

NATIONAL Assessment Centre Services.

[Ref: 1 Jan 2003]

MAA 42003308

Date In: 16/03/2020 15:39	Job description	Date & Time Completed	Done by
Ref No: 188/16/20004058/4	SAS e-filing		
Veh No: 594 24113	E-mail (Adjuster, AIC, etc)		
DOA: 16/03/2020 12:40	I-Motor Claims Form		
OID (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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: 567951K	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 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 > \$3000] ()	

Injury: _____

Date Time:	Assessor:

NA2002056	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Available Comments:	6) TR: Re-inspection \$75	
Cal 1:	7) NI: Idea DA + SMRT Survey \$160	
2/2	8) NTUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpl Allowance \$3	
	*NI: Repair Co-ordination \$10	
	*NI: Post Repair Inspection \$23	
	*NI: DV / Collect Excess Coordination \$3	
	IF (NI): TP (on INC) against INC \$20	
	9) NI: Idea Mobile \$0	
	Invoice dated	Fax Charged
	Invoice dated	Fax 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 15:39
Date Of Accident	16/03/2020 12:40
Exact Location Of Accident	PIONEER RD NORTH B/F PIONEER CIRCLE ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY2411J
Insured/Policyholder	
Name Of Registered Owner	ER BEE HONG
NRIC No	SXXXX442H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96781716
Alternative Phone No	OFFICE-96781716

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	1900148305
Cover Note Number	

Driver

Name of Driver	ER BEE HONG
NRIC No	SXXXX442H
Date Of Birth	29/05/1961
Occupation	INDOOR
Date Of Driving Pass	19/08/1981
Driving Experience	38 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96781716
Fax Number	
Contact Number	OFFICE-96781716
Email Address	NOEMAIL

Address	BLK 702 JURONG WEST STREET 71 #06-04
Postcode	640702
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 - 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?	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

ON 16/03/2020 AT ABOUT 12:40HRS I WAS AT THE PIONEER ROAD NORTH, BEFORE PIONEER CIRCLE I STOP MY CAR AT THE GIVEWAY LINE TO GIVE WAY TO ON COMING VEHICLE, SUDDENLY I FELT A BANG ON MY REAR. I CAME OUT AND SAW A CAR SLT9511K BANG ONTO THE REAR OF MY CAR SJY2411J THAT ALL.

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	SLT9511K
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIU YEN ZHENG (LIU YANZHENG)
NRIC/Passport Number	SXXXX069G
Contact Number	91900101
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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: 4 pm

16/3/20

Driver's Signature

(If driver is not the policyholder)

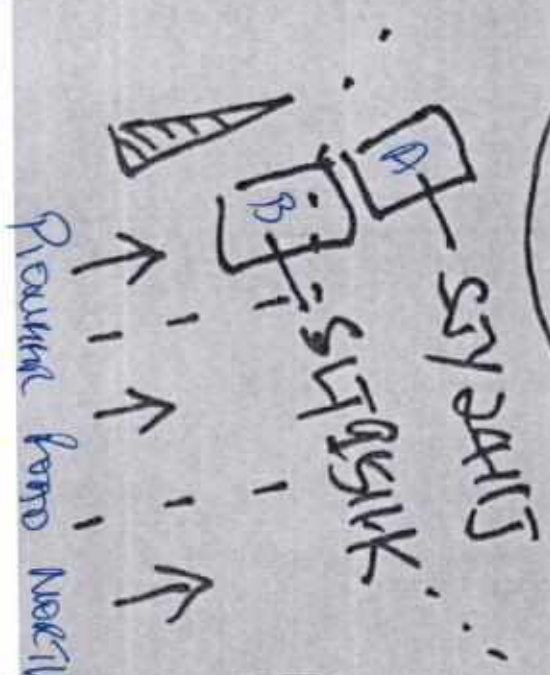
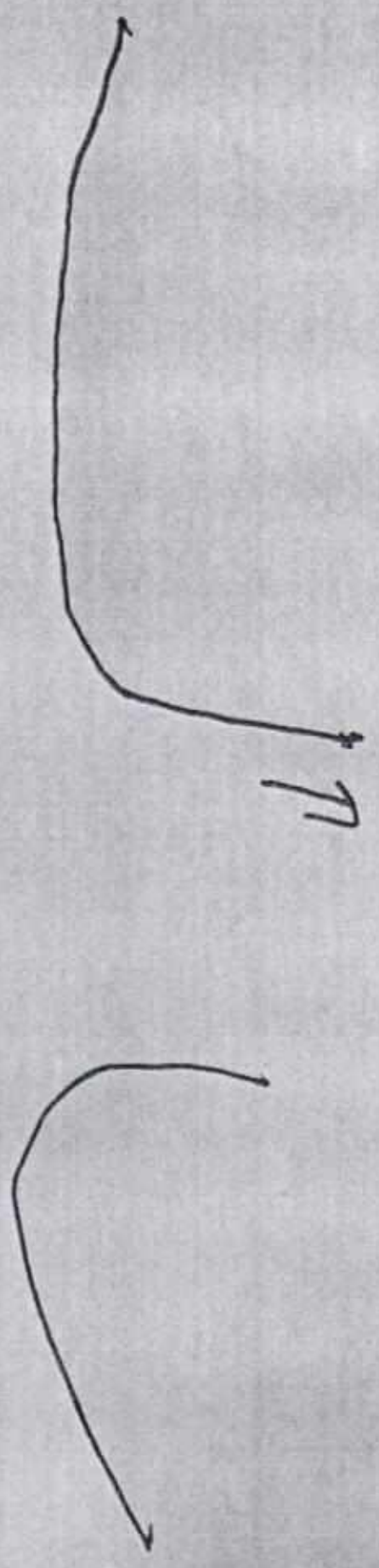
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

1000 ft 1000 ft 1000 ft



16/3/20
4 PM

16/03/2020

SKETCH PLAN

AS PER STAFF/MAINT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER STAFF/MAINT

DECLARATION

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



Policyholder's Signature

Date & Time: 4 PM

16/3/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

 16/03/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



ENDORSEMENT SCHEDULE

AUTOVALUE PRIVATE VEHICLE

Policy No. : 1900148305
Period of Insurance : 12 Aug 2019 to 11 Aug 2020

Endorsement No. : 000000000300403
Issued Date : 30 Aug 2019

ABOUT THE POLICYHOLDER

Name of Policyholder : ER BEE HONG
Address : 702 JURONG WEST STREET 71
#06-04
SINGAPORE 640702
Occupation/Nature of Business : Others(Indoor)

ABOUT THE VEHICLE

Registration No. : SJY2411J
Chassis No. : MR053HY9305168219
Seating Capacity : 5
Make/Model : TOYOTA VIOS 1.5
First Year of Registration : 2010
Hire Purchase Company/Employer's Loan : NA
Engine Capacity/Tonnage : 1,496.00 CC
Engine No. : 1NZY100540
Body Type : Sedan

ABOUT THE COVER

Sum Insured : Market Value
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive :
Off Peak Car : No
Insuring with COE/PARF : Yes

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 (trained or untrained) 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, speed-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trial or business or use for any purpose in connection with Motor Trade.

Key Policy Benefits :

1st of Good, PA to Authorised Driver / Licensed Passenger: \$10000, PA to Goods: \$20000. Strike, Riot and Civil Commotions, AIG Authorised Workshops, Key Replacement Cover Optional: \$800

ENDORSEMENT REMARK

It is hereby declared and agreed that with effect from 12/8/2019
Subject otherwise to the Terms, Exclusion and Conditions of this Policy.

AUTHORISED WORKSHOPS
Borneo Motors (S) Pte Ltd 6631-1188
Toyota Bodyscare Centre (S) 128462
2 Pandan Crescent (off West Coast Highway)

Endorsement effective from: 12-Aug-2019. All other terms and conditions remain unchanged.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA420033018 Vehicle Registration No: SJY 2411J
Name (as shown in NRIC) : ER BKE HENG NRIC/FIN/Passport No : Sxxxx4424
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 96781716
Email Address : _____
Date of Accident : 16/03/2020 Time of Accident : 12:40
Place of Accident : PIONEER ROAD NORTH BL PIONEER CIRCLE PIONEER
Insurance Company : AIU

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED NAME TO ER BKE HENG

Policyholder / Driver's Signature
Date:

23/03/2020
Reporting Centre Personnel's Signature
Name: Paul MMA4
NRIC/FIN No.:
Date: