

NATIONAL Assessment Centre Services.

(ver 1 Jan 2003)

MMAY19066957

Date In: 23/05/2009 17:50	Job description	Date & Time Completed	Done by
Ref No: N/A/01/900938/4	SAS e-filing		
Veh No: ST 99320	E-mail (2 John 3hrs, AIC 2hrs)		
DOA: 23/05/2009 17:18	I-Motor Claim Form		
OD <input checked="" type="radio"/> TP: Reporting Only	I-Motor W/O (Withins OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: ST/0 92206	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: ()

Reminders:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Reaction

NA1903852	Invoice/Assessment/Repair/Insurance
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
	4) FT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	OD:
	*NS: Courtesy Car / Tpl Allowance \$3
	*NG: Repair Co-ordination \$10
	*NT: Post Repair Inspection \$23
	*NS: DV / Collect Excess Coordination \$3
	TP (NI) / TP (Non INC) against INC \$20
	9) NI 2: Idao Mobile \$0
QC Checked by (Engr-In-Charge):	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	23/05/2019 17:50
Date Of Accident	23/05/2019 17:15
Exact Location Of Accident	ALONG JALAN BUKIT MERAH NEAR MACDONALD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT9932D
Insured/Policyholder	
Name Of Registered Owner	GOH GEK QUEE
NRIC No	S7023268E
Email Address	91882268JULIET@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91882268
Alternative Phone No	OTHERS-91882268

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	1800122355
Cover Note Number	

Driver

Name of Driver	GOH GEK QUEE
NRIC No	S7023268E
Date Of Birth	18/07/1970
Occupation	INDOOR
Date Of Driving Pass	10/09/1996
Driving Experience	22 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91882268
Fax Number	
Contact Number	OTHERS-91882268
Email Address	91882268JULIET@GMAIL.COM

Address	BLK 571B WOODLANDS AVENUE 1 #09-914
Postcode	732571
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)	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

ON 23/05/2019 AT ABOUT 17:15HRS I WAS AT JALAN BUKIT MERAH NEAR MACDONALD AND WAS STATIONARY WAIT FOR TRAFFIC LIGHT TO CHANGE SUDDENLY I FELT A BANG FROM THE REAR AND COME DOWN SAW A TAXI SHD9220G BANG ON TO THE REAR OF MY CAR SLT9932D.

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	SHD9220G
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAY WEE KENG(ZHENG WEIQING)
NRIC/Passport Number	S8221972B
Contact Number	94302445
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

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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: 26 MAY 2019
1805 Hrs.

Driver's Signature

(If driver is not the policyholder)
Date & Time:

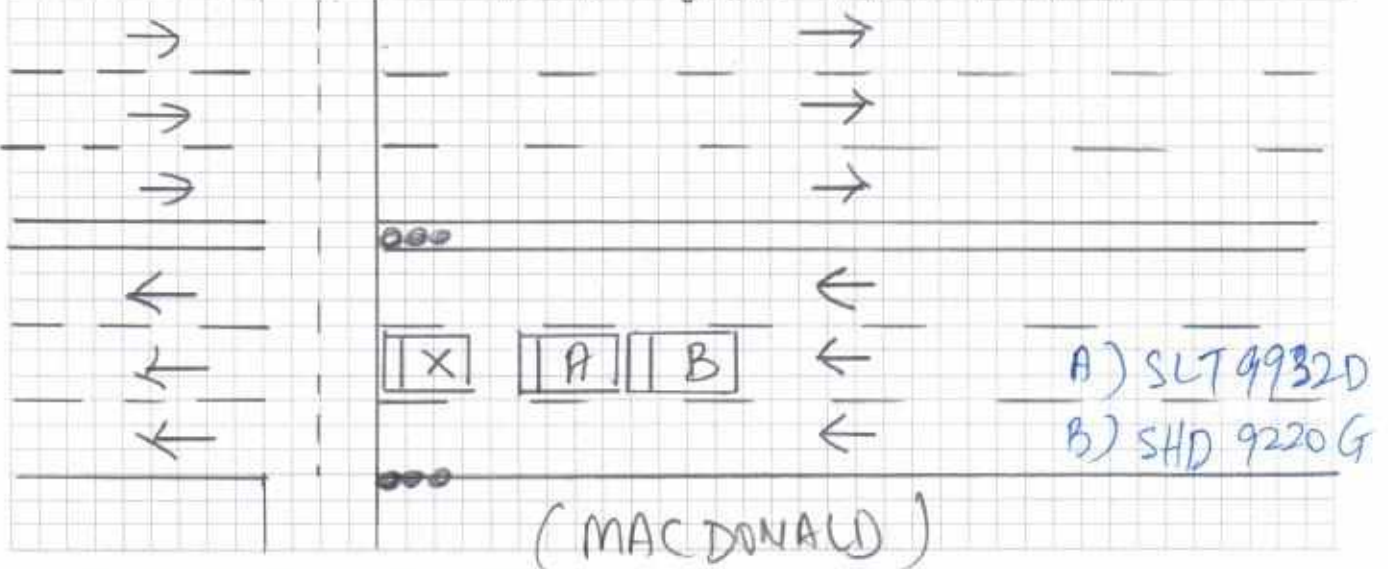
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

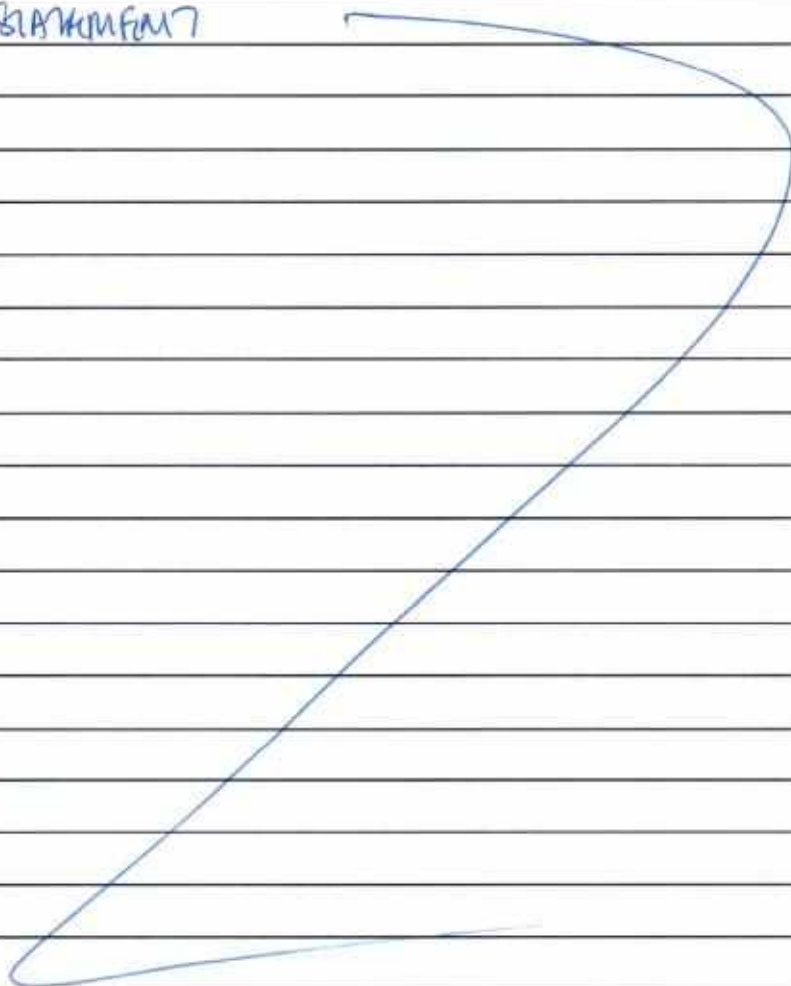
SKETCH PLAN

(SPR STATION)
ALONG JALAN BUKIT MERAH



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER STATEMENT



DECLARATION

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

Policyholder's Signature

Date & Time: 23 MAY 2019
180514H

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 MAY 2019 (DD/MM/YYYY), TIME: 17:15 (HH:MM)

LOCATION: ALONG JAJAN BUKIT MERAH
(GATEWAY THEATRE)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLT 9982 D
 b) INSURANCE COMPANY: AIA
 c) POLICY NUMBER: 1800122354
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA HILUX
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING WORK
 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: GOH GEE QUEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7023268E CONTACT: 91882268
 c) ADDRESS: BK 571B WOODLAND AVE 1 #09-914
S(732571)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GOH GEE QUEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7023268E CONTACT: 91882268
 c) ADDRESS: AS ABOVE

* d) DATE OF BIRTH: 18 / 07 / 1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: SHD 9220 G MODEL: TOYOTA
 b) DRIVER'S NAME: TAY WEE KENG (ZHENG WEI QING)
 c) NRIC/FIN/PASSPORT: S8221972B CONTACT: 94302445

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(01)

* No of passenger
(Including driver)
(02)

* No of passenger
(Including driver)
()

email = 91882268.juliet@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7023268E



Name

GOH GEK QUEE

吴玉桂

CHINESE

Date of Birth

18-07-1970

Country of Birth

SINGAPORE

Sex

F

S7023268E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7023268E

Name

GOH GEK QUEE

Birth Date 18 Jul 1970

Issue Date 15 Sep 2003



1311184

NRIC No: S7023268E



Blood Group: Date of Issue

O+ 27-09-1993

APT BLK 571B WOODLANDS AVENUE 1 #09-914
SINGAPORE 732571

NRIC No: S7023268E

Date: 20/12/2012

No: 7270495

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

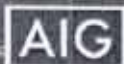
PASS DATE

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

10 Sep 1996

NP 428A





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : GOH GEK QUEE
Period of Insurance : 20 Nov 2018 To 19 Nov 2019
Engine No. : 2A24A71417
Chassis No. : ACR507144801

Vehicle No. : SLT9932D
Policy No. : 1800122355
Endorsement No. :
Issued Date : 16 Oct 2018

ABOUT THE COVER

Make/Model : TOYOTA ESTIMA AERAS 2.4 [Sedan]
Engine Capacity/Tonnage : 2,362 00 CC Sum Insured : Market Value First Year of Registration : 2017
Driver Restriction : NA Off Peak Car : No 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 "Inexperienced Driver Excess" ("IDEX") 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 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. 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 - \$500 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

GOH GEK QUEE - \$800 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For 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: 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, 1959 (Malaysia).

0503154000

KOH SOOK YUENG

371 ALEXANDRA ROAD #06-02 AIA ALEXANDRA

SINGAPORE 159963 SP-TANKENGLU-PG

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SOOK YUENG KOH

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: 21MA4506651 Vehicle Registration No: SLT 9932D
Name (as shown in NRIC): Goh Gek Kuan NRIC/FIN/Passport No: S7023768E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 91882262
Email Address: _____
Date of Accident: 23/05/2019 Time of Accident: 17:15
Place of Accident: Along Jln Bukit Merah near MacDonald
Insurance Company: AIU

(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:

Insured Vehicle number 20 SLT 9932D

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Poh Heng
NRIC/FIN No.: 2705/2019
Date: