

NATIONAL Assessment Centre Services. (wsl 1 Jan 05)

Date In: 07/02/2019 21:18	Job description	Date & Time Completed	Done by
Ref No NA/AIG19002249/K4	SAS e-filing		
Veh No: SKX 991H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 05/02/2019 01:45	I-Motor Claim Form		
OD TP 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 Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: (SMC 7109S) INC () / Non-INC ()	
Owner / Driver: ()	SMC 7109E 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

NA1901082

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) PT: Follow-Through Survey (Resurvey) \$30		
Cal. 1:	For claiming against INC Only (wsl 10 Jan 2005)		
Cal. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idao 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: Idao 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 07/02/2019 21:18
Date Of Accident 05/02/2019 01:45
Exact Location Of Accident 468 SERANGOON ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX991H
Insured/Policyholder
Name Of Registered Owner ANG KIN YONG
NRIC No S1737013H
Email Address ANG.KINYONG@GMAIL.COM
Mobile Phone No (LOCAL) +65-90075669
Alternative Phone No OTHERS-90075669

Vehicle Particulars

Manufacturer TOYOTA
Model CAMRY 2.5 AUTO
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 2100440444-03
Cover Note Number

Driver

Name of Driver ANG KIN YONG
NRIC No S1737013H
Date Of Birth 15/07/1966
Occupation INDOOR
Date Of Driving Pass 27/12/1984
Driving Experience 34 YEARS AND 1 MONTH
Gender MALE
Mobile Number +65-90075669
Fax Number
Contact Number OTHERS-90075669
EMail Address ANG.KINYONG@GMAIL.COM

Address	10 LORONG AMPAS #17-04
Postcode	328784
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?	NO
Number of vehicles (including own vehicle) 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC7109E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD UZAR BIN ROSLEE
NRIC/Passport Number	S9436903G
Contact Number	82884292
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD1350S
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TAXI

TAHIR BIN ISMAIL

S0050146H

92215507

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.

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.:

7/2/2019

468 Serangoon Road Traffic Direction

→

A - SKX9
B - SMC7
C - SHD1

URA Parking lot

Vehicle A = Parked at URA lot 16.

Our car parked along Serangoon Road URA 50005 lot 16. When we about to collect our car at 0145am, the accident between vehicle B & C had had already happened. According to driver in vehicle B, his car was being hit by vehicle C & his vehicle spin in reverse direction and hit onto the left rear of our parked car. (A).

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

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

NRIC/FIN No.:

7/2/2019

Report on 7/2/2019
@ 12:10 PM

ACCIDENT STATEMENT

ACCIDENT DATE: (05/02/2019) (DD/MM/YYYY), TIME: (01:45) (HH:MM) ^{AM}

LOCATION: 468 Serangoon Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKX 991 H
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: 2100440444-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota New Camry 2.5
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PARKED AT URA 80005
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: ANG KIN YONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S17370134 CONTACT: 90075669
c) ADDRESS: 10 Lorong Ampar, #17-04 D'Lotus
S328784

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ANG KIN YONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S17370134 CONTACT: 90075669
c) ADDRESS: 10 Lorong Ampar, #17-04 D'Lotus
S328784

* d) DATE OF BIRTH: (15/07/1966) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: > 20

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

- a) VEHICLE NUMBER: SMC 71098 MODEL: Mitsubishi
b) DRIVER'S NAME: Muhammad uzar Bin Roske
c) NRIC/FIN/PASSPORT: S94369039 CONTACT: 82884292

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SHB1350S MODEL: Taxi (Kia)
e) DRIVER'S NAME: Tahir Bin Ismail ISMAIL
f) NRIC/FIN/PASSPORT: S00501464 CONTACT: 92215507

* No of passenger
(including driver)

(2)

* No of passenger
(including driver)

(6)

* No of passenger
(including driver)

(4)


email = ang.kingong@gmail.com

fax =

video =

ang.kingong@gmail.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1737013H



Name
ANG KIN YONG


洪進榮

Race
CHINESE

Date of Birth
15-07-1966

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1737013H

Name
ANG KIN YONG

Birth Date 15 Jul 1966

Issue Date 29 Oct 2003




3280131



NRIC No: S1737013H



Board Group Date of Issue
- 08-01-2003

10 LORONG AMPAS #17-04
SINGAPORE 328784

NRIC No: S1737013H Date: 07/09/2008 No: 6087078


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
27 Dec 1984

NP 428A

Licence No: S1737013H





CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Ang Kin Yong
Period of Insurance : 26 Nov 2018 To 25 Nov 2019
Engine No. : 2ARU274350
Chassis No. : MR053AK5004010176

Vehicle No. : SKX991H
Policy No. : 2100440444-03
Endorsement No. :
Issued Date : 31 Oct 2018

ABOUT THE COVER

Make/Model : TOYOTA NEW CAMRY 2.5
Engine Capacity/Tonnage : 2,494.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2015
Insuring with COE/PAFF : 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 : 40 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 - \$1000 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Ang Kin Yong - \$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 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: DBS BANK LTD

I/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).

0030210000

AIG ASIA PACIFIC INSURANCE PL
78 SHENTON WAY #07-16 AIG BUILDING
SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

BSCFKJ

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S64500206 / GST Reg. No.: M400017733

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: MUA119017162 Vehicle Registration No: 5KX991H
Name (as shown in NRIC): ANG KIN YONG NRIC/FIN/Passport No: S1737013 H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: 10 Lorong Ampar #17-04 Singapore 328784
Contact (Tel): _____ Mobile No.: 90075669
Email Address: ang.kinyong@gmail.com
Date of Accident: 5/2/19 Time of Accident: 0145hrs.
Place of Accident: 468 Serangoon Rd.
Insurance Company: AKA

(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:

To amend the vehicle SMC7109S to SMC7109E
and email address to: ang.kinyong@gmail.com

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Roshan
NRIC/FIN No.: 0810212015
Date:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S465500296 / GST Reg. No.: M400017785

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: MNA119017162 Vehicle Registration No: SKX991H
Name (as shown in NRIC): ANG KIN YONG NRIC/FIN/Passport No: S1737013H
(~~Vehicle Driver~~ / Vehicle Owner) [*] Please delete as appropriate
Address: 10 LORONG AMPAS #17-04 Singapore (328784)
Contact (Tel): _____ Mobile No.: 90075669
Email Address: _____
Date of Accident: 05/02/2019 Time of Accident: 01:45
Place of Accident: 468 SERANGOON ROAD
Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

(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:

Amend Vehicle C plate number SHD1350S

Policyholder / Driver's Signature
Date:

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

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 : MNA119017162-02 Vehicle Registration No: SKX991H
Name (as shown in NRIC) : ANG KIN YONG NRIC/FIN/Passport No : S1737013H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 10 LORONG AMPAS, #17-04, Singapore 328784
Contact (Tel) : - Mobile No. : 90075669
Email Address : ANG.KINYONG@GMAIL.COM
Date of Accident : 05/02/2019 Time of Accident : 01:45
Place of Accident : 468 SERANGOON ROAD
Insurance Company : AIG Asia Pacific Insurance Pte Ltd.

(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:

Amend the Vehicle B, and Vehicle C sketch Plan.

Policyholder / Driver's Signature
Date:

6/3/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: