

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 24/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/A1418019370/13	SAS e-filing		
Veh No: SLB9267K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/10/18 0930	I-Motor Claim Form		
OD <input checked="" type="radio"/> 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: (VISION AUTOWORK Tel: Fax:)

TP Particulars:	Veh No: PC4487Y	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%. P: 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

NA/806898	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil): TP (Non INC) against INC \$20		
	9) N12: Idao 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 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 Report	24/10/2018 16:43
Date Of Accident	24/10/2018 09:30
Exact Location Of Accident	BUKIT BATOK RD TWDS TECK WHYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB9267K
Insured/Policyholder	
Name Of Registered Owner	POH SIAN BEE
NRIC No	S1297008J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97951216
Alternative Phone No	OTHERS-97951216

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE
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	2100462755-02
Cover Note Number	

Driver

Name of Driver	POH SIAN BEE
NRIC No	S1297008J
Date Of Birth	01/05/1958
Occupation	INDOOR
Date Of Driving Pass	01/08/1979
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97951216
Fax Number	
Contact Number	OTHERS-97951216
Email Address	NOEMAIL

Address	BLK 348 CLEMENTI AVE 5 #08-56
Postcode	120348
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)	0

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?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC4487Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

傅双米

Policyholder's Signature
Date & Time:

傅双米

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

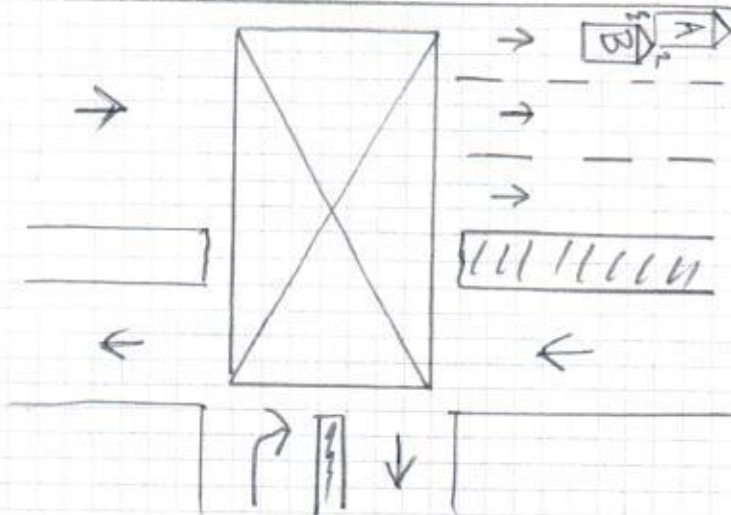
fly 24/10/18

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

SKETCH PLAN

BUKIT BATOK RD TO TECK WHYE AFTER

BUKIT
BATOK
WEST
AVE 2



A = SLB9267K

B = PC 4487Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

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

傅双米

Policyholder's Signature
Date & Time:

傅双米

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

fyun 24/10/18

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

On 24.10.18 at about 09.30 hours, I was stationary at road side of Bukit Batok Road Towards Teck Whye (After Bukit Batok West Avenue 2 junction) to check my car condition. When I go down to check my car suddenly, I heard a bang from behind and I realized that it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicle (A) : SLB 9267K

Vehicle (B) : PC4487Y

傅双米

SINGAPORE ACCIDENT STATEMENT

Accident Date: 24/10/18		Time: 09:30		(hh:mm) 24 hr format
Location Bukit Bertok Road towards Teck Whye				
Vehicle Number SLB 9267K				
Insured Name Poh Sian Bee				
NRIC / FIN S1297008J		Contact Number 97951216		
Make Fin		Model Cerato Forte K3		
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting				
Insurance Company AIG				
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number 2100462755-02				
Name of Driver (<input checked="" type="checkbox"/>) Same as Insured				
NRIC / FIN		Contact Number		
Date of Birth 01/05/1958				
Driving Pass Date 01/08/1979				
Occupation () Indoor () Outdoor (<input checked="" type="checkbox"/>) Retiree				
Gender (<input checked="" type="checkbox"/>) Male () Female				
Email Address (<input checked="" type="checkbox"/>) NO EMAIL				
Address of Driver Blk 348 Clementi Avenue 5				
#08-56 Singapore 120348				
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No				
If No, Relationship of the Driver with the Insured				
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes () No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others				
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No				
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No				
If yes, injured detail				
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No				
Was the Accident reported to the Police? (<input checked="" type="checkbox"/>) Yes () No If yes attach police report				
DETAILS OF 3 rd party		Name / Nric Contact		
Veh B PC 44877				
Veh C				
Veh D				
Veh E				
Veh F				

No body inside vehicle

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1297008J



Name

POH SIAN BEE

傅 双 米

Race

CHINESE

Date of birth

01-05-1958

Sex

M

S1297008J

Country/Place of birth

SINGAPORE

SLB 9267K

Owner & driver

5697865



NRIC No. S1297008J



Date of issue

06-02-2017

Address

APT BLK 348 CLEMENTI AVENUE 5
#08-56
SINGAPORE 120348

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number **S1297008J**

Name: **POH SIAN BEE**

Birth Date: **01 May 1958**

Issue Date: **06 Aug 2003**

000723708A



S1297008J

owner & driver

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	01 Aug 1979

NP 428A

Licence No: S1297008J

CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Poh Sian Bee
 Period of Insurance : 27 Apr 2018 To 26 Apr 2019
 Engine No. : G4FGGH612562
 Chassis No. : KNAFZ411MG5600411

Vehicle No. : SLB6267K
 Policy No. : 2100462755-02
 Endorsement No. :
 Issued Date : 04 Apr 2018

ABOUT THE COVER

Make/Model	KIA FORTE K3 1.6 A SX	Sum Insured	Market Value	First Year of Registration	2016
Engine Capacity/Tonnage	1,591.00 CC	Off Peak Car	No	Insuring with COE/PAF	Yes
Driver Restriction	NA				

Person or Classes of Persons Entitled to Drive*

at The Policyholder
 \$1 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" ("YEDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 25 and/or has less than 3 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, prize-making, reliability trial, 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

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 130) and Section 95 of the Road Transport Act, 1987 (Malaysia); are not 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)

Poh Sian Bee - \$600 (Own Damage)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609338 63664501
2. Cycle & Carriage Customer Service Centre (For Windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278600
3. Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67481000

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: 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. 130) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).