

# NATIONAL Assessment Centre Services

Date In: 08/11/19	Job description	Date & Time Completed	Done by
Ref No: NA/AIG/19019851/13	SAS e-filing		
Veh No: SJB 4343E	E-mail (within 8hrs, Aft. 2hrs)		
D.O.A: 07/11/19 1140	i-Motor Claim Form		
OD: (IP) 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: ( ZERO GRAVITY Tel: Fax: )

TP Particulars: Veh No: SKD 6650H 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

NA1908510	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	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		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	08/11/2019 14:32
Date Of Accident	07/11/2019 11:40
Exact Location Of Accident	SLIP RD FROM UPP CHANGI RD & SIMEI AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB4343E
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#### Insured/Policyholder

Name Of Registered Owner	SEET PO CHOO CYNTHIA
NRIC No	S1642237A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96458354
Alternative Phone No	OTHERS-96458354

#### Vehicle Particulars

Manufacturer	HYUNDAI
Model	GETZ
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	2100059067-11
Cover Note Number	

#### Driver

Name of Driver	SEET KOE BOON@CHING KOE BOON
NRIC No	S0218196G
Date Of Birth	25/10/1935
Occupation	INDOOR
Date Of Driving Pass	26/04/1955
Driving Experience	64 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96458354
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	5000M MARINE PARADE ROAD #06-53
Postcode	449294
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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)	3
Passenger 1	NAME: : DAISY SEET GENDER: : FEMALE
Passenger 2	NAME: : SALLY GONZALES 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	SKD6650H
Vehicle Make/Model/Colour	FIAT BRAVO GOLD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BAI CHI JEN
NRIC/Passport Number	S7615489I
Contact Number	96278339
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:

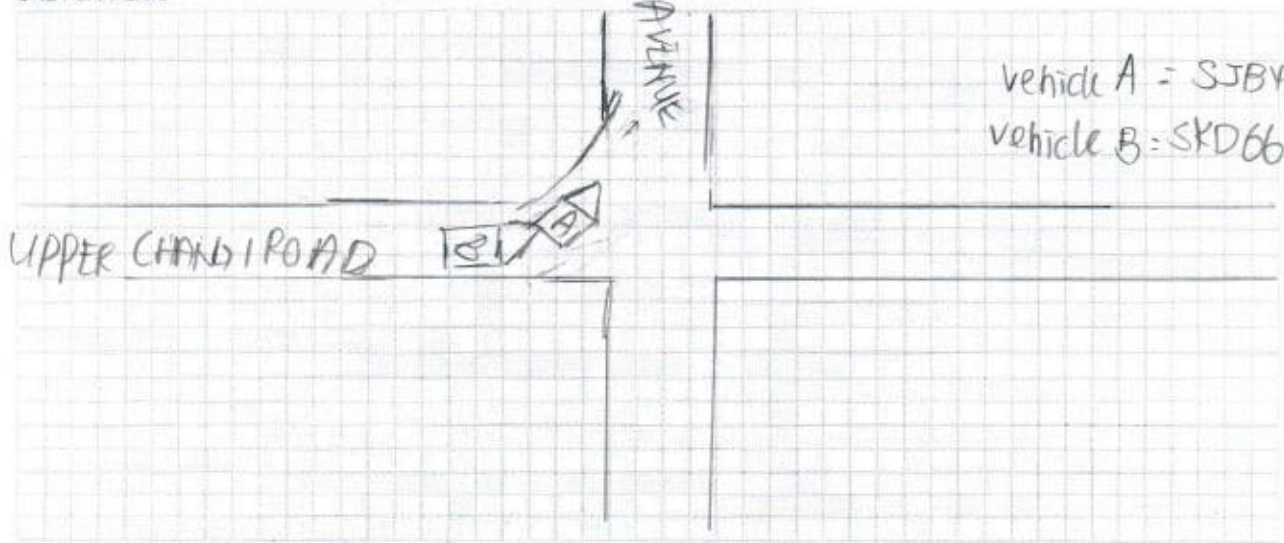
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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)

Report Centre Personnel's Signature  
Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle SJB 4343 E (A) was stationary waiting to turn into Simei Avenue. Vehicle (B) ~~SKB 6650H~~ SKD 6650H hit onto my rear.

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.:



**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 : MNA19148044 Vehicle Registration No: SIB 4343 F  
Name(s) shown in NRIC : SEET PO CHOO CYNTHIA NRIC/FIN/Passport No : S 1642237 A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 3D, JALAN SAMPURNA Singapore (268287)  
Contact (Tel) : +65 64656021 (Home) Mobile No.: +65 98359416  
Email Address : cynseet@yahoo.com  
Date of Accident : 7/11/19 Time of Accident : 11.40 am  
Place of Accident : Slip road from upper Changi Road and Ximxi Avenue  
Insurance Company: ALG

**(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:

Amend I/C from S0218196G to S1642237A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*

SEET PO CHOO CYNTHIA  
Policyholder / Driver's Signature  
Date: 11/11/19

lyn 11/11/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



# SINGAPORE ACCIDENT STATEMENT

## ACCIDENT STATEMENT

Date Of Accident \* 7-11-2019 Time 11:40 AM Hrs  
 Exact Location Of Accident \* SLIP ROAD from Upper Changi Rd and Simei Ave

## DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number \* STB 4343 E

Insured / Policyholder

Name of Registered Owner \* SEET PO CHOO, CYNTHIA

NRIC/FIN/Passport Number \* 5021819616

Vehicle Particulars

Manufacturer HYUNDAI

Model GET 2

Exact Purpose for which vehicle was being used at time of accident

\* Private use ☒ Commercial use ☐ Hire & reward ☐  
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?

\* Yes ☐ No ☒ Others

If No, please state action to be taken

\* Third Party Claim ☒ Reporting Only ☐

Vehicle Category

\* Private ☒ Commercial ☐ Motorcycle ☐

Insurance Company

Name of Insurance Company \* AIG

Type of Coverage \* Comprehensive

Fleet Policy Yes ☐ No ☒

Policy Number \* 2100059067-11

Cover Note Number

Driver

Name of Driver \* SEET KIE BOON

NRIC/FIN/Passport Number \* 5021819616

Date of Birth \* 25-10-35

Occupation \* RETIREE

Date of Driving Pass \* 26/4/1955

Gender \* Male ☒ Female ☐

Mobile Number \* 96458358

Address \* 5800M Marine Parade Rd, #06-53-5449294

Email Address

Was driver an employee of the Insured's Company?

\* Yes ☐ No ☒

If no, Relationship of the Driver with the Insured

\* SON FATHER

SAS 1

passenger : 3 person.

Female : DAISY SEET

Female : SALLY GANZALES



Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
<b>General Information of the Accident</b>			
Type of Accident	FRONT TO * Rear Damage		
Weather Conditions	* Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="text"/>
Road Surface	* Dry <input checked="" type="checkbox"/>	Wet <input type="checkbox"/>	Others <input type="text"/>
<b>Other Information</b>			
Was any body injured in the Accident?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Was any other material or property damaged?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Details of Injured Persons</b>			
Name	*		
Address			
Approximate Age	*		
Injuries Sustained	*		
If vehicle Occupants, state in which vehicle?			
Were seat belts worn?	* Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Details of Police Action</b>			
Was the Accident reported to the Police?	* Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, please state which Police Station			
Was notice of intended Prosecution given?	* Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, against whom?			
<b>DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)</b>			
Vehicle Registration Number	* SKD 6650 H		
Vehicle Make / Model / Colour	FIAT BRAVO GOLD		
Detail Of Properties	FRONT DAMAGE		
Name of Driver	* BAI CHI JEN		
NRIC/Passport Number	S7615489 I		
Contact Number	* 96278339		
Email Address			
Address			
Insurance Company Name			
Nature of Damage			
<b>Details Of Witness</b>			
Name			
Phone Number			
Email Address			



# CERTIFICATE OF INSURANCE

## UTO PROTECTOR (DELUXE) PRIVATE VEHICLE

Name of Policyholder : Seet Po Choo Cynthia  
 Period of Insurance : 14 Jan 2019 To 13 Jan 2020  
 Engine No. : G4EE7708322  
 Chassis No. : KMHB51DR7U683399

Vehicle No. : SJB4343E  
 Policy No. : 2100059067-11  
 Endorsement No. :  
 Issued Date : 30 Nov 2018

### ABOUT THE COVER

Make/Model : HYUNDAI GETZ 1.4  
 Engine Capacity/Tonnage : 1,399.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :

Sum Insured : Market Value  
 Off Peak Car : No

First Year of Registration : 2008  
 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 - \$0 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen : \$0

Named Driver and Excess (where applicable)

Seet Po Choo Cynthia, Seet Koe Boon, Tay Aik Wen

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

1. Komoco Motors Pte Ltd Add: 253 Alexandra Road Singapore 159936 64735588

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](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: 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).

0500581318

KOMOCO TRADING PTE LTD-JAS  
 253 ALEXANDRA ROAD  
 SINGAPORE 159936 AYSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

SSCNPV

For more information, please contact our 24-hour accident emergency hotline at +65 6338 6200 or visit our website [www.aig.com.sg](http://www.aig.com.sg)



## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.

**SJB4343E**

Make / Model

**HYUNDAI / GETZ1.4 5DRA**

Vehicle Type :

**P10 - Passenger Motor Car**

Vehicle Attachment 1 :

**No Attachment**

Vehicle Scheme :

**Normal**

Chassis No. :

**KMHBU51DR7U683399**

Propellant :

**Petrol**

Engine No. :

**G4EE7708322**

Motor No. :

-

Engine Capacity :

**1399 cc**

Power Rating :

-

Maximum Power Output :

**69.9 kW (93 bhp)**

Maximum Laden Weight :

**1540 kg**

Unladen Weight :

**1055 kg**

Year Of Manufacture :

**2007**

Original Registration Date :

**14 Jan 2008**

Lifespan Expiry Date :

-

COE Category :

**A - Car (1600cc & below)**

PQP Paid :

**\$21,349.00**

COE Expiry Date :

**31 Dec 2022**

Road Tax Expiry Date :

**13 Jan 2020**

PARF Eligibility Expiry Date :

-

Inspection Due Date :

**13 Jan 2021**

Intended Transfer Date :

**09 Nov 2019**

CO2 Emission :

-

CEV/VES Rebate Utilised Amount :

-

CO Emission :

-

HC Emission :

-

NOx Emission :