

NATIONAL Assessment Centre Services.

[ver 1 Jan 03]

19A19056621

Date In: 02/05/2019 14:55	Job description	Date & Time Completed	Done by
Ref No: NPA/HQ/19007715/Y	SAS e-filing		
Veh No: SGD 7799D	E-mail (Guide sheet, AIC sheet)		
D.O.A: 01/05/2019 16:20	I-Motor Claim Form		
OID / TP: Reporting Only	I-Motor W/O (With/OD sheet, TP sheet)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars:	Veh No: FBE 351X	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 rep/lor.		
() 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:	
Location:	
Weather:	
Witness:	
Notes:	

19A1903226	
Driver/Owner:	1) AR: Accident Reporting (330)
Contact No:	2) DA: Damage Assessment (3100) INC (330)
Damaged Portion:	3) TP: Towing Fee \$120
	4) PT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claimant against INC Only (ver 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	* NS: Courtesy Car / TP Allowance \$1
	* NG: Repair Coordination 20080829 \$10
	* NW: Post Repair Inspection \$25
	* ND: DV / Collect Excess Coordination \$5
	TP (NI): TP (NI) INC * calculation \$30
	9) NI: Idao Mobile
	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	02/05/2019 14:55
Date Of Accident	01/05/2019 16:20
Exact Location Of Accident	JUNCTION OF WOODLANDS AVENUE 3/WOODLANDS STREET 13
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD7799D
Insured/Policyholder	
Name Of Registered Owner	GOH AH MOEY AGNES GOH HUI HWA
NRIC No	S0245922A
Email Address	HYGOH666@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97887799
Alternative Phone No	OTHERS-97887799

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD-2.4 (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	REPORTING ONLY
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	1800082826
Cover Note Number	

Driver

Name of Driver	GOH HWEE YONG
NRIC No	S1312307A
Date Of Birth	01/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	18/09/1978
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97887799
Fax Number	
Contact Number	OTHERS-97887799
Email Address	HYGOH666@GMAIL.COM

Address	11 TOH TUCK ROAD #03-36
Postcode	596290
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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 ON COLLISION
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)	1

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	FBE357X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

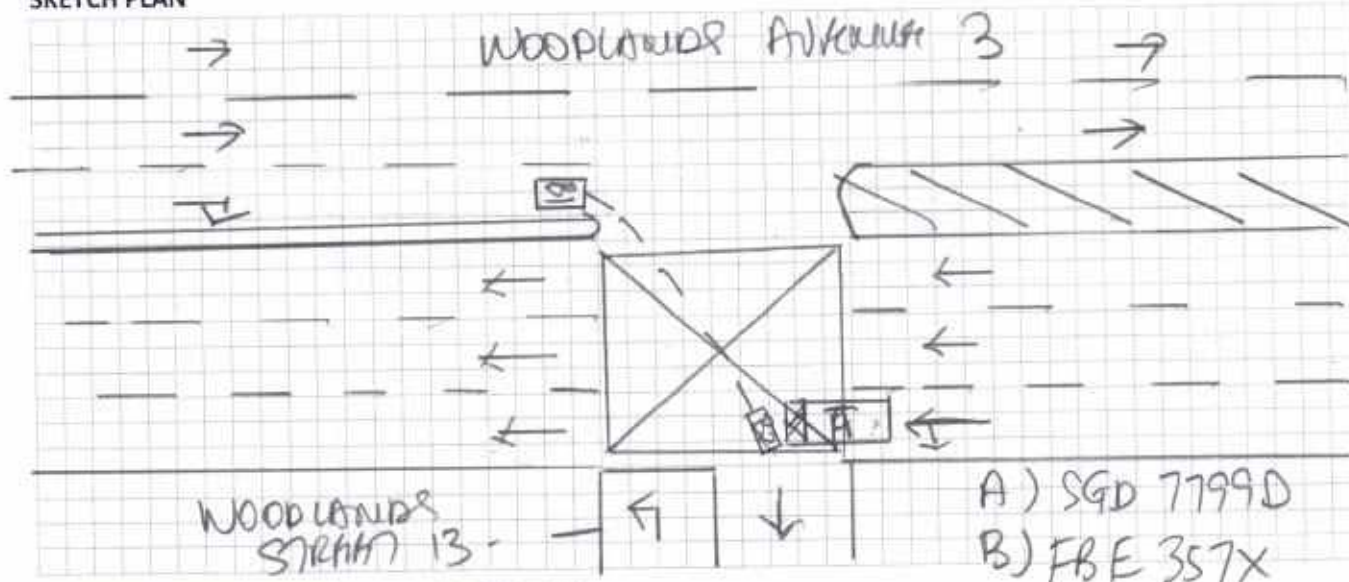
Policyholder's Signature

Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 01/05/2019 AT ABOUT 16:20 HRS I WAS TRAVELLING
 ALONG WOODLANDS AVE 3 JUST AT THE JUNCTION OF
 WOODLANDS ST 13. TRAFFIC LIGHT WAS GREEN SO I
 WROTE STRAIGHT. SUDDENLY, I DID NOT SEE A MOTOR
 CYCLE THAT FROM WOODLANDS AVE 3 & HE WANTED
 TO TURN INTO WOODLAND ST 13 MY CAR SGD 7799D
 ... COLLIDED AT THE REAR OF THE MOTORCYCLE
 FBE 357X & HE FELL

DECLARATION

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

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 05 / 2019) (DD/MM/YYYY). TIME: (16 : 20) (HH:MM)

LOCATION: JUNCTION OF WOODLANDS AVE 3 / WOODLANDS ST 13

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGD 7799 D
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA ALPHARD
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) ☒ NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Goh (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0245922 A CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Goh Hwaik YONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 92887799 CONTACT:
c) ADDRESS:

*d) DATE OF BIRTH: (18 / 09 / 1958) (DD/MM/YYYY) 1958

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 12/01/1978

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) ☒ NO
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) ☒ NO

7. a) REPORTED TO POLICE (YES / NO) ☒ NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBE 857X MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

email = Hy Goh bbb @ Gmail . com -
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1312307A



Name
GOH HWEE YONG

吴惠勇

Race
CHINESE

Date of birth
01-07-1958

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



License No. S1312307A

Name
GOH HWEE YONG

Birth Date: 01 Jul 1958

Issue Date: 05 Mar 2004




3485497



NRIC No. S1312307A



Date of issue
17-01-2004

11 TOH TUCK ROAD #03-36
SINGAPORE 596290

NRIC No: S1312307A Date: 23/08/2018

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Sep 1978

NP 428A

Licence No: S1312307A





CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : GOH AH MOEY AGNES GOH HUI HWA
Period of Insurance : 13 Jul 2018 To 24 Jul 2019
Engine No. : 2AZ2065062
Chassis No. : ANH100136212

Vehicle No. : SGD7799D
Policy No. : 1800062826
Endorsement No. : 000000000248529
Issued Date : 02 Jan 2019

ABOUT THE COVER

Make/Model : TOYOTA ALPHARD 2.4 [MPV]
Engine Capacity/Tonnage : 2,362.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2006
Insuring with COE/PARF : 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 "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.

* 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 - \$400 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

GOH AH MOEY AGNES GOH HUI HWA, GOH HWEE YONG - \$400 (Own Damage)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. 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: NA

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, 1956 (Malaysia).

0501295000

INSURE LINK PTE LTD
2 KALLANG AVE #08-16 CT HUB
SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Insure Link Pte Ltd
2 Kallang Avenue #08-16
CT Hub S(339407)
Off 644 4614
Fax: 644 4615

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

Chen Juan Lin