

NATIONAL Assessment Centre Services.

[ver 1 Jan 2001]

MMH20037520

Date In: 28/03/2020 11:27	Job description	Date & Time Completed	Done by
Ref No: NAHIC20004612/4	SAS e-filing		
Veh No: SKH 8110	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 26/03/2020 18:15	I-Motor Claims 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:

SMC 4329E

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: ()

Comments: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: ()

Signature: ()

Signature: ()

Signature: ()

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Item	Description	Amount
1) AR: Accident Reporting	(330)	
2) DA: Damage Assessment	(5100) INC (310)	
3) TP: Towing Fee	340/345	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$73	
7) NI: Idas DA + EMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
• NS: Courtesy Car / Tpt Allowance	\$3	
• NG: Repair Coordination	\$10	
• NI: Post Repair Inspection	\$23	
• ND: DV / Collect Excess Coordination	\$3	
TE (NI): TP (Non INC) against INC	\$20	
9) NI: Idas Mobile	\$0	
Invoice dated		
Invoice dated		
Fee Charged		
Fee Charged		

NA2002526

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Page 1:

2/3

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 28/03/2020 11:27
Date Of Accident 26/03/2020 18:15
Exact Location Of Accident PARALLEL PARKING LOT ALONG CHIA ENG SAY ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH811D
Insured/Policyholder
Name Of Registered Owner LOH CHEE SHYONG
NRIC No SXXXX281C
Email Address LOH_CHEESHYONG@YAHOO.COM.SG
Mobile Phone No (LOCAL) +65-92953690
Alternative Phone No OTHERS-92953690

Vehicle Particulars

Manufacturer LEXUS
Model GS250
Exact Purpose for which vehicle was being used at time of accident CAR WAS PARK
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 1800087515-01
Cover Note Number

Driver

Name of Driver LOH CHEE SHYONG
NRIC No SXXXX281C
Date Of Birth 27/10/1975
Occupation INDOOR
Date Of Driving Pass 12/08/2006
Driving Experience 13 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-92953690
Fax Number
Contact Number OTHERS-92953690
EMail Address LOH_CHEESHYONG@YAHOO.COM.SG

Address	90 HILLVIEW AVENUE #08-04
Postcode	669610
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200327/2012

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

Details of Witness 1

Name	JOLENE
Phone Number	98320600
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML4339E
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)

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: Resh Luthan
NRIC/FIN No.:

SKETCH PLAN

PARALLEL PARKING LOT ALONG CHIA ENG SAY ROAD

A: SKH811D

B: SM24339E




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT
T/20200327/2012

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 26/03/2020	TIME: 1815 HRS	(HH:MM) 24 hrs Format		
LOCATION: PARALLEL PARKING LOT ALONG CHIA ENG SIA ROAD				
VEHICLE NUMBER: SKH 811 D				
INSURED NAME: LDH CHEE SHYONG				
NRIC/FIN: S7573281 C	CONTACT: 92953690			
MAKE: LEXUS	MODEL: GS 250			
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select: (<input checked="" type="checkbox"/>) Third Party () Reporting Only				
INSURANCE COMPANY: AIG				
TYPE OF POLICY () COMPREHENSIVE () THIRD PARTY () TPFT				
POLICY NUMBER: 1800087515-01				
NAME DRIVER: (<input checked="" type="checkbox"/>) SAME AS INSURED				
NRIC/FIN:	CONTACT:			
DATE OF BIRTH: 27 OCT 1975				
DRIVING PASS DATE: 12 AUG 2006				
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR				
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE				
EMAIL ADDRESS: LDH-CHEE SHYONG @ YAHOO.COM.SG		() NO EMAIL		
ADDRESS OF DRIVER: 90, WILLOW AVENUE #08-14 (L 66610)				
Number Of Passenger Include Driver: 0				
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO				
If No, Relationship Of The Driver With The Insured				
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others				
Does The Driver Own Any Other Vehicle?: () YES (<input checked="" type="checkbox"/>) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others				
Road Surface: (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO				
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO				
If YES, Injured details:				
Convey By Ambulance: () YES () NO				
Was There Any Video Capture By Car Camera? (<input checked="" type="checkbox"/>) YES () NO				
Was There Any Accident Reported To The Police? (<input checked="" type="checkbox"/>) YES () NO If Yes Attach Police Report				
Police Report Number (If any) 7120200327/2012				
Details Of 3rd Party	Name	NRIC	Contact	No. of Paxs (Incl'driver)
Veh B	SML 4339 E			() /Not Sure ()
Veh C				() /Not Sure ()
Veh D				() /Not Sure ()
Veh E				() /Not Sure ()
Veh F				() /Not Sure ()
Veh G				() /Not Sure ()



**SINGAPORE
POLICE FORCE**



T/20200327/2012

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20200327/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2020 07:56		Vide Report No.:		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: LOH CHEE SHYONG			Address: 90 HILLVIEW AVENUE #08-04 SINGAPORE 669610		
ID Type / ID No.: NRIC NO / S7573281C			Contact No.: Home/Office: 65398898 Mobile: 92953690		
Nationality: MALAYSIAN			Email: loh_cheeshyong@yahoo.com.sg		
Sex: Male	Age: 44	Date of Birth: 27/10/1975	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: FACILITY MANAGEMENT HEAD			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/03/2020 20:00	Type of Location: Car Park
Location: Along Road 1 UPPER BUKIT TIMAH ROAD Along Chia Eng Say Road, in front of Cold Storage, Parallel parking				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SKH811D	Car	LEXUS	GS250	Brown	Slightly Damaged	0
SML4339E	Car	TOYOTA		Silver		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200327/2012

2 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20200327/2012

CONTINUATION OF REPORT

Vehicle Owner			
Name	LOH CHEE SHYONG	ID No.	S7573281C
Related Vehicle	SKH811D (Car)	Contact No.	92953690
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/03/2020 at about 1815hrs, I had parked my car bearing the registration number SKH811D at an open space car park at Rail Mall. It was a parallel parking lot along Chia Eng Say Road, in front of Cold Storage. Everything was intact when I left. Subsequently, at about 2000hrs, I left the location and drove home. While I was driving along Hillview Avenue, I realized that there was a note at my front windshied wiper. Thus, I stopped and read the content of the said note. The note was written by a witness namely Jolene H/p: 98320600 stating that a car had hit and run against my car. She also jotted down her contact number. Henceforth, I checked the exterior of my car and discovered there was dent and long scratches on the left rear side of my vehicle. After which, I contacted Jolene to enquire more on the accident. Thereafter, she sent a footage of the incident which was captured in her car camcorder. The footage revealed that a silver color Toyota bearing the registration number SML4339E had swiped against my stationary car and thereafter drove off.



**SINGAPORE
POLICE FORCE**



T/20200327/2012

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 3

Report No. T/20200327/2012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 3 MUHAMMAD FAZLIE BIN JOHAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

27/03/2020 07:56

Classification Of Case:



CERTIFICATE OF INSURANCE

ENHANCED AA AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : LOH CHEE SHYONG
Period of Insurance : 07 Aug 2019 To 06 Aug 2020
Engine No. : 4GR0853155
Chassis No. : JTHBF1BL805005601

Vehicle No. : SKH811D
Policy No. : 1800087515-01
Endorsement No. :
Issued Date : 20 Jul 2019

ABOUT THE COVER

Make/Model : LEXUS GS250

Engine Capacity/Tonnage : 2,500.00 CC

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.

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2012

Insuring with COE/PARF : Yes

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), 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 Own Damage - \$1000 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LOH CHEE SHYONG - \$1000 (Own Damage)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised 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 Sole Agent's workshop.

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: NA

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, 1959 (Malaysia).

0503487000

AAS INSURANCE AGENCY PTE LTD
535 KALLANG BAHRU #02-08 GB POINT
SINGAPORE 339351

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mobile

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

AIGSGMOBILEAPP