

NATIONAL Assessment Centre Services. [Part 1 Jan 2021] **MMA 118149827-01**

Date In: 19/11/18 18:01	Job description	Date & Time Completed	Done by
Ref No: MA1 AIG18020914 1h4.	SAS e-filing		
Veh No: SKX 8178 L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/11/18 10:00	I-Motor Claim Form		
OD: DP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WKSP		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: JRR 5841	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 repaler.
 () 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

<p>MA1807576</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors Comments:</p> <p>Ref. 1:</p> <p>Ref. 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$30)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>Q1:</p> <p>*N5: Courtesy Car / Tpt Allowance \$3</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$23</p> <p>*N8: DV / Collect Excess Coordination \$3</p> <p>TE (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>	<p>Am (\$)</p> <p>Am (\$)</p> <p>Add bill</p> <p>30.00</p>
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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	19/11/2018 18:01
Date Of Accident	16/11/2018 10:00
Exact Location Of Accident	PARKING AT KILANG SENG HUAT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
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	INDOOR
Date Of Driving Pass	12/05/1997
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93822515
Fax Number	
Contact Number	OFFICE-93822515
EMail Address	NOEMAIL

Address	BLK 663 CCK 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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRR5841 (COMMERCIAL VEHICLE)
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)	0

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 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	JRR5841
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

IMPORTANT NOTICE

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:

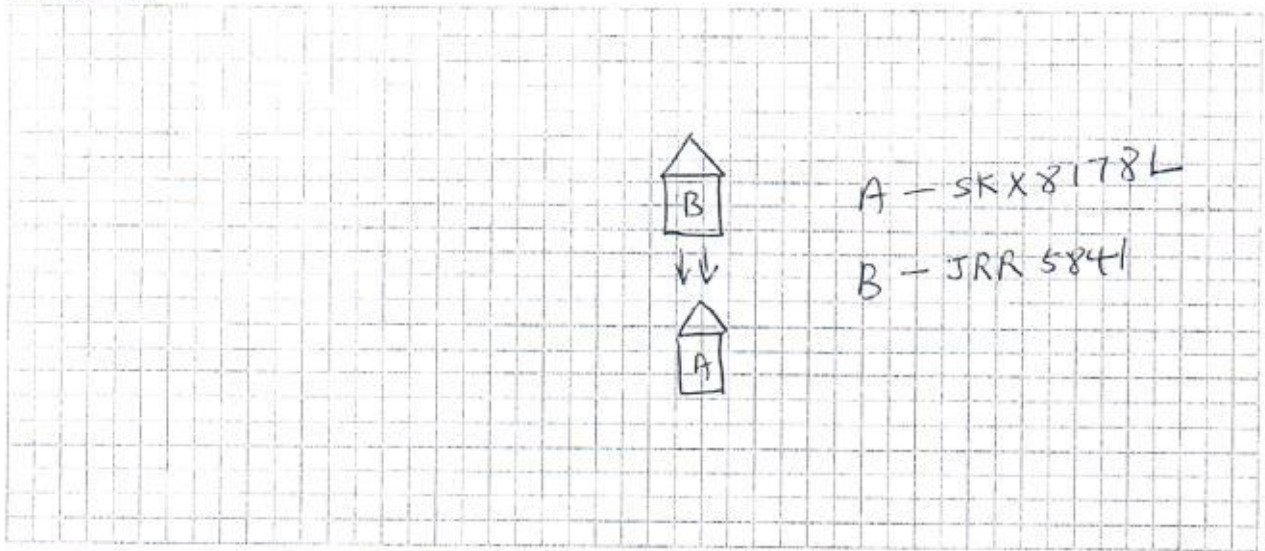


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 16/11/18 at 10am, I parked my car at Kibung seng
Hunt loading bay. The company's lorry JRR 5841 reversed without
realizing my car and hit on my front grill and bumper. The
headlight on the left was damage.

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.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 18149827 Vehicle Registration No: SKX 8178L
Name (as shown in NRIC) : Lim Kwee Pheow NRIC/FIN/Passport No : S 129638815
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 663 CCK Cres #13-263 Singapore (680668)
Contact (Tel) : _____ Mobile No. : 93822515
Email Address : _____
Date of Accident : 16/11/18 Time of Accident : 10:00
Place of Accident : Parking at Kilang seng Huat
Insurance Company : AYG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

upload police report

uf
Policyholder / Driver's Signature
Date:

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

Vehicle No.		Vehicle Report No.		Station Diary No.	
2018 12018 1120				73	
Name Of Person		Address			
LIM KWEE THEON		APT BLK 663 CHOA CHU KANG CRESCENT #13-263			
ID Type / ID No.		SINGAPORE 890663			
NRIC NO / S 4206388B		Contact No.		Mobile	
		Home/Office		93822515	
Nationality		Email Address			
SINGAPORE CITIZEN					
Occupation		Sex	Age	Date of Birth	Race
SALES MANAGER		Male	60	18/09/1958	Chinese
Institution/School Name		Language			
Date/Time Of Incident		Location Of Incident			
16/11/2018 10:00		MALAYSIA			
Brief details.					

On 16/11/18 at about 1000hrs, my vehicle (SKX8178L) was parked at the company's loading bay located at No.17 Jalan Padu, Kawasan Perindustrian Tampoi 80350 Tampoi, Johor Bahru, Johor.

After 3 minutes, I came back to retrieve my vehicle, I found out that my front left grill and the bumper and also the left headlight was damage.

The lorry driver that hit onto my vehicle was waiting for me at the said location. He then admitted that while he was reversing the lorry JRR5841 his lorry then hit onto my vehicle.

Signature Of Officer Recording The Report.

A / Sgt I CHIN SOOK PING

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
Insp HILDY THNG JINLIN
Contact No.: 65575078

Authentication Stamp

Signature Of Informant:

Date/Time:
20/11/2018 10:40

Classification Of Case:

Signature Police Force

08/11/2019

The 1st of 1st I made a police report in Malaysia on 10/11/2018 and I had made a police report in Malaysia on 10/11/2018.

I am lodging this report for insurance purpose

Signature Of Officer Recording The Report

A / Sgt 1 CHIN SOOK PING

Signature Of Interpreter,
Not applicable

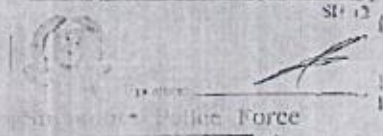
Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
Insp HILDY THNG JINLIN
Contact No: 65575076

Authentication Stamp

Signature Of Informant

Date/Time:
20/11/2018 10.40

Classification Of Case:



Date of Accident : 16/11/18 Accident Time: 10 am (24-HR-Format)
Accident Place : Parking at Kilang Seng Huat
Vehicle No. (Car Plate No.) : SKX8178L Make/Model: Toyota Harrier 2.0
Insurance Company : AIG Policy No: 1700089696
Owner or Company Name /IC No. : Lim Kwee Pheow 61296388B
Owner or Company Contact No. : _____ Owner's Hp 93822515 Company Tel _____
DRIVER'S Name / IC No. : as above
DRIVER'S Date Of Birth : 12/2/1958 DRIVER'S License Pass Date 12/5/1997
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : BLK 663 CCK cres #13-263 S6800663
DRIVER'S Contact No / Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle No: <u>JRR5841</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1296388B

NAME
LIM KWEE PHEOW

Birth Date 18 Sep 1958

Issue Date 14 May 2003

000484584C

1857369



NRIC No: S1296388B



Model Group: A+ Date of issue: 04-04-1994

PT 18K 803 CHIA CHU KANG CRESCENT #13-263
SINGAPORE 60040

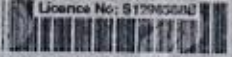
NRIC No: S1296388B Date: 04-04-1994 No: 2776511

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 kilo grams

PASS DATE 12 May 1997

Licence No: S1296388B



NP 428A



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. : 1700089698
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/PAF : 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 authorized 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" ("YIDR") if You are not Your Authorized 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.

Limit of Use 1500cc - 1500cc Optional

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) and Section 80 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$000 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreens : \$100

Named Driver and Excess (where applicable)

Lim Kwee Pheow - \$000 (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 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: 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. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).)

0504080000

G&M PTE LTD

8 SHENTON WAY #13-03 AXA TOWER

SINGAPORE 068811

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Janile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

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