

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MAA00032479

Date In: 16/12-14:20	Job description	Date & Time Completed	Done by
Ref No: 119/1/152004255/24	SAS e-filing		
Veh No: 1MD46631c	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 13/12-16:50	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: 1ML44702

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

MAA0002185

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

for 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



## 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	16/03/2020 14:20
Date Of Accident	13/03/2020 16:50
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD4663K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KINETIC ALLIANCE PTE LTD
Co Reg No	2XXXXX074E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64811522

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994109
Cover Note Number	

### Driver

Name of Driver	CHAN YUEN QUAN VINCENT (CHEN YANGUANG)
NRIC No	SXXXX231F
Date Of Birth	28/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2000
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97849075
Fax Number	
Contact Number	OFFICE-97849075
Email Address	NOEMAIL

Address	BLK 316C YISHUN AVENUE 9 #02-172
Postcode	763316
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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: : MALE

#### 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	SML9970Z
Vehicle Make/Model/Colour	HYUNDAI/RED
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)



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

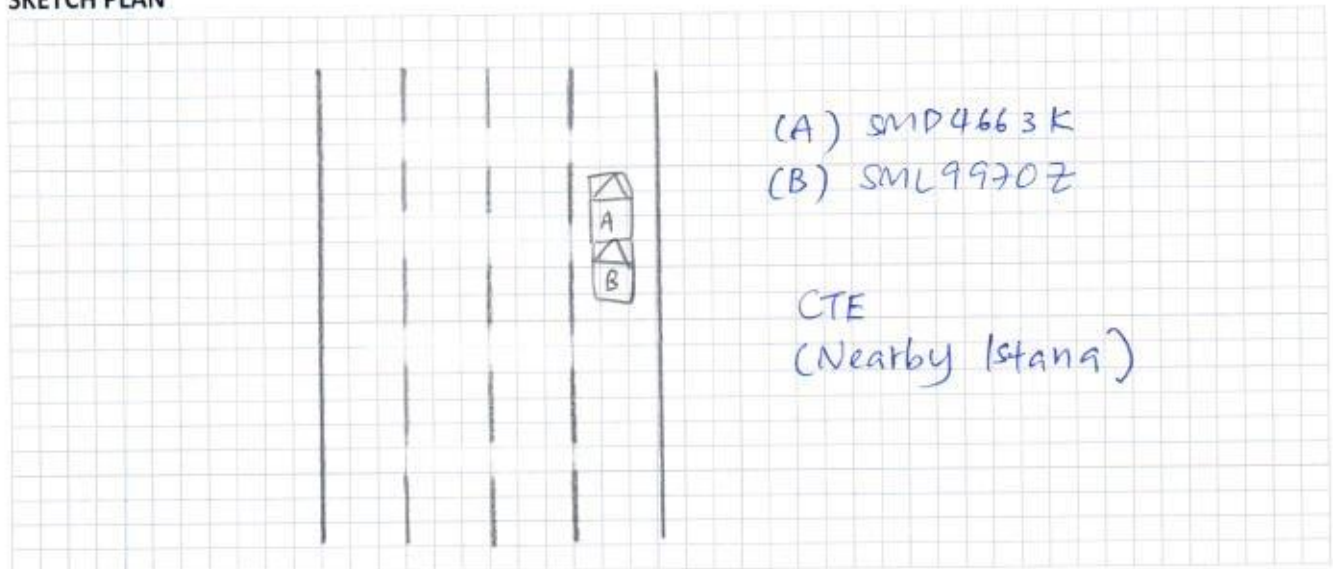
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 16/3/2020  
1pm

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 13/3/2020 at about 4:50 PM, I was travelling along CTE towards Ang Mo Kio. The car in front of me slowed down and I follow to slow down too. Out of sudden, I felt an impact from behind. I alighted and realised vehicle (B) SML 9970Z hit onto my vehicle (A) SMD4663K rear portion.

Passenger Name: Ariel Johns (Male) 9114 7950

## DECLARATION

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

Policyholder's Signature  
 Date & Time: 16/3/2020  
 1 PM

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

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



**Particulars of Insured / Driver & Details of this Accident**

(Pls circle where applicable)

Location Of Accident: CTE Date & Time Of Accident: 13/3/2020, 4.50pm  
 Purpose when vehicle was used at the time of accident: Grab Use  
 (e.g Going home)

**Details of Own Vehicle**

Vehicle Registration number: SMD 4663K Make / Model: Toyota Prius Auto  
 Vehicle Category: \_\_\_\_\_

Claim Own Insurance: YES / NO

If No. Reporting only / Third Party Claim

Name of Preferred Workshop: Optima Workz Pte Ltd Contact: 6481 1522

**Insured / Policy Holder**

Name of Registered Owner: Kinetic Alliance Pte Ltd NRIC No.: 201613074 E  
 Address: 9 Tasek Lane deck 3A, #03-21 Singapore 787472  
 Mobile No: 9284 9075 Other Contact: Home / Office no: \_\_\_\_\_  
 Email: SUPPORT@kinetic-alliance.com

**Driver**

Name of Driver: Chan Yuen Quan Vincent NRIC / Fin No.: S7825231 F  
 Driving Licence Pass Date: 27/5/2000 D.O.B: 28/8/1978  
 Address: BLK 316C Yishun Ave 9 #02-172 CS) 763316  
 Occupation: INDOOR / OUTDOOR Mobile No: 9108 8920  
 Gender: MALE / FEMALE Other Contact: Home / Office no: \_\_\_\_\_  
 Email: \_\_\_\_\_

Driver an employee: YES / NO If no, what is the relationship with the policyholder: Private line  
 If Driver is a policyholder, please ignore this question

**Insurance Company**

Fleet Policy: YES / NO Policy number: 99999 4109 Type Of Coverage: comprehensive

**General Information of Accident**

Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: \_\_\_\_\_  
 Weather Conditions: CLEAR / RAINING / DRIZZLING / OTHERS: \_\_\_\_\_  
 Road Surface: DRY / WET  
 Any video captured by car camera? YES / NO  
 Any police report made: YES / NO  
 \*Any witness?: YES / NO  
 \*Injured party: YES / NO (If yes, pls provide name & Tel) NO

No. of Passenger (including Driver): 2

**Details of Passenger 1**

Name: Grab Passenger (AJ)  
 Gender: Male 9114 7950

**Details of Passenger 2**

Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_

**Details of Passenger 3**

Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_

**Details of Passenger 4**

Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_

**Details of Other Vehicle Property 1**

Vehicle Registration No: SML 9970 Z  
 Vehicle Make/Model/Color: Hyundai / Red  
 Name Of Driver: \_\_\_\_\_  
 No. of Passenger (including Driver): \_\_\_\_\_  
 NRIC: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 Nature of Damage: \_\_\_\_\_  
 Vehicle Category: \_\_\_\_\_

**Details of Other Vehicle Property 2**

Vehicle Registration No: \_\_\_\_\_  
 Vehicle Make/Model/Color: \_\_\_\_\_  
 Name Of Driver: \_\_\_\_\_  
 No. of Passenger (including Driver): \_\_\_\_\_  
 NRIC: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 Nature of Damage: \_\_\_\_\_  
 Vehicle Category: \_\_\_\_\_



HOTLINE TEL: (65) 6419-3000

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

M.Z.400

		(The below excess is subject to GST)	
COMPREHENSIVE	COMMERCIAL MOTOR	POLICY EXCESS	S\$1500.00 (Sect I & II)
CERTIFICATE NO.	SMD4663K	WINDSCREEN EXCESS	S\$100.00
POLICY NO.	999994109	SUM INSURED	Market Value
		INSURING WITH COE/PARF	YES
		SMD4663K	
		Kinetic Alliance Pte Ltd	
1) VEHICLE REGISTRATION NO.		08 June 2019	
2) NAME OF INSURED		07 June 2020	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT			
4) DATE OF EXPIRY OF INSURANCE			
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
Any person who is driving on the Insured's order or with their permission.			
S\$1,500.00 Section I & S\$1,500.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.			
An additional section II excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.			
Accident repair has to be carried out at AIG appointed list of workshop or Manufacturer workshop within 3 years warranty.			
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.			
6) LIMITATION AS TO USE*			
1) Use for social, domestic, pleasure purposes and business purposes of Insured			
2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.			
3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.			
The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.			
LOSS OF USE		Not Included	
HIRE PURCHASE COMPANY		NA	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.			

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 07 Jun 2019

AIG Asia Pacific Insurance Pte. Ltd.

501630-000  
SC Alliance Pte Ltd  
78 Sea Breeze Avenue  
Singapore 487582

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL