

NATIONAL Assessment Centre Services.

(with 1 Jan 2005)

MUA419135463

Date In: 12/10/2019 15:16	Job description	Date & Time Completed	Done by
Ref No: NA/1919018001/4	SAS e-filing		
Veh No: SKR 6734S	E-mail (to John Shee, AIC 2hrs)		
DOA: 12/10/2019 13:15	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SKR 30427 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 repair.

() 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	By

NA190772	1) AR: Accident Reporting (\$30)	
Claimant's Signature:	2) DA: Damage Assessment (\$100) INC (\$40)	
Driver/Owner:	3) TP: Towing Fee \$40/245	
Contact No:	4) PT: Follow-Through Survey \$120	
Damaged Portion:	5) PT: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75	
Auditor's Comments:	7) NI: Idas DA + SMRT Survey \$160	
Date:	8) NTUC Additional Services:	
2/2	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NG: Repairs Co-ordination \$10	
	*NT: Post Repair Inspection \$23	
	*ND: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (N-INC) against INC \$20	
	9) NI: Idas Mobile \$0	
	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	12/10/2019 15:16
Date Of Accident	12/10/2019 13:15
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT BEFORE BKE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE6734S
Insured/Policyholder	
Name Of Registered Owner	HOO YONG JOO
NRIC No	S7521089B
Email Address	YONGJOO.HOO@SEAGATE.COM
Mobile Phone No	(LOCAL) +65-96976498
Alternative Phone No	OTHERS-96976498

Vehicle Particulars

Manufacturer	HONDA
Model	FREED
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	1800076417-01
Cover Note Number	

Driver

Name of Driver	HOO YONG JOO
NRIC No	S7521089B
Date Of Birth	07/07/1975
Occupation	INDOOR
Date Of Driving Pass	02/06/2003
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96976498
Fax Number	
Contact Number	OTHERS-96976498
Email Address	YONGJOO.HOO@SEAGATE.COM

Address 9 HAI SING CRESCENT
 Postcode 538947
 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 CHAIN COLLISION
 Weather Conditions RAINING
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 3
 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) 2
 Passenger 1
 NAME: : WIFE
 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

ON 12/10/2019 AT ABOUT 1315HRS I WAS AT PIE TOWARDS CHANGI BEFORE BKE EXIT THE FRONT CAR STOP SO I STOP, A FEW SECOND I FELT THE BUMP AND I CAME OUT AND SAW ANOTHER CAR SO TOTAL 3 CAR CHAIN COLLISION.

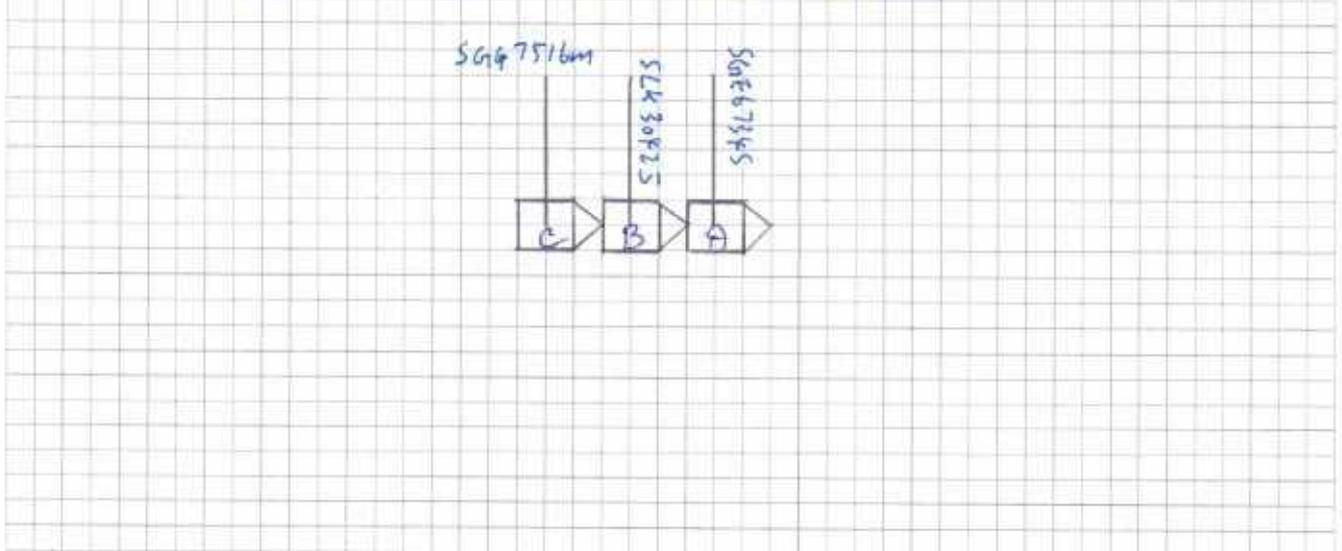
Attachment(s)

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 SLK3042J
 Vehicle Make/Model/Colour TOYOTA PRIUS
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

SKETCH PLAN PIE TOWARDS CHONGI AIRPORT, BEFORE BKE EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT.

DECLARATION

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

A.
Policyholder's Signature
Date & Time:
12/10/2019 3:10pm.
GIAARMC SketchPlanForm_V3

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

12/10/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 12/10/2019 (DD/MM/YYYY), TIME: 13:18 (HH:MM)

LOCATION: PIE towards Changi Airport before BKE EXIT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SAE67345
b) INSURANCE COMPANY: Alfa
c) POLICY NUMBER: 1800076417-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Freed
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: Hoo Yong 300 (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7521089B CONTACT: 96976498
c) ADDRESS: 9 HAI SING CRESCENT SINGAPORE 538987

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Hoo Yong 300 (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7521089B CONTACT: 96976498
c) ADDRESS: 9 HAI SING CRESCENT SINGAPORE 538987

*d) DATE OF BIRTH: 07/07/1975 (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: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Raining)

b) ROAD SURFACE: (DRY / WET / OTHERS WET)

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: SLK 3042 J MODEL: TOYOTA PRIUS
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SGA 7516M MODEL: Honda odyssey
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passengers
(Including driver)
(2)

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

email = Yong 300.hoo@seagate.com

VIDEO



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Hoo Yong Joo
Period of Insurance : 10 Jul 2019 To 09 Jul 2020
Engine No. : LEB5561463
Chassis No. : GB71034457

Vehicle No. : SGE6734S
Policy No. : 1800076417-01
Endorsement No. :
Issued Date : 09 Jul 2019

ABOUT THE COVER

Make/Model : HONDA FREED
Engine Capacity/Tonnage : 1,496.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
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 "Inexperienced Driver Excess" ("IDR") 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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, 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)

Hoo Yong Joo - \$600 (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: 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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0502263000

SAFE HARBOUR ASSURANCE AGENCY
 BLK 208 HOUGANG ST 21 #04-207
 SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Anile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Puay Khoo Goh