

NATIONAL Assessment Centre Services. (wef 1 Jan'05) NA19026178

Date In: 25/1/19-17:18	Job description	Date & Time Completed	Done by
Ref No: NA/1/19/003509/20	SAS e-filing		
Veh No: SKC32160	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/1/19-18:30	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: (Tel: (Fax: (
TP Particulars:	Veh No: F0P1329M	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 1901 K9	Invoice Preparation Checklist	Am't (\$) Int Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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: 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	25/02/2019 17:18
Date Of Accident	23/02/2019 18:30
Exact Location Of Accident	CTE (AYE) NEAR YIO CHU KANG FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC3216D
Insured/Policyholder	
Name Of Registered Owner	WENDY TAN PHAIK SIM
NRIC No	S7568349I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91132699
Alternative Phone No	OFFICE-91132699

Vehicle Particulars

Manufacturer	AUDI
Model	Q7 3.0 QUATTRO A
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	2100382117-04
Cover Note Number	

Driver

Name of Driver	WEE THAI HOCK
NRIC No	S1129704H
Date Of Birth	08/04/1955
Occupation	INDOOR
Date Of Driving Pass	30/09/1986
Driving Experience	32 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91130273
Fax Number	
Contact Number	OFFICE-91130273
Email Address	NOEMAIL

Address	BLK 955 HOUGANG AVENUE 9 #07-522
Postcode	530955
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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)	3
Passenger 1	NAME: : WENDY TAN PHAIK SIM GENDER: : FEMALE
Passenger 2	NAME: : BERNICE WEE MEI SHAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190225/7011.

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	FBP1329M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NUR SHAZRIQAH BINTE ATSANI

NRIC/Passport Number	S9914594C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	WEE THAI HOCK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKC3216D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	WENDY TAN PHAIK SIM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKC3216D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	BERNICE WEE MEI SHAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKC3216D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.:

CTE(AK).

1: 50 kg
2: 100 kg

Refer to police report. - 7/20/90 or 7/20/11.

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

Policyholder's Signature _____
Date & Time: _____

are true in every respect.



Driver's Signature
(If driver is not the policyholder)

Date & Time:

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

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 2 / 19) (DD/MM/YYYY), TIME: (18 : 30) (HH:MM)

LOCATION: (7E (Aye) near Yio Chu Kang Flyover

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKC32160.
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 2100382117-04
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 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: Wendy Tan Phaik Sim (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 75683492 CONTACT: 9132699
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wee Thai Hock (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S11297044 CONTACT: 9130272
 c) ADDRESS: 11K 97T Hengong Avenue 9 807522 (570955)

* d) DATE OF BIRTH: (6 / 4 / 1954) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20/1986

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: spouse

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: F13P1329M MODEL:
 b) DRIVER'S NAME: Nur Sharirah Binte Azzam
 c) NRIC/FIN/PASSPORT: 59014594C CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (including driver)
 (3.)

① Bernice Wee.
 mei shan (female)

② Wendy Tan Phaik
 Sim (female)

* No of passenger
 (including driver)
 (1.)

* No of passenger
 (including driver)
 ()

Email =

fax =

VIDEO =



SINGAPORE POLICE FORCE



T/20190225/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20190225/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2019 12:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WEE THAI HOCK			Address: APT BLK 955 HOUGANG AVENUE 9 #07-522 SINGAPORE 530955		
ID Type / ID No.: NRIC NO / S1129704H			Contact No.: Home/Office: Mobile: 91130273		
Nationality: SINGAPORE CITIZEN			Email: wendytanps@gmail.com		
Sex: Male	Age: 63	Date of Birth: 08/04/1955	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/02/2019 18:30	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1329M	Motorcycle	HONDA	pgm-f1	Black	Slightly Damaged	0
SKC3216D	Car	AUDI	Q7	Black	Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190225/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190225/7011

CONTINUATION OF REPORT

Driver			
Name	WEE THAI HOCK	ID No.	S1129704H
Related Vehicle	SKC3216D (Car)	Contact No.	91130273
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/02/2019	Date Discharge	24/02/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Passenger			
Name	Bernice Wee Mei Shan	ID No.	T0375279D
Related Vehicle	SKC3216D (Car)	Contact No.	91132699
Hospital/Clinic	K K WOMEN'S CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/02/2019	Date Discharge	24/02/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	Wendy Tan Phaik Sim	ID No.	S7568349I
Related Vehicle	SKC3216D (Car)	Contact No.	91132699
Hospital/Clinic	HALLEY MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/02/2019	Date Discharge	23/02/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

I was travelling straight on my vehicle bearing carplate number (SKC3216D) on CTE towards AMK on lane 2 when vehicle B (FBP1329M) which was travelling on my left hand side of my car swerved into my lane and collided side to side of my vehicle. I wish to state that my wife left the scene with my daughter to KKH as our daughter was not feeling well after the impact, she was hospitalised on 23rd and discharged, on 24th after the treatment and was given 5 days hospitalization leave. Both me and my wife also consulted the doctor after the accident as we felt pain and was also given 7 days and 2 days medical leave respectively.



**SINGAPORE
POLICE FORCE**



T/20190225/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190225/7011

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190225/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190225/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476138


Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
25/02/2019 12:13

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1129704H



Name
WEE THAI HOCK

Race
CHINESE

Date of Birth **08-04-1955** Sex **M**

Country of Birth
SINGAPORE

黄泰福

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1129704H

Name
WEE THAI HOCK

Birth Date **08 Apr 1955**
Issue Date **24 Jul 2005**



000680500E

0004975



NRIC No: S1129704H



Blood Group: **O+** Date of Issue: **07-06-1991**

APT BLK 955 HOUGANG AVENUE 9 #07-522
SINGAPORE 530955
NRIC No: S1129704H Date: 12-03-1999 (R) No: 2899357


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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 30 Sep 1996

NP 428A

Licence No: S1129704H





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Wendy Tan Phaik Sim
Period of Insurance : 11 Aug 2018 To 10 Aug 2019
Engine No. : CJT003528
Chassis No. : WAUZZ4L6BD007551

Vehicle No. : SKC3216D
Policy No. : 2100382117-04
Endorsement No. :
Issued Date : 07 Aug 2018

ABOUT THE COVER

Make/Model : AUDI Q7 3.0 TFSI QU (272BHP&333BHP)
Engine Capacity/Tonnage : 2,995.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2011
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 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" ("IDE") 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 damage 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 mentioned irrespective by Section 9 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169) 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 - \$1400; Theft - \$0; Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Wendy Tan Phaik Sim - \$1400 (Own Damage)

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

Approved Reporting Centres: AIG Authorised Repairers (if or claims related repairs)

Any accident repairs to the vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
 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: HONG LEONG FINANCE 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, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0000064000

DIRECT CLIENTS 01 4 95

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Tan

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SIF000

* For more details, please refer to the AIG Building 78 Shenton Way, Singapore 079120. Tel: +65 6415 3000. Fax: +65 6415 3723. www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related)
- Advice on Motor Claims procedures
- Medical Referral Assistance

If no one is injured in the accident:

- You are not required to make any police report
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s)
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

- Report the accident to the police, providing full details of the circumstances of the accident
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s), if applicable
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident

What should I do in the event of an accident?

- Keep calm and move your car to a safe place
- Do not admit or discuss fault or blame with the other party(ies)
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident
- Submit With Summons/Correspondences from third party(ies) to AIG immediately