

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA 12005145

Date In: 12/1/05-10:32	Job description	Date & Time Completed	Done by
Ref No: NA/16/2005/16/24	SAS e-filing		
Veh No: J6W3518A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 12/1/05-07:32	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 / QW: (

Tel:

Fax:

TP Particulars:

Veh No: JMDW02

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: ( )

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

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

In Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD:

\*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: Idac Mobile 30

Invoice dated Fee Charged

Invoice dated Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2/3:

## 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	13/01/2020 10:32
Date Of Accident	10/01/2020 07:30
Exact Location Of Accident	BEDOK SOUTH RD NEAR UPP EAST COAST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW3518A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JIMMY SUROTO
NRIC No	SXXXX168D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98239765
Alternative Phone No	OFFICE-98239765

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8 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	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	2100420609-04
Cover Note Number	

### Driver

Name of Driver	JIMMY SUROTO HUANG
NRIC No	SXXXX168D
Date Of Birth	06/03/1973
Occupation	INDOOR
Date Of Driving Pass	22/07/2000
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98239765
Fax Number	
Contact Number	OFFICE-98239765
Email Address	NOEMAIL

Address	6 JALAN TUA KONG #01-13
Postcode	457269
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	COLLISION - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : JUNE YO 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

REFER TO 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	SMD240Z
Vehicle Make/Model/Colour	MERCEDES E300/ SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QIU XIAOYUE
NRIC/Passport Number	GXXXX048K
Contact Number	98953637
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	JUNE YO
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SGW3518A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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.



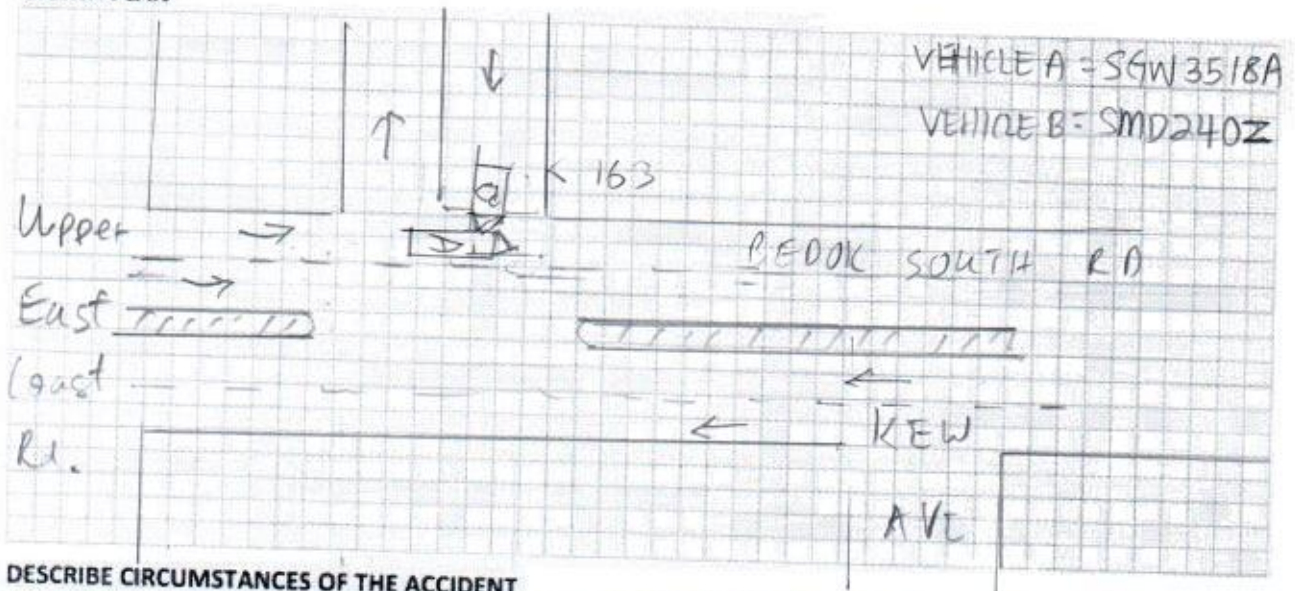
Policyholder's Signature  
Date & Time:

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



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bedok South Road when vehicle B approached on my left without stopping, and hit onto the left side of my car.

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

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

# SINGAPORE ACCIDENT STATEMENT

## ACCIDENT STATEMENT

Date Of Accident \* 10/1/2020 Time 7.30 Hrs

Exact Location Of Accident \* BEDOK SOUTH ROAD near Upp. East Coast junction

## DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number \* SGW 3518 A

Insured Policyholder

Name of Registered Owner \* JIMMY SUROTO HUANG

NRIC/FIN/Passport Number \* S7377168D

Vehicle Particulars

Manufacturer HONDA

Model STREAM

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

Fleet Policy

Yes ☐ No ☐

Policy Number

\* 2100420609-04 V2

Cover Note Number

Driver

Name of Driver \* JIMMY SUROTO HUANG

NRIC/FIN/Passport Number \* S7377168D

Date of Birth \* 6/3/1973

Occupation \* Manager

Date of Driving Pass \* 22/7/2000

Gender

\* Male ☒ Female ☐

Mobile Number

98239465

Address

6 JALAN THAKONG 401-13  
SINGAPORE 457265

Email Address

JIMSUTO@gmail.com

Was driver an employee of the Insured's Company?

\* Yes ☐ No ☒

If no, Relationship of the Driver with the Insured

\*

SAS 1

1 driver, 1 passenger

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 SIDE (T JUNCTION)
Weather Conditions	* Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>
Road Surface	* Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others <input type="checkbox"/>
<b>Other Information</b>	
Was any body injured in the Accident?	Yes <input checked="" type="checkbox"/> No <input 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	* JUNE YO
Address	6 JALAN TUA KONG #01-13 SINGAPORE 457269
Approximate Age	* 47
Injuries Sustained	* NECK & BACK
If vehicle Occupants, state in which vehicle?	SGW3518A
Were seat belts worn?	* Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/> No <input checked="" 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	* SMD 240 Z
Vehicle Make / Model / Colour	MERCEDES / E300 / SILVER
Detail Of Properties	
Name of Driver	* QIU XIAOYUE
NRIC/Passport Number / FIN	G 6907048K
Contact Number	* 98953637 (HUSBAND: MR. TENG)
Email Address	
Address	
Insurance Company Name	
Nature of Damage	
<b>Details of Witness</b>	
Name	
Phone Number	
Email Address	



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Jimmy Suroto  
Period of Insurance : 13 Jul 2019 To 12 Jul 2020  
Engine No. : R18A1744728  
Chassis No. : RN61039637

Vehicle No. : SGW3518A  
Policy No. : 2100420609-04  
Endorsement No. :  
Issued Date : 07 Jul 2019

### ABOUT THE COVER

Make/Model : HONDA STREAM 1.8

Engine Capacity/Tonnage : 1,799.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2007

Insuring with COE/PAF : 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" (IDR) 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)

Jimmy Suroto - \$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 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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0501521000

CHOONG JOO CHUAN

46 JALAN RINDU

SINGAPORE 537532

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

AIGSGMOBILEAPP