

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 17/01/19	Job description	Date & Time Completed	Done by
Ref No: NA/161900/1100/13	SAS e-filing		
Veh No: SMP5319M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/01/19 1210	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: (MUR 500N) Tel: () Fax: ()

TP Particulars: Veh No: SJP5651K 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time Actions

NA1900637

Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill 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) iT : 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 (Non INC) against INC \$20
- 9) N12: Idac Mobile \$0

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	17/01/2019 16:57
Date Of Accident	17/01/2019 12:10
Exact Location Of Accident	PASIR RIS BLK 417 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMF5319M
Insured/Policyholder	
Name Of Registered Owner	SIM WAH KENG WINSTON
NRIC No	S6926544H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83398398
Alternative Phone No	OTHERS-83398398
Vehicle Particulars	
Manufacturer	KIA
Model	K3
Exact Purpose for which vehicle was being used at time of accident	GOING OUT FROM HOME
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	1800136673
Cover Note Number	
Driver	
Name of Driver	SIM WAH KENG WINSTON
NRIC No	S6926544H
Date Of Birth	03/08/1969
Occupation	INDOOR
Date Of Driving Pass	03/01/2005
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83398398
Fax Number	
Contact Number	OTHERS-83398398
Email Address	NOEMAIL

Address	BLK 415 PASIR RIS DR 6 #10-217
Postcode	510415
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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	SJP5651K
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)	

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.

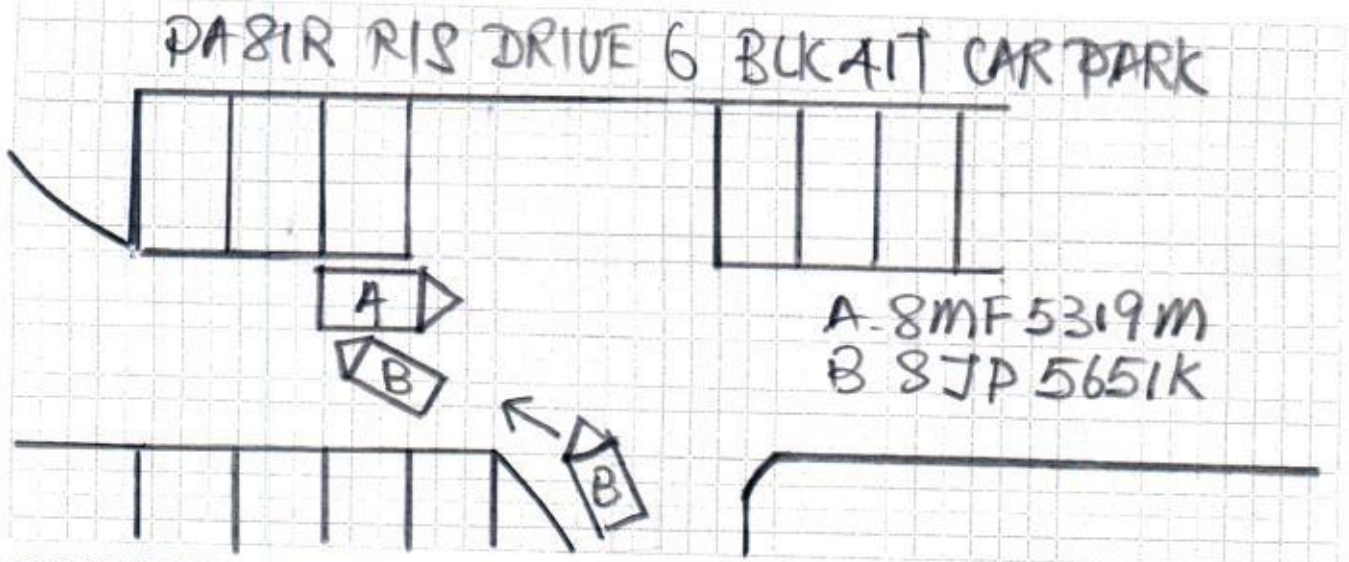

Policyholder's Signature
Date & Time:

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

 17/01/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEH WAS STATIONARY AT BUKIT VEH B HIT
ONTO MY VEH RT REAR PORTION WHEN TURNING INTO
CAR PARK.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 17/01/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: 8MF 531PM MAKE/MODEL: KIA K3

DATE OF ACCIDENT 17/01/2019 TIME 12 HR 10 MIN AM PM

LOCATION OF ACCIDENT PASIR RIS BLK 417 CAR PARK.

EXACT PURPOSE USE DURING ACCIDENT GOING OUT FROM HOME

CAR OWNER

NAME OF CAR OWNER SIM WAH KENG WINSTON

CONTACT NO

NRIC

S69265444

CLAIM TYPE

☐ OD

☒

THIRD PARTY

☐

REPORTING ONLY

INSURANCE COMPANY

ALG

TYPE OF COVERAGE

☐

COMPREHENSIVE

☐

THIRD PARTY

☐

THIRD PARTY FIRE & THEFT

POLICY NO

1800126673

ACCIDENT DRIVER

☒

AS ABOVE

☐

IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER

AS ABOVE.

NRIC

NO OF PASSENGER/S

0

DATE OF BIRTH

03.08.1968

OCCUPATION

☐

OUTDOOR

☐

INDOOR

DATE OF DRIVING PASS

03/01/2005

GENDER

☒

MALE

☐

FEMALE

CONTACT NO

83398 388

ADDRESS

BLK 415 PASIR RIS DR 6 #10-217 (S) 510415.

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO

RELATIONSHIP

EMPLOYEE/

IF NOT:

OWNER.

WEATHER CONDITION

☒

CLEAR

☐

RAINING

OTHER:

ROAD SURFACE

☒

DRY

☐

WET

OTHER:

ANY INJURIES

NO/ IF YES- NAME:

CONTACT NO

POLICE REPORT

NO/ IF YES- LOCATION:

VIDEO FOOTAGE

NO/ YES

3RD PARTY INFO

VEHICLE B NO

8JP 5651K

NO OF PASSENGER/S

0

NAME

CONTACT NO

VEHICLE C NO

NO OF PASSENGER/S

VEHICLE D NO

NO OF PASSENGER/S

VEHICLE E NO

NO OF PASSENGER/S

VEHICLE F NO

NO OF PASSENGER/S

ANY WITNESS

WITNESS CONTACT NO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6926544H



Name
SIM WAH KENG WINSTON



沈 华 庆
Race
CHINESE
Date of birth
03-08-1969 Sex
M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6926544H

Name
SIM WAH KENG WINSTON

Birth Date 03 Aug 1969
Issue Date 03 Jan 2005




0707970



NRIC No. S6926544H



Blood Group Date of issue
B+ 03-01-1993

APT BLK 415 PASIR RIS DRIVE 6 #10-217
SINGAPORE 510415

NRIC No: S6926544H Date: 03/01/2018

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

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors / vehicles \leq 2500 kg

PASS DATE
03 Jan 2005

NP 428A

Licence No: S6926544H





CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : SIM WAH KENG WINSTON
 Period of Insurance : 15 Nov 2018 To 15 Nov 2019
 Engine No. : G4FGJH709219
 Chassis No. : KNAF3416MK5018457

Vehicle No. : SMF5319M
 Policy No. : 1600136673
 Endorsement No. :
 Issued Date : 23 Nov 2018

ABOUT THE COVER

Make/Model : KIA Cerato
 Engine Capacity/Tonnage : 1,591.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2018
 Insuring with COE/PARF : Yes

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 \$2,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorized Driver (named or unnamed) is under the age of 22 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

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0; Own Damage - \$800; Theft - \$0; Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

SIM WAH KENG WINSTON - \$800 (Own Damage)

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

1. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 600 Serangoon Ave Singapore 575733 69328000
2. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65664501
3. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159601 64276800
4. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67481000

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 5200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 90 Mobile App. Simply search and download "AIG 90" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Standard Chartered Bank (Singapore) Limited

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, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

500709930

CYCLE & CARRIAGE - KHENG
 29 ALEXANDRA ROAD
 SINGAPORE 159630

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. J. J. J.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

53545