NATIONAL Assessment Centre Services. [wef 1 Jan'05] . MNA4(9155556

	Job description	Date &Time Completed	Done by
Date In: 25/4/2019 16/21.			
Ref No: NA4/04/19020822/4	SAS e-filing		
Veh No: SGG 5597G	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 23/4/2019 09:30	I-Motor Claim Form		
OD / (TP) / 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 / OW: (Tel: Fax:)

TP Particulars: Veh No: SLS 8288L . 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 / Customer Requests	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

NA/908857

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Cat. 1:

1 2 / 3

Invoice/Billing Details		Fee	Date Invoiced
1) AR : Accident Reporting	($30)		
2) DA : Damage Assessment	($100)	INC ($80)	
3) TF : Towing Fee		$40/$45	
4) PT : Follow-Through Survey		$120	
5) PT : Follow-Through Survey (Resurvey)		$30	
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection		$75	
7) N1 : Idea 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	
TP (N11) : TP (Non INC) against INC		$30	
9) N13: Idea Mobile		30	
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	25/11/2019 16:21
Date Of Accident	23/11/2019 09:30
Exact Location Of Accident	OPEN CAR OF BLOCK 56 NEW UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG5597G

Insured/Policyholder

Name Of Registered Owner	LIM SIEW YOKE
NRIC No	S1835164A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90233392
Alternative Phone No	OTHERS-90233392

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
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	2100377906-05
Cover Note Number	

Driver

Name of Driver	LIM SIEW YOKE
NRIC No	S1835164A
Date Of Birth	13/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1979
Driving Experience	40 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90233392
Fax Number	
Contact Number	OTHERS-90233392
EMail Address	NOEMAIL

Address	BLK 107 SIMEI STREET 1 #11-828
Postcode	520107
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	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: : CHAN KAM BOAW 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 AND ATTACHMENT

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	SLS8238L
Vehicle Make/Model/Colour	
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

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

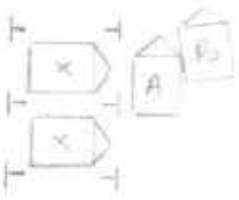
25/11/2019

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

SKETCH PLAN

BLK
56

S(461056)



A = SJG5597G

B = SLS8238L

Open Carpark of

BLK 56 New Upper Chang Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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:

25/4/2018

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

On 23.11.19 at about 09:30 hours at Open Carpark of BLK 56 New Upper Changi Road. I was stationary at the above mentioned open carpark and waiting for an available lot to park my vehicle (A). Suddenly I heard a loud bang and felt an impact. When I alighted I realised vehicle (B) had collided onto front right hand side portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SJG 5597G

Vehicle (B): SLS 8238L

25/11/2019

SINGAPORE ACCIDENT STATEMENT

Accident Date: 23/11/2019 Time: 09:30 (hh:mm) 24 hr format	
Location Open Carpark of Blk 56 New Upper Changi Road.	
Vehicle Number SJG 5597G	
Insured Name Lim Siew Yoke	
NRIC /FIN S1835164A Contact Number 90233392	
Make Toyota Model Allion	
Are you claiming under your own insurance policy for repair to your vehicle?	
( ) Yes If No,Pls select: (✓) Third Party ( ) Reporting	
Insurance Company AIG	
Type of Policy (✓) Comphensive ( ) Third Party Fire & Theft ( ) TP Only	
Policy Number 2100377906-05	
Name of Driver Lim Siew Yoke (✓)Same as Insured	
NRIC / FIN S1835164A Contact Number 90233392	
Date of Birth 13/12/1955	
Driving Pass Date 29/06/1979	
Occupation ( ) Indoor (✓) Outdoor	
Gender ( ) Male (✓) Female	
Email Address 0190233392@gmail.com ( )NO EMAIL	
Address of Driver Blk 107 Simei Street 1 #11-826 Singapore 520107	
Was driver an employee of the Insured's Company? ( ) Yes (✓) No	
If No, Relationship of the Driver with the Insured	
(✓) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling	
Does the Driver Own Any Other Vehicle ? ( ) Yes ( ) No	
If Yes , Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	
Weather Conditions (✓) Clear ( ) Raining ( ) Others	
Road Surface (✓) Dry ( ) Wet ( ) Others	
Was any foreign vehicle involved in this accident? ( ) Yes (✓) No	
Was anybody injured in the accident? ( ) Yes (✓) No	
If yes , injured detail	
Was there any video captured by Car Camera? ( ) Yes (✓) No	
Was the Accident reported to the Police? ( ) Yes (✓) No If yes attach police report	
DETAILS OF 3rd party Name / Nric Contact	
Veh B SLS8236L	
Veh C	
Veh D	
Veh E	
Veh F	

Driver + 1 passenger

Passenger : Chan Kam Boon (F)

AIG

CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder	: Lim Siew Yoke		
Period of Insurance	: 07 Jul 2019 To 06 Jul 2020	Vehicle No.	: SJG5597G
Engine No.	: 1NZD053067	Policy No.	: 2100377906-05
Chassis No.	: NZT2603026451	Endorsement No.	:
		Issued Date	: 26 Jun 2019

ABOUT THE COVER

Make/Model : TOYOTA ALLION 1.5 [Sedan]
Engine Capacity/Tonnage : 1,496.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2008
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" ("IDE") 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), 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)

Lim Siew Yoke - $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 6300. 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: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

I/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, 1959 (Malaysia)

0593484000

NG SAY HANN
371 ALEXANDRA ROAD #12-31 AIA ALEXANDRA
SINGAPORE 159963 SP-GOHBOCKSENG
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE SAY HANN NG