

NATIONAL Assessment Centre Services [wef: Jan'05]

Date In: 01/04/19	Job description	Date & Time Completed	Done by
Ref No: NA/1919005678/13	SAS e-filing		
Veh No: 5M573355	E-mail (within 8hrs. AIC 2hrs)		
D.O.A 29/03/19 1935	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> '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: (M GARAGE Tel: Fax:)

TP Particulars:	Veh No: GBC4320K	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)	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

NA1902390	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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 For claiming against INC Only (wef 10 Jan 2005)		
Auditors' Comments :-	6) TR : Re-inspection \$75		
Cat 1:	7) N1 : Idac DA + SMRT Survey \$160		
Cat 2 / 3:	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		
	9) N11: TP (Non INC) against INC \$20		
	9) N12: Idac 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	01/04/2019 14:03
Date Of Accident	29/03/2019 19:35
Exact Location Of Accident	JUNC OF QUEENSWAY & COMMONWEALTH DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ7235J
Insured/Policyholder	
Name Of Registered Owner	WOON JIA RONG
NRIC No	S9343623G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94238967
Alternative Phone No	OTHERS-94238967

Vehicle Particulars

Manufacturer	KIA
Model	CERATO
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	1900067635
Cover Note Number	

Driver

Name of Driver	WOON JIA RONG
NRIC No	S9343623G
Date Of Birth	15/11/1993
Occupation	INDOOR
Date Of Driving Pass	30/12/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94238967
Fax Number	
Contact Number	OTHERS-94238967
EMail Address	NOEMAIL

Address	BLK 767 PASIR RIS ST 71 #13-312
Postcode	510767
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	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)	2
Passenger 1	NAME: : GIY 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

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	GBC4320K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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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.

x

L. My

Policyholder's Signature
Date & Time:

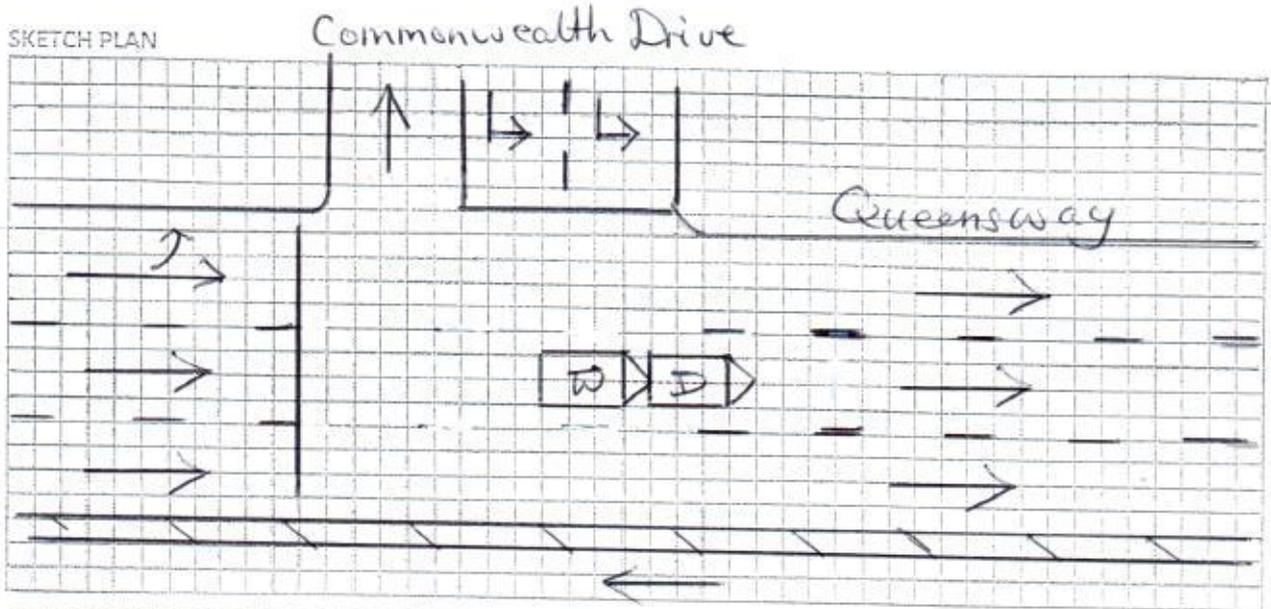
L. My

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

shun 01/04/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/03/2019 at about 1935 hrs at Junction of
 Queensway and Commonwealth Drive. I was travelling
 on the Centre lane along Queensway towards Holland
 Road and when crossing towards the above mentioned
 junction, my front vehicle slow down and stop due to
 heavy traffic hence I follow suit. Suddenly I heard a loud
 bang from behind and when I alighted, I realised that
 it was Vehicle (B) who hit onto my Rear Portion of my
 Vehicle (A) causing damages to my vehicle. I have one
 passenger inside my vehicle.

(A) SMJ 7235 L
 (B) GBC 4320 K

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

x *L. Png*

Policyholder's Signature
 Date & Time:

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

Shyue or 10/1/19

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

SINGAPORE ACCIDENT STATEMENT

Accident Date:	29/03/2019	Time:	1935hs	(hh:mm) 24 hr format
Location	at Junction of Queensway & Commonwealth Drive			
Vehicle Number	SMJ7235L			
Insured Name	WOON JIA RONG			
NRIC / FIN	S9343623G	Contact Number	9423 8967	
Make	KIA	Model	CERATO 1.6(A) EX	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes. If No, Pls select: (/) Third Party () Reporting				
Insurance Company	AIG ASIA PACIFIC			
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	1900067635			
Name of Driver	WOON JIA RONG	(/) Same as Insured		
NRIC / FIN	S9343623G	Contact Number	9423 8967	
Date of Birth	15/11/1993			
Driving Pass Date	30/12/2017			
Occupation (/) Indoor () Outdoor				
Gender (/) Male () Female				
Email Address	- () NO EMAIL			
Address of Driver	Blk 767 PASIR RIS street 71 #13-312 S(510767)			
Was driver an employee of the Insured's Company? () Yes (/) No				
If No, Relationship of the Driver with the Insured				
(/) Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes (/) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (/) Clear () Raining () Others				
Road Surface (/) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (/) No				
Was anybody injured in the accident? () Yes (/) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (/) No				
Was the Accident reported to the Police? () Yes (/) No If yes attach police report				
DETAILS OF 3 rd party				
Veh B	GBC4320K	Name / Nric	Contact	
Veh C				
Veh D				
Veh E				
Veh F				

2 person include (F) - G14

Owner & Driver

SMJ7235L

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9343623G



Name

WOON JIA RONG

溫佳榮

Race

CHINESE

Date of birth

15-11-1993

Sex

M

Country of birth

SINGAPORE

S9343623G

4840578



NRIC No. S9343623G



Date of issue

01-03-2012

Address

APT BLK 767 PASIR RIS STREET 71
#13-312
SINGAPORE 510767

OWNER & DRIVER

SMJ7235L

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9343623G
Name: WOON JIA RONG
Birth Date: 15 Nov 1993
Issue Date: 03 Dec 2015

002499276G



SG 50

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

	EFFECTIVE DATE
C Class 2B • Class 3A	03 Dec 2015 30 Dec 2017

Motorcycle <= 200 CC
Motor cars without clutch pedals <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals <= 2500 kg

S / No. 9000304581

S9343623G

NP 428A

Licence No: S9343623G



KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Woon Jia Rong
Period of Insurance : 18 Mar 2019 To 17 Mar 2020
Engine No. : G4FGJH722452
Chassis No. : KNAF3416MK5031290

Vehicle No. : SMJ7235J
Policy No. : 1900067635
Endorsement No. :
Issued Date : 27 Mar 2019

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 : 2019
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 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, 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 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)

Woon Jia Rong - \$600 (Own Damage)

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

1. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000
2. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800
4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

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: MayBank

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).

0500710050

C&C FULCO-CORP SALES
 22 UBI ROAD 4 FULCO BUILDING
 SINGAPORE 408617 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE