

NATIONAL Assessment Centre Services.

[ver 1 Jan'09]

MMA 119155658

Date In: 25/11/19 17:13	Job description	Date & Time Completed	Done by
Ref No: NA/AIG 19020833/44	SAS e-illing		
Veh No: SMF 9170 Y	E-mail (within 2hrs, AIG 2hrs)		
TPA: 25/11/19 12:00	I-Motor Claim Form		
(ID) <input checked="" type="checkbox"/> 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/VKSM		

Preferred Wksp / INC Assgn Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: SJV 79092	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: YBS () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of rapairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Reminders:	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	Action

NA 1908827	Invoice Item	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30)			30.00
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TP: Towing Fee		\$40/\$45	
4) PT: Follow-Through Survey		\$120	
5) PT: Follow-Through Survey (Resurvey)		\$30	
For claimant against INC Only (ver 10 Jan 2003)			
6) TR: Re-inspection		\$75	
7) NI: Idao DA + SMRT Survey		\$160	
8) NTUC Additional Services:			
Q1:			
*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		\$20	
9) N12: Idao Mobile		\$0	
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

22/23

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 17:13
Date Of Accident	25/11/2019 12:00
Exact Location Of Accident	JLN BAHAR TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF9170Y
Insured/Policyholder	
Name Of Registered Owner	LIM CHIN HUAT
NRIC No	S1751084C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97960274
Alternative Phone No	OFFICE-97960274

Vehicle Particulars

Manufacturer	CITROEN
Model	GRAND C4
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	1800133150
Cover Note Number	

Driver

Name of Driver	LIM XIN YOU ALTON
NRIC No	S9449429Z
Date Of Birth	28/12/1994
Occupation	INDOOR
Date Of Driving Pass	24/03/2016
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97960274
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 25 SIN MING RD #08-90
Postcode	570025
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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)	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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV7909Z
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)	

DETAILS OF INJURED PERSON 1

Name	LIM XIN YOU ALTON
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SMF9170Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN


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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:

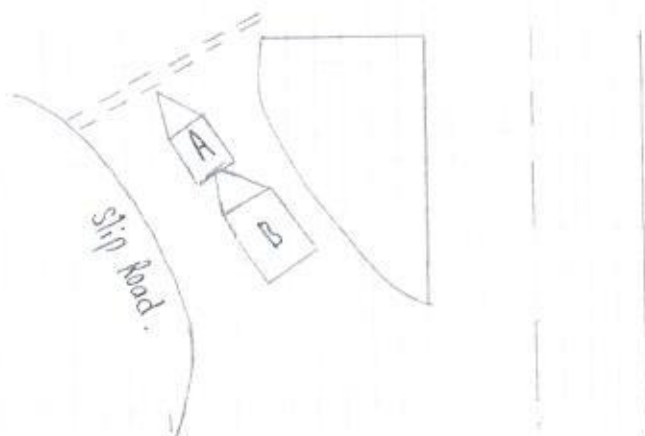


Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

B: SJV 7909Z



On 25.11.2019 at about 12 pm . I was travelling along Jalan Bahar Towards PIE . I slow down to look for incoming traffic Suddenly Vehicle B hit my vehicle from the rear .

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

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

Date of Accident : 25.11.19 Accident Time: 12 pm (24-HR-Format)
Accident Place : Jalan Bahar Towards PIE
Vehicle No. (Car Plate No.) : SMF 9176Y Make/Model: _____
Insurance Company : AIG Policy No: 1800133150
Owner or Company Name / IC No. : Lim chin Huat (S1751084C)
Owner or Company Contact No. : - Owner's Mp - Company Tel
DRIVER'S Name / IC No. : Lim Xin You Alton (S9449429Z)
DRIVER'S Date Of Birth : 28.12.1994 DRIVER'S License Pass Date : 24.03.2016
Relationship of Owner & Driver : Spouse Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : Blk 25 Sin Ming Road #08-90 (S) 570025
DRIVER'S Contact No. / Alt No. : (1) 9796 0274 (2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1 Driver Only
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Yes (Neck & Back) .

Other Party Driver's Particular (if any)

Vehicle No: <u>STY 7909Z</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

R



CERTIFICATE OF INSURANCE

CITROEN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LIM CHIN HUAT
Period of Insurance : 29 Nov 2018 To 28 Nov 2019
Engine No. : 10FJCC2406257
Chassis No. : VF73A5GZTJJ536343

Vehicle No. : SMF9170Y
Policy No. : 1800133150
Endorsement No. :
Issued Date : 05 Dec 2018

ABOUT THE COVER

Make/Model : CITROEN Grand C4 Picasso 1.6 THP
Engine Capacity/Tonnage : 1,598.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Off Peak Car
Market Value : No
First Year of Registration : 2018
Insuring with COE/PARE : 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 Inexperienced Driver" (YID) if You are Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 3 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 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 188) 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LIM CHIN HUAT - \$600 (Own Damage)

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

1 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708500
2 Cycle & Carriage Body & Paint Centre Add: 209 Pardon Gardens Singapore 600329 65604501

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 50 Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Standard Chartered Bank (Singapore) Limited

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. 188), the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

02847623

CLE & CARRIAGE - CHANTE

1 ALEXANDRA ROAD

SINGAPORE 159630

Insured by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte.
AUTHORISED REPRESENTATIVE

AIG Asia Pacific Insurance

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