

NATIONAL Assessment Centre Services

(wef: 1 Jan'05)

Date In: 13/09/2018 17:02	Job description	Date & Time Completed	Done by
Ref No: NBA/AIG 18016761/KY	SAS e-filing		
Veh No: SKS 2263P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/09/2018 11:45	i-Motor Claim Form		
OD: TP 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:

SLH2416L

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

NA1805868

Invoice Preparation Checklist

Amt (\$) 1st Bill

Amt (\$) 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) TP: 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:-		
ON*		
*N5: Courtesy Car / Tpl 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: Idac Mobile 30		

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	13/09/2018 17:02
Date Of Accident	13/09/2018 11:45
Exact Location Of Accident	JURONG TOWN HALL RD TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS2263P
Insured/Policyholder	
Name Of Registered Owner	PHILIP LOW KAM HOUNG @ LAU KAM HOUNG
NRIC No	S0061050Z
Email Address	PHEUJO@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92386278
Alternative Phone No	OTHERS-92386278

Vehicle Particulars

Manufacturer	MAZDA
Model	-
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	2100409556-03
Cover Note Number	

Driver

Name of Driver	PHILIP LOW KAM HOUNG @ LAU KAM HOUNG
NRIC No	S0061050Z
Date Of Birth	26/06/1948
Occupation	OUTDOOR
Date Of Driving Pass	14/09/1972
Driving Experience	45 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92386278
Fax Number	
Contact Number	OTHERS-92386278
Email Address	PHEUJO@YAHOO.COM.SG

Address	BLK 248 CHOA CHU KANG AVENUE 2 #11-498
Postcode	680248
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?	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)	1

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

PLS REFER TO THE ATTACHED 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	SLH2416L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO KIM KEE @ HON ZI
NRIC/Passport Number	S1552114G
Contact Number	92309905
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

13/9/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

13/9/18

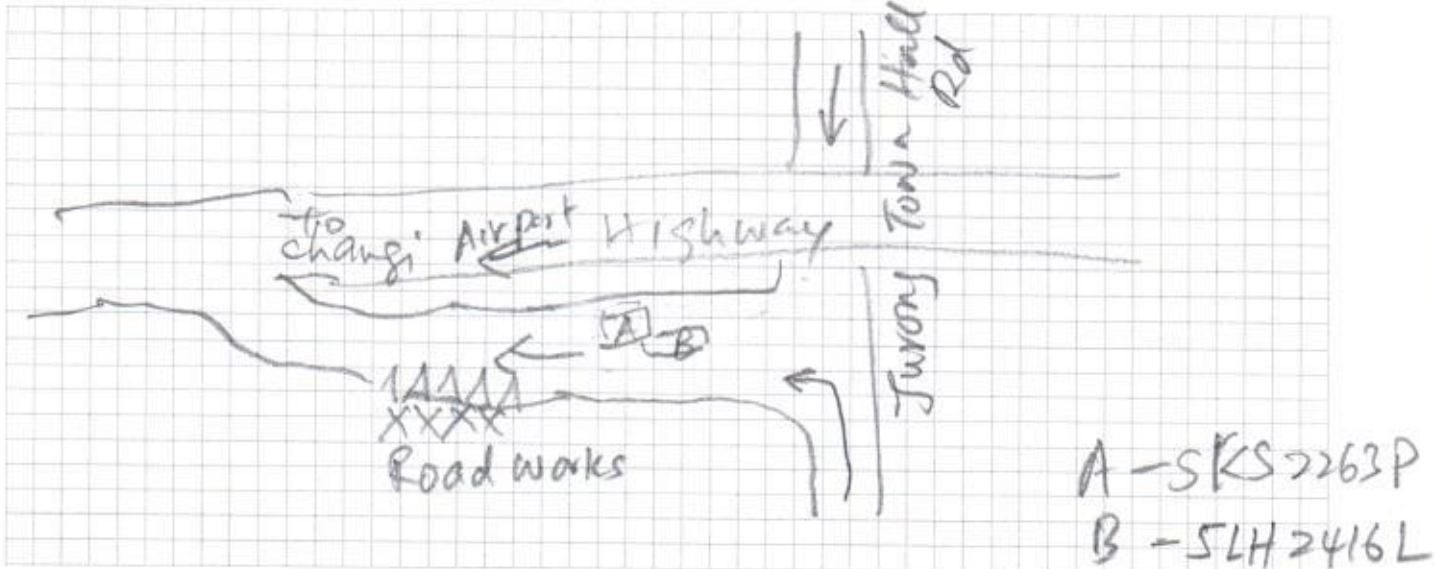
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/9/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving towards ~~the~~ Changi Airport from Jurong Town Hall Rd. I was exiting via side lane and many cars were slowing down as there were road works on these lanes.

I kept to the rightmost lane and suddenly heard a crashing sound on the right side. The car behind might have ~~car~~ turn from other lane into my lane.

My rear side was damaged.

DECLARATION

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



Policyholder's Signature


Date & Time: 13/9/18



Driver's Signature

(If driver is not the policyholder)

Date & Time: 13/9/18

 13/9/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Reported on 13/9/2018
@ 1340 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: 13/9/2018 (DD/MM/YYYY), TIME: 11:45 (HH:MM)

LOCATION: Jurong Town Hall Rd towards Changi

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKS 2263P
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: PHILIP LOW KAM HOUNG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

- DRIVER
a) NAME: PHILIP LOW KAM HOUNG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 5006105012 CONTACT: 92386278
c) ADDRESS: 248 # 11-498 CHOA CHU KANG AVE 2

* d) DATE OF BIRTH: 26/06/1948 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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

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

No of passengers
(including driver)
(1)

- a) VEHICLE NUMBER: SLH 2416 MODEL: _____
b) DRIVER'S NAME: NEO KIM KEE @ HON ZI
c) NRIC/FIN/PASSPORT: S 15521146 CONTACT: 92309905

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
(1)


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

EMAIL = pheujo@yahoo.com.sg


VIDEO = ALG pheujo@yahoo.com.sg

Waiting for Certificate?


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0061050Z




Name
PHILIP LOW KAM HOUNG
@LAU KAM HOUNG
刘锦洪
Race
CHINESE
Date of Birth 26-06-1948 Sex M
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0061050Z
Name
PHILIP LOW KAM HOUNG
Birth Date: 26 Jun 1948
Issue Date: 30 Aug 2003



1716824



NRIC No. S0061050Z



Blood Group: O+ Date of issue: 24-02-1994

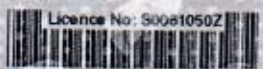
APT BLK 248 CHUA CHU KANG AVENUE 2 #11-498
SINGAPORE 660248

NRIC No: S0061050Z Date: 17-06-1999 No: 5550118

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE 14 Sep 1972



Licence No: S0061050Z

NP 423A



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Philip Low Kam Hiong @ Lau Kam Hiong
Period of Insurance : 01 Apr 2018 To 31 Mar 2019
Engine No. : PE30748397
Chassis No. : JM6CW1071F0121067

Vehicle No. : SKS2263P
Policy No. : 2100409556-03
Endorsement No. :
Issued Date : 06 Mar 2018

ABOUT THE COVER

Make/Model : MAZDA 5 2.0 SKYACTIV
Engine Capacity/Tonnage : 1,998.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2015
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 "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* :

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) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Philip Low Kam Hiong @ Lau Kam Hiong - \$600 (Own Damage)

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

1 Trans Eurokars Pte Ltd Add: 5 Ubi Close, Singapore 406005 83958899

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.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: HONG LEONG FINANCE 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MIND COMPLEX

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSCNFY