

NATIONAL Assessment Centre Services

Wef: Jan'05

Date In: 17/03/20	Job description	Date & Time Completed	Done by
Ref No: NM/A1620004092/13	SAS e-filing		
Veh No: SJ21510H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/03/20 1620	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: (EM-1)	Tel:	Fax:
TP Particulars:	Veh No: SJ41793J	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

NA2002004 / NA2002007	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add. Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
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:-			
	ON*			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpf 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			
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:	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	17/03/2020 09:19
Date Of Accident	11/03/2020 16:20
Exact Location Of Accident	ALONG WOODLANDS AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJZ1510H

Insured/Policyholder	
Name Of Registered Owner	LEE HONG KI
NRIC No	SXXXX972C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96320524
Alternative Phone No	OTHERS-96320524

Vehicle Particulars	
Manufacturer	BMW
Model	X1
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	2100382979-05
Cover Note Number	

Driver	
Name of Driver	LEE HONG KI
NRIC No	SXXXX972C
Date Of Birth	29/01/1977
Occupation	INDOOR
Date Of Driving Pass	12/03/2008
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96320524
Fax Number	
Contact Number	OTHERS-96320524
EMail Address	NOEMAIL

Address	271 PAVILION CIRCLE
Postcode	658277
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?	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: : WIFE 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

PLS REFER TO THE ATTACHED 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	SJU1793J
Vehicle Make/Model/Colour	
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)	

DETAILS OF INJURED PERSON 1

Name LEE HONG KI
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJZ1510H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2


Name WIFE
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJZ1510H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

IMPORTANT NOTICE

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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:

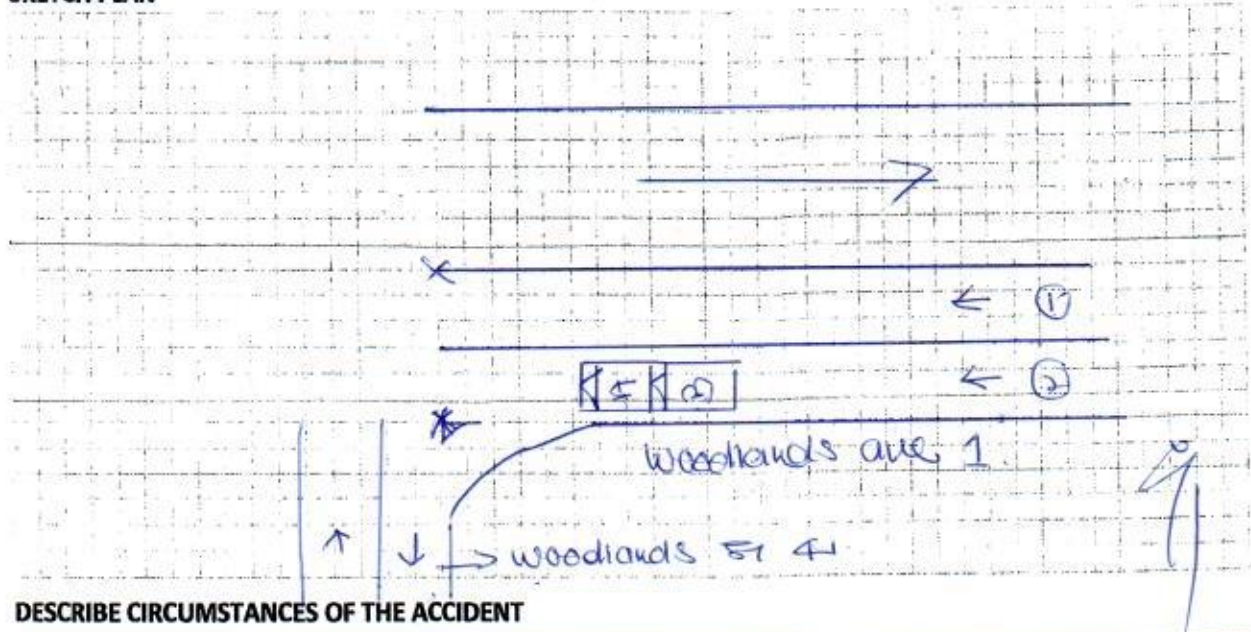


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

 17/03/20

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along woodlands ave 1
 Junction woodlands st 41 on lane 2, In front
 traffic light was Red, Front Vehicle slow down
 to stop, I follow suit, suddenly vehicle B
 hit onto my rear portion, I felt Injure.
 and my wife also Injure (kin in hel 1/c 87926244J.
 (A) SJ2 1510 H.
 (B) SJ4 1793 J.

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.:

Sym 17/03/20

MOBILE REPORTING

Date of Accident : 11/3/2020 Accident Time: 1620 (24-HR-FORMAT)
 Accident Place : along woodlands ave 1
 Vehicle Reg. No (Car plate No.) : SJZ 1510 H.
 Vehicle Make/Model : BMW X1
 Insurance Company : AIG Ins. Policy No. 2100382979.05
 Owner or Company Names /IC NO: Lee Hong Ki G5887446P
57767972.C
 Owner or Company Contact No. : 9632 0524 Owner's HP _____ Company Tel _____
 DRIVER'S Name & IC no. : as above.
 DRIVER'S Date of Birth : 29/1/1977 DRIVER'S License Pass Date 12/3/2008
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 271 Pavilion Circle. S658277
 DRIVER'S Contact No./ Alt No. : 1) 9632 0524 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : em1au01e141@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins
 Number of Passengers (including Driver): 02 passenger (wife)
 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>SJU 1793 EJ</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>honda</u>	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC NO. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

2100382979-05

24/08/2019 - 23/08/2020

AIG		CERTIFICATE OF INSURANCE	
AUTOPLUS PRIVATE VEHICLE			
Name of Policyholder	LEE HONG KI	Vehicle No.	5JZ151094
Period of Insurance	24 Aug 2019 To 23 Aug 2020	Policy No.	2100382979-05
Engine No.	A76407694902080	Endorsement No.	
Chassis No.	WBAW32560VY75414	Issued Date	25 JUL 2019
ABOUT THE COVER			
Make/Model	BMW X3	Sum Insured	Market Value
Engine Capacity/Tonnage	1,998.06 CC	Off Peak Car	No
Colour/Registration	NA	First Year of Registration	2010
Position of Classmate of Persons Entitled to Drive*		Insuring with COE/PART	No
<p>as the Policyholder</p> <p>It has other persons who is/are entitled to drive the vehicle with the specified age condition.</p> <p>The Policy will indemnify the Policyholder or any authorized driver only if there is no other person who is/are entitled to drive the vehicle.</p> <p>You have to pay an additional sum of \$1,000 as "Replacement Value Factor" (RVF) if the car is Total Loss (Total Loss defined as destroyed or damaged beyond repair) during the term of the policy.</p>			
Age Condition	30 years old and above		
<p>Limitation as to use*</p> <p>Use only for private domestic and pleasure purposes and for the Policyholder's business. This Policy does not extend to use for hire or reward, driving school, driving test, racing, joint-riding, reliability test or other racing, the carriage of goods other than intended in connection with the trade or business or use for any purpose in connection with those Trade.</p>			
<p>Level of Use: 1000km - 1000km (National)</p> <p>* Conditions mentioned in Schedule 1 of the Motor Vehicle (Third Party Policy and Compensation) Act (Cap. 185), Schedule 10 of the Road Transport Act, 1987 (Singapore) and Road Transport (Amendment) Act 2018, are not to be included under these headings.</p>			
EXCESS			
<p>Section 1</p> <p>Fire, \$1; Own Damage, \$500; Theft, \$0; Flood Damage, \$0</p>			
<p>Section 2</p> <p>Property Damage, \$0</p>			
<p>Whichever, \$100</p>			
<p>Named Driver and Excess (where applicable)</p> <p>LEE HONG KI: \$500 (Own Damage), \$500 (THEFT); \$500 (Own Damage)</p>			
APPROVED REPAIRING CENTRE / AUTHORIZED REPAIRERS (FOR CLAIMS RELATED REPAIRS)			
<p>Approved Repairing Centres / Authorized Repairers (for claims related repairs)</p> <p>Any accident involving the vehicle must be carried out by one of our Authorized 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 Authorized Repairers.</p> <p>For other Approved Repairing Centres / Authorized Repairers, please contact the 24-hour roadside emergency helpline at 400-8758 8758. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 800 hotline 800-8888888 and 800-8888888 24-hour toll-free or through Fax.</p>			
IMPORTANT NOTES			
<p>Hire Purchase Company/Employer's Lien: NA</p> <p>We hereby certify that the policy is issued in accordance with the provisions of the Motor Vehicle (Third Party Policy and Compensation) Act (Cap. 185), Part 11 of the Road Transport Act, 1987 (Singapore), Road Transport (Amendment) Act 2018 and Motor Vehicle (Third Party Policy) Rules, 1982 (Singapore).</p>			
<p>REGISTRAR</p> <p>REGISTRAR ADVISORY PTE LTD</p> <p>201 MOUNTBATTEN ROAD #11-01 MOUNTBATTEN SQUARE</p> <p>SINGAPORE 650007</p> <p>Underwritten by AIG Asia Pacific Insurance Pte Ltd</p>		<p><i>Y. P. Lee</i></p> <p>AIG Asia Pacific Insurance Pte Ltd</p> <p>100 Robinson Road, Singapore 068902</p>	