

NATIONAL Assessment Centre Services

Jan 1 Jan 03, *NA 2001298*

Date In: <i>29/1/2020 15:08</i>	Job description	Date & Time Completed	Done by
Ref No: <i>XBA/819 20001576/4</i>	SAS e-filing		
Veh No: <i>8UE 4976P</i>	E-mail (E-jobs sheet, AIC sheet)		
O.O.A: <i>27/01/2020 05:00</i>	I-Motor Claims Form		
OD <input checked="" type="checkbox"/> TP: Reporting Only	I-Motor W/O (With/In OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wksp / INC Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: *GBC 9312B* 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 ( )

Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

Total Loss Case: to e-mail Insurer URGENTLY.

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

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$9000] ( )

Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<i>NA 2001082</i>	1) ARI: Accident Reporting (\$30)	
Claimant / Regulator	2) DA: Damage Assessment (\$100) INC (\$10)	
Driver/Owner:	3) TP: Towing Fee \$40543	
Contact No:	4) PF: Follow-Through Survey \$120	
Damage Portion:	5) PF: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection (for claiming assist) INC Only (as of 10 Jan 2020) \$75	
Advertiser's comments:	7) NI: IDao DA + SMRT Survey \$160	
Ref: 2/2	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NG: Repair Coordination \$10	
	*NT: Post Repair Inspection \$25	
	*NO: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (NS+INC) against INC \$20	
	9) NI: Idea Mobile \$0	
	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	29/01/2020 15:08
Date Of Accident	27/01/2020 05:00
Exact Location Of Accident	BLK 45 BENDEMEER ROAD CARPARK
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE4976P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOH CHIEW CHYE
NRIC No	SXXXX669H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96850547
Alternative Phone No	OTHERS-82828802

#### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	1900155970
Cover Note Number	

#### Driver

Name of Driver	SOH ZHEN BANG (SU ZHENBANG)
NRIC No	SXXXX185A
Date Of Birth	30/09/1983
Occupation	INDOOR
Date Of Driving Pass	09/11/2017
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96850547
Fax Number	
Contact Number	OTHERS-82828802
E-Mail Address	NOEMAIL

Address	BLK 813 JELICOE ROAD #10-28
Postcode	200813
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

#### 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)	0

#### 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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC9312B
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMED NUR BIN SALIM
NRIC/Passport Number	SXXXX763Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

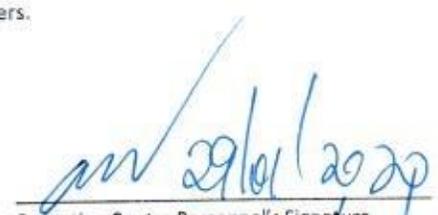
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

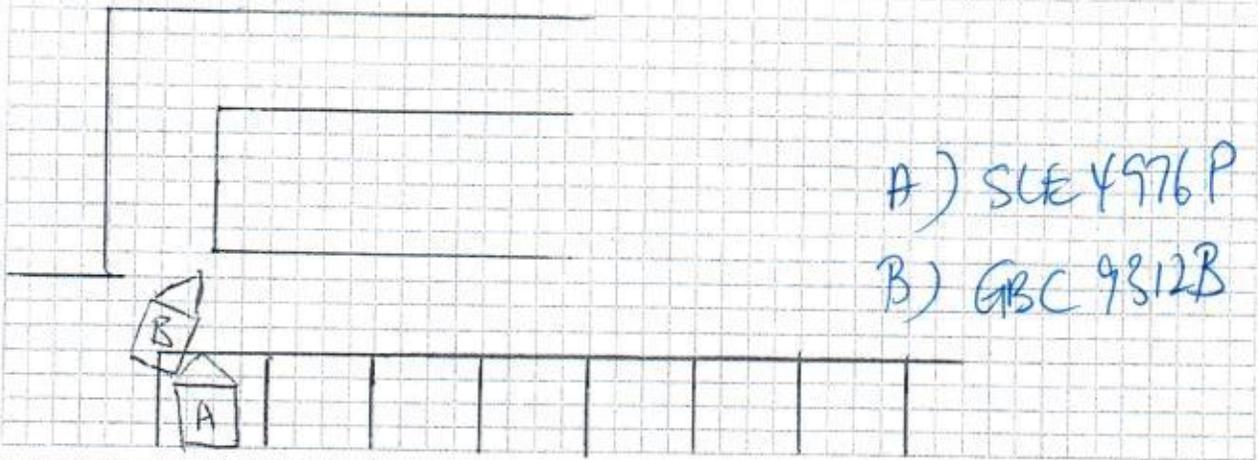
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

BLK 45 BENDENEER ROAD CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26<sup>th</sup> Jan 2020 @ 1730 hrs. I parked my vehicle SLE 4976 P at one of the parking lot <sup>Number 49</sup> at BLK 45 Bendeneer Rd. AP about 27<sup>th</sup> Jan @ 0500 hrs. A Van reversed and collided onto my vehicle. When I went to collect my vehicle at about 11am. I realised my vehicle front left portion is damaged as the bumper has dislocated. I wish to state that I have a video recording in my car.

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.:

4027102 Skatchy@shp.com.sg

29/01/2020  
Roshan

SK PHOTO

Date of Accident : 27/1/2020 Accident Time: 0500AM (24-HR-FORMAT)  
 Accident Place : Blk 45, Bendemeer Rd Carpark  
 Vehicle Reg. No (Car plate No.) : SLE 9976P Vehicle Make/Model: Honda Jazz  
 Insurance Company : AIG Policy No. 1900155970  
 Name of Registered Owner : Company / Individual Soh Chiow Chye  
 ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S1394669H  
 : Co Contact No: \_\_\_\_\_ Owner's Contact No: 9685 0547  
 DRIVER'S Name : Soh Zhen Bang DRIVER'S NRIC No: S8331185A  
 DRIVER'S Date of Birth : 30/9/1983 DRIVER'S License Pass Date 09/11/2017  
 Relationship bet. Owner & Driver : Spouse \ Parents (Children) \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : Apt Blk 813, Jellicoe Road #10-28 (S) 200813  
 DRIVER'S Contact No./ Alt No. : 1) 8282 8802 2) \_\_\_\_\_  
 DRIVER'S Occupation : (INDOOR) \ OUTDOOR (eg. working inside or outside of an ofc)  
 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 person  
 Was the accident reported to the police? YES \ NO  
 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

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>GBC 9312 B</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>Toyota Hiace</u>	Vehicle Make/Model: _____
Name DRIVER: <u>Muhammed Nur Bin Salim</u>	Name DRIVER: _____
IC No. DRIVER: <u>S 8116763 Z</u>	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



# CERTIFICATE OF INSURANCE

24 HOUR ASSISTANCE  
IMPORTANT: What can the...

## AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : SOH CHIOU CHYE  
 Period of Insurance : 30 Aug 2019 To 29 Aug 2020  
 Engine No. : L15B31190155  
 Chassis No. : JHMGK5850HX200262

Vehicle No. : SLE4976P  
 Policy No. : 1900155970  
 Endorsement No. :  
 Issued Date : 28 Aug 2019

### ABOUT THE COVER

Make/Model : HONDA Jazz 1.5 RS (A)      Sum Insured : Market Value      First Year of Registration : 2016  
 Engine Capacity/Tonnage : 1,498.00 CC      Off Peak Car : No      Insuring with COE/PARF : 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.

\* 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    Chen Damage - \$600    Theft - \$0    Flood Cover - \$0

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

SOH CHIOU CHYE

### 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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).  
 For 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: SING INVESTMENTS & FINANCE LTD

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, 1999 (Malaysia).

0504615000

COSMO INSURANCE AGENCY PTE LTD  
 210 TURF CLUB ROAD LOT A16, THE GRANDSTAND  
 SINGAPORE 287905

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE  
COSMO INSURANCE AGENCY PTE LTD