

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

MAA 15/50182

Date In: 13/11/2019 14:10	Job description	Date & Time Completed	Done by
Ref No: MAA 15/5020128/4	SAS e-illing		
Veh No: BDK 3131L	E-mail (to Johna Blue, AIC 2 hrs)		
DOA: 12/11/2019 13:00	I-Motor Claim Form		
OID: TP / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJF 7281C	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 ()	

() 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 Done:	By:

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$100	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$5	
	TP (NI) + TP (INC) against INC \$20	
	9) NI: Idea 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	13/11/2019 14:10
Date Of Accident	12/11/2019 13:00
Exact Location Of Accident	BUYONG ROAD ON THE WAY TO CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDE3131L
Insured/Policyholder	
Name Of Registered Owner	KWEK CHOON ENG AGNES
NRIC No	S1752135G
Email Address	AGNESKWEK77@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96383189
Alternative Phone No	OTHERS-96383189

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 DUAL VVT-I (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	2100422359-04
Cover Note Number	

Driver

Name of Driver	KWEK THIAN TIONG @ MICHAEL KWEK
NRIC No	S0001431A
Date Of Birth	21/06/1942
Occupation	INDOOR
Date Of Driving Pass	17/03/1961
Driving Experience	58 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96383189
Fax Number	
Contact Number	OTHERS-96383189
Email Address	AGNESKWEK77@GMAIL.COM

Address	31C LOWLAND ROAD
Postcode	547428
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	SIDE SWIPE
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: : GRAND DAUGHTER 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

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	SJK7231C
Vehicle Make/Model/Colour	TOYOTA AXIO
Details Of Properties	
Vehicle Category	PRIVATE CAR
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.

Policyholder's Signature

Date & Time:

12 Nov 19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

12 Nov 2019

Reporting Centre Personnel's Signature

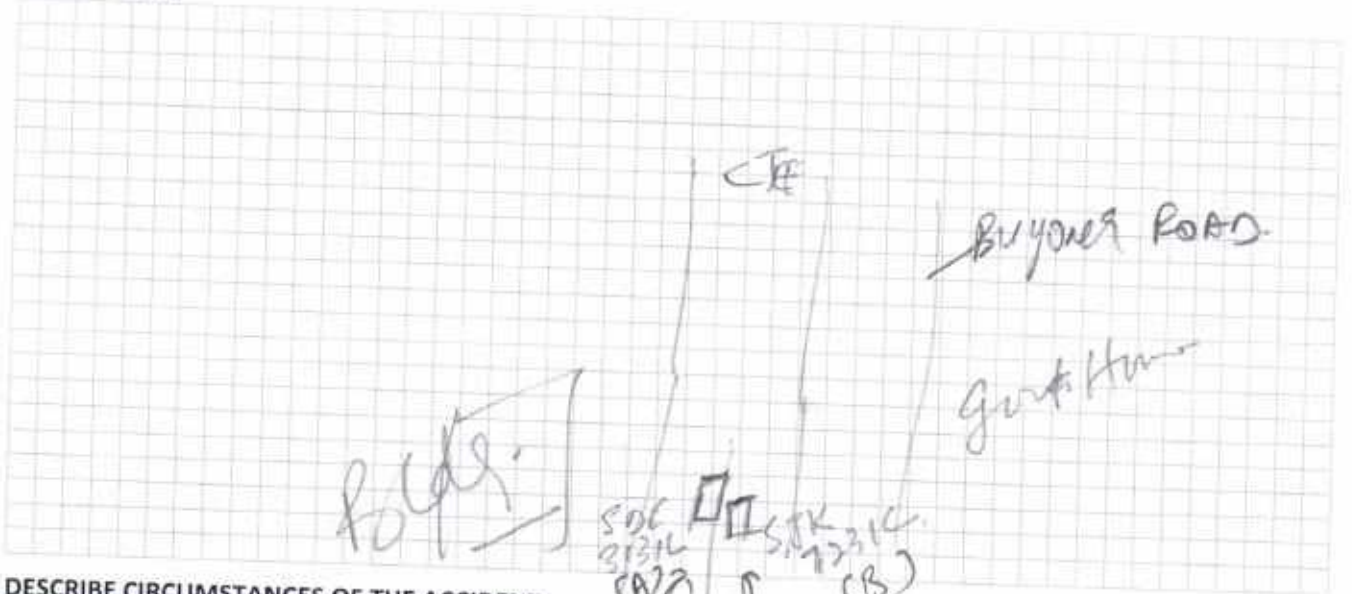
Name:

NRIC/FIN No.:

13/11/2019

Roshan Chandra

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS I WAS TRAVELLING ALONG BUYONG ROAD, AND GOING TOWARDS CTE, A TOYOTA AXIO CAR PLATE NO. SJK 7231C CAME BEHIND ME AND HIT ME.

DECLARATION

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

Policyholder's Signature
Date & Time:

12 Nov 2019

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

12 Nov 2019

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

13/11/2019
Rafiqi

ACCIDENT STATEMENT

ACCIDENT DATE: (12/11/2019) (DD/MM/YYYY), TIME: (1:00) (HH:MM)

LOCATION: Beside President House on the way to CTC

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDE 3131 L
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 2100422359-04
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA COROLLA ALTI 1.6 Dual
 f) TYPE (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO DAMAGE
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: KWEK CHON ENG AGNES (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S19521356 CONTACT: _____
 c) ADDRESS: 31 C LOWLAND ROAD
5547426

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: KWEK THIAN TIONG G MICHAEL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0001431 A CONTACT: 96383189
 c) ADDRESS: 31 C LOWLAND ROAD
5547426

* d) DATE OF BIRTH: (21/06/1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) RETIRED

f) DATE OF DRIVING PASS 17 MARCH 1961

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: PAROM

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: SJK 7231 C MODEL: TOYOTA AXIO
 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 = agneskek77@gmail.com

VIDEO

AUTOPLUS PRIVATE VEHICLE

Policy No. : 2100422359-04
 Period of Insurance : 24 Jul 2019 to 23 Jul 2020

Issued Date : 22 Jul 2019

ABOUT THE POLICYHOLDER

Name of Policyholder : Kwek Choon Eng Agnes
 Address : 991 Bukit Timah Road
 #01-01
 SINGAPORE 589630
 Occupation/Nature of Business : Executives

ABOUT THE VEHICLE

Registration No. : SDE3131L
 Chassis No. : MR053REH104537652
 Seating Capacity : 4
 Make/Model : TOYOTA COROLLA ALTIS 1.6 DUAL
 Hire Purchase Company/Employer's Loan : HONG LEONG FINANCE LTD
 Engine Capacity/Tonnage : 1,598.00 CC
 Engine No. : 1ZRX527592
 Body Type : Sedan
 First Year of Registration : 2015

ABOUT THE COVER

Sum Insured : Market Value
 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 "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.

Other Key Policy Benefits :

Act of God, Loss of Use 1500cc - 1800cc Optional, PA to Authorised Driver / Unnamed Passengers- \$10000, Strike, Riots and Civil Commotions, Dealer (First 3 years from original registration) + AIG
 Authorised Workshops, Key Replacement Cover- \$800, PA Insured- \$50000, Waiver of Excess, In-Car Camera Excess Waiver

EXCESS

Section 1
 Fire - \$0, Own Damage - \$2000, Theft - \$0, Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver
 Kwek Choon Eng Agnes - \$2000 (Own Damage)

PREMIUM

Premium : \$ 4,552.91
 GST (7%) : \$ 318.70

Total : \$ 4,871.61

Your Premium includes the following discount(s).
 Loyalty Discount - 5.00%, No Claim Discount - 0%