

NATIONAL Assessment Centre Services.

Part 1 Jan 2003

NA200040310

Date In: 06/04/2020 12:35	Job description	Date & Time Completed	Done by
Ref No: NA200040310	SAS e-filing		
Veh No: SMR 4747D	E-mail (to file then, AIC then)		
D.O.A: 06/04/2020 15:35	I-Motor Claims Form		
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJJ 1915H	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 repolior.

() 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: _____

NA20002582	1) ARI: 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
	For claiming against INC Only (waf 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NIUC: Additional Services	
	9) NI: NIUC	
	*NI: Courtesy Car / Tpt Allowance	\$3
	*NI: Repair Coordination	\$10
	*NI: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$3
	TE (NIUC) TP OS-n INC against INC	\$30
	2) NI: Idea Mobile	\$30
	Invoice dated	
	Invoice dated	
	Fax Charged	
	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	06/04/2020 12:39
Date Of Accident	04/04/2020 15:55
Exact Location Of Accident	BLK 723 BEDOK RESERVOIR ROAD OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR4747D
Insured/Policyholder	
Name Of Registered Owner	KOON HUI ENGINEERING WORKS PTE LTD
Co Reg No	1XXXXX191R
Email Address	JOLEENLIM@KOONHUI.COM.SG
Mobile Phone No	(LOCAL) +65-94300704
Alternative Phone No	OFFICE-94300704

Vehicle Particulars

Manufacturer	TOYOTA
Model	RAV4-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	FETCHING GOOD

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: COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2000001837
Cover Note Number	

Driver

Name of Driver	LIM ZU WEN, JOLEEN
NRIC No	SXXXXX003E
Date Of Birth	25/10/1991
Occupation	INDOOR
Date Of Driving Pass	20/11/2012
Driving Experience	7 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94300704
Fax Number	
Contact Number	OTHERS-94300704
Email Address	JOLEENLIM@KOONHUI.COM.SG

Address	BLK 613B TAMPINES NORTH DRIVE 1 #12-212
Postcode	522613
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : HUSBAND GENDER: : MALE
Passenger 2	NAME: : HELPER 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

PLEASE REFER TO SKETCH PLAN

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	SJJ1915H
Vehicle Make/Model/Colour	HONDA JAZZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHANTHA KUMARI D/O V.MUNIANDY
NRIC/Passport Number	SXXXX104J
Contact Number	98501073
Address	
Postcode	

1

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

2

SKETCH PLAN

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.
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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.



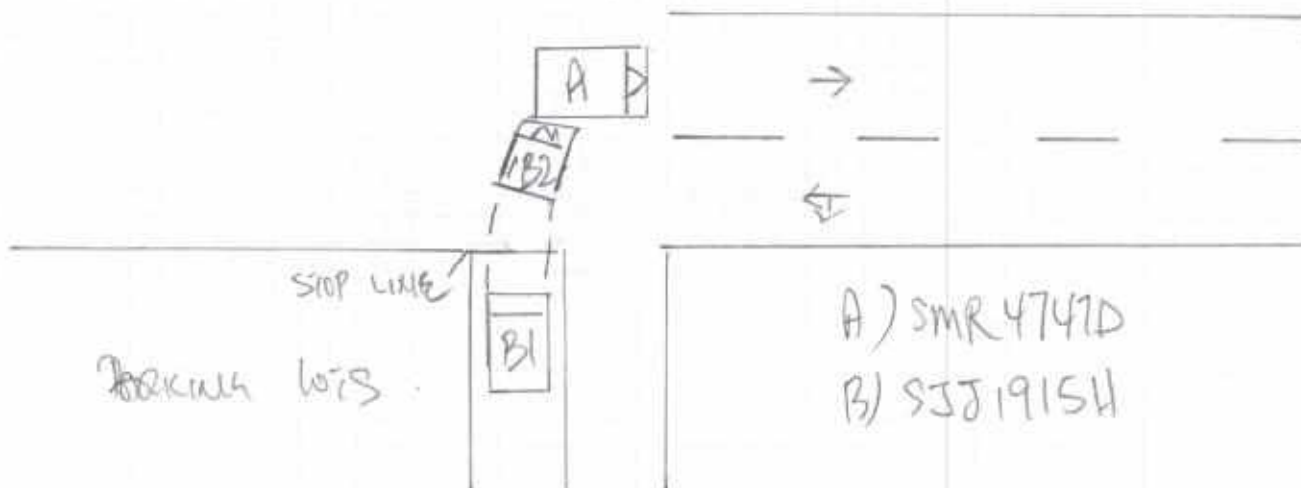
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 6/4/2020 11:08AM

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

SKETCH PLAN

BLK T23 BEDDER RESERVOIR ROAD OPEN CAMPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On April 2020 at 3:57PM I was leaving the company and driving straight and then a car SJJ1915H did not stop at the stop line and bang into right rear/side of my car. ~~SMR 4747D~~ SMR 4747D.

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: 6/4/2020 11:18 AM

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

ACCIDENT STATEMENT

ACCIDENT DATE: (4 / 4 / 2020) (DD/MM/YYYY), TIME: (15 : 51) (HH:MM)

LOCATION: Bedok Reservoir Road Blk 723 parking lot area

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMF4747D
b) INSURANCE COMPANY: ALG
c) POLICY NUMBER: 2000001837
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota RAV4 2.0
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: fetching goods
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: HOON HUI ENGINEERING WORKS PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S913903E / 1996091R CONTACT: 96300704
c) ADDRESS: 96 Tuas Ave 11, Singapore 639104

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 94300704
c) ADDRESS: _____

* d) DATE OF BIRTH: (25 / 10 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20/11/2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJJ1915H MODEL: Honda Jazz
b) DRIVER'S NAME: SHANTHA KUMARI D/O V MUNIANDY
c) NRIC/FIN/PASSPORT: S1727104T CONTACT: 98501073

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = jokeenlim@koonhui.com.sg

VIDEO

Vehicle No. : SMR4747D
Policy No. : 2000001837
Endorsement No. :
Issued Date : 13 Jan 2020

First Year of Registration : 2020
Insured with COE/PARE : Yes

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Malaysia: Road Transport Act 1967 (Cap. 189), Section 95 of the Road Transport Act, 1967 (Malaysia) and Road Transport Act 1987 (Cap. 189) (Malaysia).

Summary

From: Bill Bell Storage - 17001 14th St. E. Fife, WA 98004

[illegible]

Normal Values and Units, when applicable.

PANGLOSS Insurance Limited (for accident repair & accident reporting): Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188
 PANGLOSS Insurance Limited (for accident repair & accident reporting): Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

Address: 11, Upper Macao Road, 4 Singapore 408611 Tel: 6831 1688

Address: 11, Upper Macao Road, 4 Singapore 408611 Tel: 6831 1688

* If you experience security concerns or A/S incidents, please contact our 24-hour accident emergency hotline at +65 8335 6200. Alternatively, you may refer to AIG website www.aig.sg.

IMPORTANT NOTES

Finance Provider/Company/ Employer's Loan: HONG LEONG FINANCE LTD

This certificate, whether or not the policy covered this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 180), Part IV of the Road Transport Act, 1987 (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1950 (Malaysia).

1504667200
NHCAPES AUTO THROAT BELL307
13 LENG KEE ROAD
SINGAPORE 150152
Underwritten by AIG Asia Pacific Insurance Co., Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
This computer generated document does not require a signature.

Chen Chen Tan

0079-6464/04/0008-0000\$5.00/0