

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

NA489164351

Date In: 13/12/2019 17:44	Job description	Date & Time Completed	Done by
Ref No: NA/19094622025/Y	SAS e-illing		
Veh No: SKA 347TP	E-mail (to/for 3hrs, AIC 2hrs)		
Q.O.A: 12/12/2019 15:15	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (Withins: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkan		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: XD 8557C	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:	
()	Walle-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: ()	
Repairer's Requirements:	
1)	Apply for Transport Allowance () / Courtesy Car ()
2)	QC Check / Post Repair Inspection ()
3)	Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:	
Date Time:	
Location:	
Weather:	
Road Condition:	
Witness:	
Signature:	

NA1909463	Invoice Information	Invoice No:	Invoice Date:
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 (Bug-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
	7) NI: 1 day DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$3		
	*NS: Repairs Coordination \$10		
	*PT: Post Repair Inspection \$25		
	*NS: DV / Collect Excess Coordination \$3		
	TP (NI): TP (Non INC) against INC \$20		
	9) NI: 1 day 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	13/12/2019 17:44
Date Of Accident	12/12/2019 15:15
Exact Location Of Accident	LORNIE ROAD VIADUCT TOWARDS QUEENSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP3471P
Insured/Policyholder	
Name Of Registered Owner	CHAN YEW CHOONG
NRIC No	S1826683J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93385883
Alternative Phone No	OTHERS-93385883

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	2100384201-05
Cover Note Number	

Driver

Name of Driver	LEE BEE BEE
NRIC No	S7004026C
Date Of Birth	16/01/1970
Occupation	INDOOR
Date Of Driving Pass	04/10/1988
Driving Experience	31 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93385883
Fax Number	
Contact Number	OTHERS-93385883
Email Address	NOEMAIL

Address	4 CHOA CHU KANG GROVE #09-07
Postcode	688239
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	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

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	XD8557C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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5. **Any false reporting may be referred to the Police for investigation.**
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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:

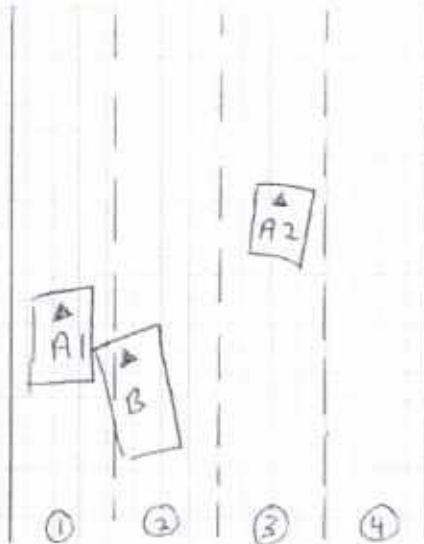
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

Reporting Centre Personnel's Signature
Name: 13/12/2019
NRIC/FIN No.: Reda

SKETCH PLAN



Lornie Viachet towards Queensway
 Vehicle A: SEP 3471P
 Vehicle B: XD 8557C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling straight on my rightful lane. Suddenly Vehicle B hit onto my vehicle right portion. The impact is so huge it caused my vehicle to swerve to lane 3. My tyres and rim are damaged due to this accident and my alignment are off too.

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.:

13/12/2019
 Resa
 [Signature]

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 12/12/2019 (dd/mm/yy) Time of Accident: 15:15 (24-HR-FORMAT)
Vehicle No.: SKP 3471 P Vehicle Make & Model: Hyundai Elantra
Exact location of Accident: Lornie Viaduct twds Queensway
Policyholder's Name / IC No.: Chan Yew Chong / S1826683J
Driver's Name / IC No.: Lee Bee Bee S7004026C (As Above) ☐
Driver's Contact No.: 9338 5883 Company Contact No.: _____
Driver's Address: 4 Choa Chu Kang Grove #09-07 S(688239)
Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver: Spouse or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name: _____

Gender: _____

Passenger Name: _____

Gender: _____

Weather condition & Road conditions* (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustained: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: XD 8557 C

Driver's Contact No.: _____ Insurance Company (If any): _____

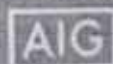
2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

* If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



CERTIFICATE OF INSURANCE

HYUNDAI AUTO PROTECTOR (DELUXE) PRIVATE VEHICLE

Name of Policyholder : Chan Yew Choong
 Period of Insurance : 02 Sep 2019 To 01 Sep 2020
 Engine No. : G4FGEU026520
 Chassis No. : KMHDH41CMEU208466

Vehicle No. : SKP3471P
 Policy No. : 2100354201-05
 Endorsement No. :
 Issued Date : 02 Aug 2019

ABOUT THE COVER

Make/Model	HYUNDAI ELANTRA ELITE			First Year of Registration	2014
Engine Capacity/Tonnage	1,591.00 CC	Sum Insured	Market Value	Insuring with CDE/PAF	Yes
Driver Restriction	NA	Off Peak Car	No		
Person or Classes of Persons Entitled to Drive*					

* The Policyholder
 (1) Any other person who is driving on the Policyholder's behalf or with his/her permission.
 This Policy will provide for the Policyholder or any authorized driver only if he/she meets the specified age condition.
 You have to get an additional sum of \$1,000 as "Inexperienced Driver Excess" (IDR) if you are or your Authorized 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 to reward, driving school, driving test, racing, pace-making, reliability trial or speed-testing. The coverage of parts other than suppliers in connection with any trade or business or use for any purpose in connection with Motor Trade.

Limit of Use : 1500cc - 1600cc

* Limitations imposed inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 199), Section 85 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2015, 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)

Chan Yew Choong

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

1. Kumon Motors Pte Ltd, Unit 253 Alexandra Road, Singapore 150036 64720088

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. 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: DBS BANK LTD

This Policy covers the Policy in which this Certificate of Insurance is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 199), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2015 and Motor Vehicles (Third Party Risks) Policy, 1993 (Malaysia).

9900581282

AGMOCO TRADING PTE LTD-PAF

203 ALEXANDRA ROAD

SINGAPORE 150036

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE