

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MAN/0009547

Date In: 20/1/20-14:08	Job description	Date & Time Completed	Done by
Ref No: 14/1/20 00123/24	SAS e-filing		
Veh No: 14N3255	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 17/1/20 - 18/1/20	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: 5P16751

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

MAN/0009547	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Ref 1:	9) N12: Idac Mobile 30		
Ref 2 / 3:	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	20/01/2020 19:08
Date Of Accident	17/01/2020 18:10
Exact Location Of Accident	JUNC MARINA BLVD & SHEARES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3235S
Insured/Policyholder	
Name Of Registered Owner	ONG THIAM TECK
NRIC No	SXXXX220J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94551608
Alternative Phone No	OFFICE-94551608
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA6 SEDAN 2.0 AT EXECUTIVE 2WD
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	
Cover Note Number	1900142320

Driver

Name of Driver	ONG THIAM TECK
NRIC No	SXXXX220J
Date Of Birth	25/07/1955
Occupation	INDOOR
Date Of Driving Pass	19/12/1975
Driving Experience	44 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94551608
Fax Number	
Contact Number	OFFICE-94551608
EMail Address	NOEMAIL

Address	BLK 128 GEYLANG EAST AVENUE 1 #16-125
Postcode	380128
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 - CROSS JUNCTION
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?	
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: : - 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	SJP1675T
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HASHIMAH BINTE ABDUL HAMID
NRIC/Passport Number	SXXXX382F
Contact Number	87764065
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN


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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:

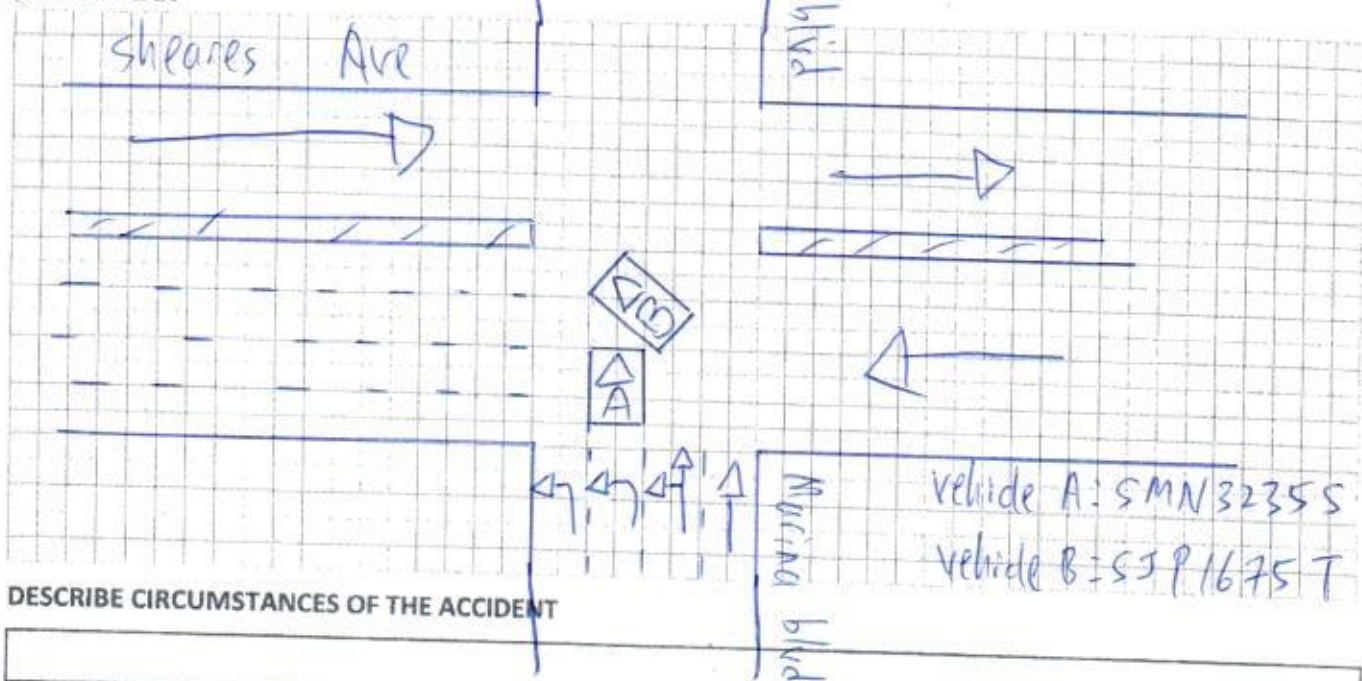
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

On the stated date & time, I vehicle A SMN3235S was driving along marina blvd twrds sheares Ave. When I reach the junction between Marina blvd & sheares Ave, and I turning left to sheares Ave. Suddenly, vehicle B SSP1675T cut into my lane & hit into my vehicle.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 17/01/2020 (DD/MM/YYYY), TIME: 18:10 (HH:MM)

LOCATION: Junction between marina blvd & shearcres Aves

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMN 32355
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 1900142320
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: MAZDA 6
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: ONG THAM TECK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 1132205 CONTACT: 94551608
 c) ADDRESS: BK 128, #16-125, Geylang East Ave 1, S 380128

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ONG THAM TECK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 1132205 CONTACT: 94551608
 c) ADDRESS: BK 128, #16-125, Geylang East Ave 1, S 380128

- * d) DATE OF BIRTH: 25/7/55 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR) / OUTDOOR
 f) YEARS OF DRIVING EXPERIENCE: 45 yrs

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS
 b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) (NO)

7. a) REPORTED TO POLICE (YES / NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJP1675T MODEL: Hyundai
 b) DRIVER'S NAME: Hashimah Binte Abdul Hamid
 c) NRIC/FIN/PASSPORT: S 8139382F CONTACT: 87764065

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (including driver)
(2)

(F/M)

1 F

1 M

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

email = Xin hua workshop @ gmail . com

fax =

VIDEO =



COVER NOTE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder	: Ong Thiam Teck	Vehicle No.	:
Period of Insurance	: 31 Jul 2019 to 30 Jul 2021	Cover Note No.	: 1900142320
Engine No.	: PE21260282	Endorsement No.	:
Chassis No.	: JM6GL1072K0312755	Issued Date	: 31 Jul 2019

ABOUT THE COVER

Make/Model	: MAZDA 6 2.0 SKYACTIV	Sum Insured	: Market Value	First Year of Registration	: 2019
Engine Capacity/Tonnage	: 1,998.00 CC	Off Peak Car	: No	Insuring with COE/PAF	: Yes
Driver Restriction	: NA				

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.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1997 (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)

Ong Thiam Teck - \$600 (Own Damage)

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

1 Trans Eurocars Pte Ltd Add: 27A Tanjong Pagar, Singapore 609042 63310608

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

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.
We hereby certify that this Cover Note 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, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

See Yoon Chan