288. Alternatively, you may refer to AIG website www.aig.com.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: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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. 186), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504080000

G&M PTE LTD

8 SHENTON WAY #13-03 AXA TOWER

SINGAPORE 068811

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. J. J. J.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

95P/RS