

# NATIONAL Assessment Centre Services.

[Ref: JAN00]

MAA49017709

Date In: 08/02/2019 16:16	Job description	Date & Time Completed	Done by
Ref No: NBA/MAA49002273/Y	SAS e-filing		
Veh No: SKH 4811C	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 03/02/2019 12:00	I-Motor Claim Form		
OID: 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: SCG 608A	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: ( )		

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Action

MAA4900460	Invoice/Declaration
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/245
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ref 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idea DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	OD:
	*NS: Courtesy Car / Tpl Allowance \$5
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TE (Nil): TP (Non INC) against INC \$20
	9) NI: Idea Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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	08/02/2019 16:16
Date Of Accident	03/02/2019 12:00
Exact Location Of Accident	DOVER CRESCENT BLK 28 LEVEL 3A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH4811C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FOO SUXIAN
NRIC No	S1517026C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97346287
Alternative Phone No	OTHERS-97346287

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	2100324698-06
Cover Note Number	

### Driver

Name of Driver	FOO SUXIAN
NRIC No	S1517026C
Date Of Birth	23/02/1962
Occupation	INDOOR
Date Of Driving Pass	29/11/1988
Driving Experience	30 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97346287
Fax Number	
Contact Number	OTHERS-97346287
Email Address	NOEMAIL

Address	BLK 27 DOVER CRESCENT #07-23
Postcode	130027
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	3
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

PLEASE REFER TO SKETCH PLAN

#### 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	SCG608A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG YUEN FONG VICTOR
NRIC/Passport Number	
Contact Number	91019067
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN7967Z
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

97287560

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.
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:

SKH 4811C.

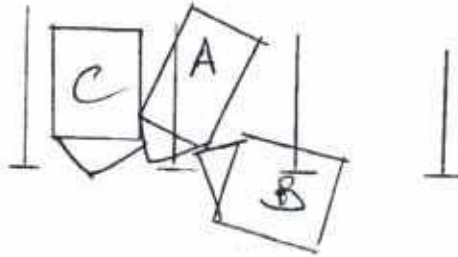
Driver's Signature  
Vehicle No. & Police No.  
Date & Time:

Records Centre Person in Charge  
Name:  
Date & Time:

28/01/2019  
Rashid Hassan

### SKETCH PLAN

BLK 318 DOUBR CHSCHR7 LABEL 3A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A 8KH 4811C

Vehicle B 8CG 608A

Vehicle C 8LN 7967Z

On the 3/2/2019 at 1200 pm, I discovered a note on

my front windscreen stating Mr. Heung contacted that he accidentally

collected onto my vehicle causing damages to the front left and

right portion. The accident involved with 3 vehicles.

## DECLARATION

“*Is the world getting better or worse?*” was the first question asked, and “better” was the answer.

3 Feb 19

100

27-2

3 Feb 19

08/02/2019  
Cody H. White



VEHICLE NO:	SKH 4811C	MAKE & MODEL:	TOYOTA ALTIS
DATE OF ACCIDENT	3 / 2 / 2019		
TIME OF ACCIDENT	12:00 AM/PM		
LOCATION OF ACCIDENT	Jover Crescent sk 28 level 2A		
Exact Purpose use during accident	Private		
NAME OF OWNER	TOO SU KIAN		
TELP NO	9784 6287		
NRIC	81517 026C		
CLAIM TYPE	OD / THIRD PARTY / Reporting Only		
PRIVATE HIRE	YES (No) ?		
INSURANCE CO.	AIG		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.			
NAME OF DRIVER	As above / If No:		
NRIC	Any passengers: -		
DATE OF BIRTH	23 / 02 / 1962		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	29 / 11 / 1988		
GENDER	Male / Female		
CONTACT NO.	Office: - Home: -		
ADDRESS	sk 27 Jover Crescent #04-23 130027		
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No:		
RELATIONSHIP	Employee / If No: -		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIES	No / If yes: Who?		
CONTACT NO.			
POLICE REPORT	No / If yes: Where?		
VEHICLE B NO.	BCG 608A Any Passenger: -		
NAME	Deong Yuen Fong Victor		
CONTACT NO.	9101 9067		
VEHICLE C NO.	SLN 7967Z Any Passenger: -		
VEHICLE D NO.	97287560 Any Passenger: -		
VEHICLE E NO.	Any Passenger: -		
VEHICLE F NO.	Any Passenger: -		
ANY WITNESS			
WITNESS CONTACT NO.			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?			
			YES / NO
PARTICULAR WORKSHOP			
TELP NO	1 Kaki bukit ave 6 #1		
CONTACT PERSON	Autobay @ kaki bukit		
FAX NO.	Singapore 417883		
	Telp: -		
	Fax: -		



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1517026C



Name  
FOO SUXIAN  
符淑嫻

Race  
CHINESE

Date of birth  
23-02-1962

Country/Place of birth  
SINGAPORE

Sex  
F

S1517026C



REPUBLIC OF SINGAPORE DRIVING LICENCE

FOO SUXIAN

DOB: 23 Feb 1962

EXP: 17 Feb 2003





5762041



Vehicle No. S1517026C



Date of issue

30-08-2017

Address

APT BLK 27 DOVER CRESCENT  
#07-23  
SINGAPORE 130027

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3

Motor Cars and Motor Tractors the weight of  
which combined does not exceed 3500 kilograms

PASS DATE

29 Nov 1908

License No: S1517026C



10P 4204





## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Foo Suxian  
 Period of Insurance : 13 Dec 2018 To 12 Dec 2019  
 Engine No. : 1ZR236304  
 Chassis No. : MR053REE104152394

Vehicle No. : SKH4811C  
 Policy No. : 2100324096-08  
 Endorsement No. :  
 Issued Date : 05 Dec 2018

## ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6 DUAL  
 Engine Capacity/Tonnage : 1.598.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured :  
 Market Value :  
 Off Peak Car : Yes  
 First Year of Registration : 2012  
 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 extend to 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" ("YIDET") if the age of Your Authorized Driver (named or unnamed) is under the age of 23 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, pace-making, rally, 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. 188) and Section 25 of the Road Transport Act, 1987 (Malaysia), as 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)

Foo Suxian - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorized Repairers (for claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorized Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

## IMPORTANT NOTES

Lease Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

Policy certifies 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 and Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).