

# NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

MAA 190026317

Date In: 25/02/2019 20:18	Job description	Date & Time Completed	Done by
Ref No: NBA 16898	SAS e-filing		
Veh No: SJS 4238L	E-mail (w/old 3hrs, AIC 2hrs)		
D.O.A: 24/02/2019 18:00	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: SJS 16898	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:	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	Action

MA 1901471

Client's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (NI): TP (Non INC) against INC \$20	
	9) NI: Idao Mobile \$0	
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

Auditor's Comments:

Ref 1:

2/3



## 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 20:11
Date Of Accident	24/02/2019 18:00
Exact Location Of Accident	ALONG MARYMOUNT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS4238L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH BENG HWEE
NRIC No	S6839138E
Email Address	GORDON-TOH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93884135
Alternative Phone No	OTHERS-82283075
<b>Vehicle Particulars</b>	
Manufacturer	KIA
Model	PICANTO-1.1 (M)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100156633-09
Cover Note Number	
<b>Driver</b>	
Name of Driver	GORDON TOH SENG CHYE
NRIC No	S9414081A
Date Of Birth	20/04/1994
Occupation	INDOOR
Date Of Driving Pass	26/07/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93884135
Fax Number	
Contact Number	OTHERS-82283075
Email Address	GORDON-TOH@HOTMAIL.COM

Address	BLK 307 WOODLANDS AVENUE 1 #05-305
Postcode	730307
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	4
Passenger 1	NAME: : CHAN CHAO XIN GENDER: : FEMALE
Passenger 2	NAME: : GENEVIEWE TOH GENDER: : FEMALE
Passenger 3	NAME: : NG SWEE CHENG GENDER: : FEMALE

### 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	SJG1689B
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DAPHNIE LIN
NRIC/Passport Number	S7602929F

Contact Number	83889999
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

Veh A: SJS 438L

Veh B: SJG 1689B

### 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.

\*\* I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature  
Date & Time:

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

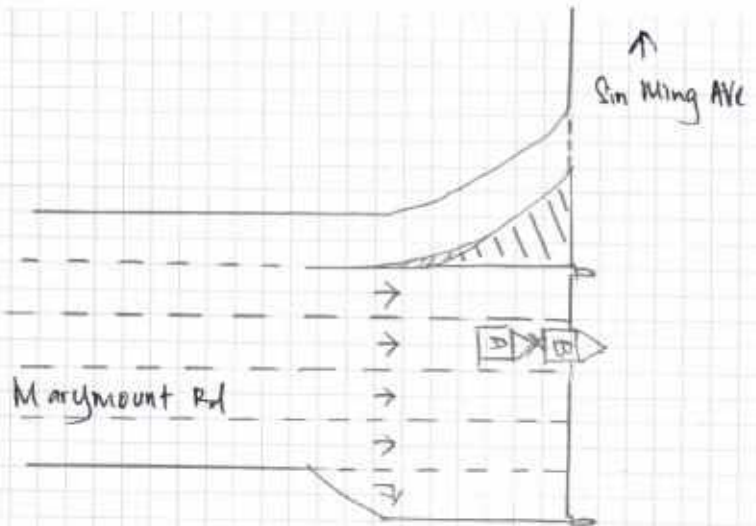
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN

Veh A: SJS 4238 L

Veh B: SJG 1689 B



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i travelling along Marymount Rd at traffic Junction. Traffic light was green we moved, suddenly vehicle in front of me make e-brake to complete stopped. I could not stop in time and hit onto rear of the vehicle B.

## DECLARATION

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

Teh

Policyholder's Signature  
Date & Time:

SJM 25/2/19 1515

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

25/08/2019  
Reporting Centre Personnel's Signature  
Name: Rosh Wathore  
NRIC/FIN No.:

# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 24/2/14

\*Time of Accident: 1800pm

\*Accident Location: Marymount Rd

### Vehicle Details

\*Vehicle Number: SSS 4239L

\*Make & Model: KIA Picanto 1.1 (M)

### Insured / Policyholder

\*Owner Name: Teh Beng Hwee

\*NRIC: 56834138E

\*Address: Woodlands Ave 1 Bk 307 #05-305

\*Email: Gordon-teh@hotmail.com

\*HP: 93894135

\*Occupation: Driver (Indoor / Outdoor)

\*Tel / H / Other: 639030228

### Driver ( ) same as above

\*Driver Name: Gordon Teh Seng Chye

\*NRIC: 509414081A

\*Address: Woodlands Ave 1 Bk 307 #05-305

\*Date of Birth: 20 04 1994

\*Driving Pass Date: 26 July 2018

\*HP: 82283075

\*Email: Gordon-teh@hotmail.com

\*Gender: Male / Female

\*Occupation: Student

(Indoor / Outdoor)

\*Tel / H / Other: 90300228

\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: Son)

### Passengers Details

\*P/Name: Chan Chao Xin

(Male/Female)

\*P/Name: Ng Ng Siew Cheng

(Male/Female)

\*P/Name: Gordon-teh

(Male/Female)

\*P/Name: \_\_\_\_\_

(Male/Female)

### Insurance Company

\*Insurer: AIIG

\*Coverage: C / TPFT / TPO

\*Policy No: \_\_\_\_\_

### Detail of other vehicle / Property 1

Vehicle No.: SGG 1689B

Make & Model: BMW

Vehicle Category: \_\_\_\_\_

Name of Driver: PAPHAIE LIN Rui Tong

NRIC : 57602929F

HP : 83889999

No. of Passengers (Including Driver): 1

### Detail of other vehicle / Property 2

Vehicle No.: \_\_\_\_\_

Make & Model: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

NRIC : \_\_\_\_\_

HP : \_\_\_\_\_

No. of Passengers (Including Driver): \_\_\_\_\_

### For Official Use Only

\*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

### General Information of the accident

\*Type of accident: Head-Rear / Side swipe / others: \_\_\_\_\_

\*Weather conditions: Clear / Raining / others: \_\_\_\_\_

\*Any video cam: Yes / No

\*Road Surface: Dry / Wet / others: \_\_\_\_\_

\*Witness: Yes / No (Name: \_\_\_\_\_

NRIC: \_\_\_\_\_

HP: \_\_\_\_\_

\*Accident reported to police: Yes / No

\*Summon against whom: \_\_\_\_\_

\*Injured party: Yes / No

\*No. of passengers (include driver): \_\_\_\_\_

-I/Name: \_\_\_\_\_

\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

-I/Name: \_\_\_\_\_

\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9414081A



Name

GORDON TOH SENG CHYE

卓成財

Race

CHINESE

Date of birth

20-04-1994

Sex

M

S9414081A

Country of birth

SINGAPORE



4435166



NRIC No. S9414081A

Date of issue

29-07-2009

Address

APT BLK 307 WOODLANDS AVENUE 1  
#05-305  
SINGAPORE 730307



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9414081A

Name:

GORDON TOH SENG CHYE

Birth Date: 20 Apr 1994

Issue Date: 26 Jul 2018



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  26 Jul 2018

NP 428A



**KIA AUTO PROTECTOR PRIVATE VEHICLE**

Name of Policyholder : Toh Beng Hwee  
 Period of Insurance : 17 Aug 2018 To 16 Aug 2019  
 Engine No. : G4HG9566922  
 Chassis No. : KNA8A24329T765938

Vehicle No. : SJS4238L  
 Policy No. : 2100156633-09  
 Endorsement No. :  
 Issued Date : 06 Jul 2018

**ABOUT THE COVER**

Make/Model : KIA PICANTO 1.1  
 Engine Capacity/Tonnage : 1,086.00 CC  
 Driver Restriction : NA

Sum Insured : Market Value  
 Off Peak Car : Yes

First Year of Registration : 2009  
 Insuring with COE/PAFF : Yes

**Person or Classes of Persons Entitled to Drive\***

a) The Policyholder

or 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 "Young and/or Inexperienced Driver Excess" ("YIDR") if you are or Your Authorised 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, prize-taking, 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.

Limits of Use 1500cc - 1600cc

\* 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 - \$600; Theft - \$0; Flood Cover - \$0

**Section 2**

Property Damage - \$0

Windscreen : \$100

**Named Driver and Excess (where applicable)**

Toh Beng Hwee - \$600 (Own Damage)

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

1 Cycle & Carriage Body & Paint Centre: Add: 209 Pandan Gardens Singapore 608329 65684501

2 Cycle & Carriage Authorised Service Centre: Add: 241 Alexandra Road Singapore 159931 64278600

3 Cycle & Carriage Authorised Service Centre (For windscreen claim only): Add: 330 Ubi Rd 3 Singapore 406650 67401000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 5200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://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: MayBank

We hereby certify that this 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).

0500710208

C&C FULCO-ZTOH(KIA)

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 406617 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manik*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

ISSPALL

78 Shenton Way #07-16 AIG Building 5079120 | T: +65 6419 3000 | F: +65 6415 3723 | [www.aig.com.sg](http://www.aig.com.sg)

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Way #07-16 AIG Building 5079120 | T: +65 6419 3000 | F: +65 6415 3723 | [www.aig.com.sg](http://www.aig.com.sg)

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AIG Asia Pacific Insurance Pte. Ltd.



**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 : MND499076317 Vehicle Registration No : SJ84238L

Name (as shown in NRIC) : GORDON LOH SENG CHYE NRIC/FIN/Passport No : 99404081

(\*Vehicle Driver/ Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore ( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 93884135

Email Address : \_\_\_\_\_

Date of Accident : 24/02/2019 Time of Accident : 18:00

Place of Accident : ALONG MARYMOUNT ROAD

Insurance Company : ALL


**(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 INQUIRE NEW C/I NUMBER & INS CAR?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: ROSE LUTHER  
NRIC/FIN No.:  
Date: 13/03/2019