

NATIONAL Assessment Centre Services

Date In: 09/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/A1618006486/13	SAS e-filing		
Veh No: SGF4114P	E-mail (within 8hrs, AP 2hrs)		
DOA: 06/04/18 5245	i-Motor Claim Form		
OD: (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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKB8152B	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

NA1802148

Invoice Preparation Checklist

	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-		
Driver/Owner:		
Contact No:		
Damaged Portion:		
QC Checked by (Engr-In-Charge):		
Auditors' Comments :-		
Cat 1:		
Cat 2 / 3:		

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : Towing Fee \$40/\$45
- 4) FT : Follow-Through Survey \$120
- 5) FT : Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR : Re-inspection \$75
- 7) N1 : Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- OD*
- *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 (N-on INC) against INC \$20
- 9) N12: Idac Mobile 10

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 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	09/04/2018 11:37
Date Of Accident	06/04/2018 22:45
Exact Location Of Accident	HILLVIEW RD TWDS HILLVIEW AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF4114P
Insured/Policyholder	
Name Of Registered Owner	FONG MEE LEY
NRIC No	S1265073F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81481013
Alternative Phone No	OTHERS-81481013

Vehicle Particulars

Manufacturer	HYUNDAI
Model	VELOSTER
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	2100496985-01
Cover Note Number	

Driver

Name of Driver	GOH JIA EN
NRIC No	S8611440B
Date Of Birth	07/05/1986
Occupation	INDOOR
Date Of Driving Pass	26/03/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98003880
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	52 BUKIT BATOK ST 31 #15-12
Postcode	859443
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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: : LEE SIN HUI CELINE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING VEH A ON THE ABOVE MENTION DATE & TIME. I STOP TO WAIT FOR THE ONCOMING VEH CLEAR. A FEW SECOND LATER, I FELT AN IMPACT WHEN I ALIGHT I NOTICE IT IS THREE CAR CHAIN ACCIDENT.

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	SKB8152B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD9735M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GOH JIA EN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SGF4114P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LEE SIN HUI CELINE

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SGF4114P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode


SKETCH PLAN


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. 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.

x 
Policyholder's Signature
Date & Time:

0 
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 09/04/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A - SGF 4114P

B - SKB 8152B

C - SHD 735M

HILLVIEW RD

TOWARDS

HILLVIEW AVE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving Veh A on the above mention date n time. I stop at ~~the~~ to wait for the on coming veh to clear. A few second later I felt an impact when I alight I notice it is a three car chain accident

DECLARATION

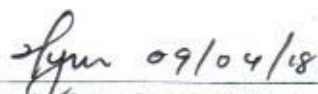
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:



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

 09/04/18

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

Vehicle No.	SGF4114P	Model / Make	Hyundai Veloster
Date of Accident	6/4/18		
Time of Accident	10:45pm	HRS	
Location of Accident	Hillview Rd towards Hillview Ave		
Exact purpose use during accident			
Name of Owner	Fong Mee Lay		
Telephone No.	H/P: 84481013	Home :	Office :
NRIC	S1263 073F		
Address	52 Bukit Qatola St 21 #15-12		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	AIG		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	2100496985-01		
Name of Driver			
	As Above If No, Goh Jin En		
NRIC	S441 S9611440 B	Any Passengers :	1
Date of birth	07/05/86		
Occupation	Outdoor / Indoor		
Driving License Pass Date	26/05/07		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 9800 3880	Home :	Office :
Address	52 Bukit Qatola St 21 #15-21		
Driver have any own vehicle	<u>No</u> If yes, Reg No.		
Relationship	Employee, If no, state *		
Weather condition	Clear Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	Goh Jin En		
Name And Contact No.	Lee Sin Hui Catherine		
Police Report	<u>No</u> If Yes, Where?		
Vehicle B No.	SKB 8152 B	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	SHD 9735 M	Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Rear Portion		
Camera Recorder	Yes / <u>No</u>		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
		Yes / <u>No</u>	
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	E Han		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales @ n51.com.sg		

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars < 300kg with ≤ 47 passengers, exclusive of the driver, and other motor vehicles ≤ 2500kg

PASS DATE

28 Mar 2007



License No: S8611440B

NP 418A

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8611440B

Name:

GOH JIA EN

Birth Date: 07 May 1986

Issue Date: 28 Mar 2007

001489254K



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8611440B

Name

GOH JIA EN

吴佳恩

Race
CHINESE

Date of birth
07-05-1986

Country/Place of birth
SINGAPORE

Sex
M



5744028



NPIC No: S8611440B



Date of issue
18-05-2017

52 BUKIT BATOK STREET 31 #15-12
SINGAPORE 659443

NPIC No: S8611440B Date: 12/02/2018

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1265073F

Name

FONG MEE LEY

房美莉

Race

CHINESE

Date of Birth

09-08-1957

Sex

F

Country of Birth

SINGAPORE



1886202



NRIC No. S1265073F



Blood Group

O+

Date of issue

10-04-1994

52 BUKIT BATOK STREET 31 #15-12
SINGAPORE 659443

NRIC No: S1265073F

Date: 31-05-2004 No: 4990762



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Fong Mee Ley
Period of Insurance : 27 Jan 2018 To 26 Jan 2019
Engine No. : G4FGFU457553
Chassis No. : KMHTC61CMGU284571

Vehicle No. : SGF4114P
Policy No. : 2100496985-01
Endorsement No. :
Issued Date : 04 Jan 2018

ABOUT THE COVER

Make/Model : HYUNDAI VELOSTER
Engine Capacity/Tonnage : 1.591.00 CC
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2016
Insuring with COE/PARF : Yes

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 authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" (YIDE) 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 sports 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 - 1500cc Optional

* Limitations regarding indemnity by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 185) and Section 94 of the Road Transport Act 1987 (Malaysia) are not to be included under these headings.

EXCESS

Section 1

Fire - \$0, Own Damage - \$1000, Theft - \$0, Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Fong Mee Ley - \$1000 (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 must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. 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 : HL Bank

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

0500257000

NG EE PIN KENNETH

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Monik

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

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