

NATIONAL Assessment Centre Services. [Part 1 Jan 03] MNA 1200 45598

Date In: 11/5/20 13:16	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1 AIG 20005647164	E-mail (within 3hrs, AIG 2hrs)		
Veh No: SJW 9332T	I-Motor Claim Form		
IP: 10/5/20 21:40	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkspt		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
IP Particulars:	Veh No: SKS 3045X	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 100000 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

MA2002882	Invoice Preparation Checklist	Amount (\$)	Remarks (\$)
1) AR: Accident Reporting (\$30);		30.00	
2) DA: Damage Assessment (\$100); INC (\$30)			
3) TP: Towing Fee \$40/\$43			
4) PT: Follow-Through Survey \$120			
5) FT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (wef 10 Jan 2003)			
6) TR: Re-inspection \$75			
7) NI: Idno DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
Q1:			
*N5: Courtesy Car / Tpt Allowance \$5			
*N6: Repair Coordination \$10			
*N7: Post Repair Inspection \$25			
*N8: DV / Collect Excess Coordination \$5			
*N11: TP (Non INC) against INC \$20			
9) N12: Idno Mobile \$0			
Invoice dated	Fax Charged		
Invoice dated	Fax Charged		

Claimant's Particulars:
Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Bngr-In-Charge):
Auditors' Comments:
Signature:
Date:

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	11/05/2020 13:16
Date Of Accident	10/05/2020 21:40
Exact Location Of Accident	PIE TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW9332T
Insured/Policyholder	
Name Of Registered Owner	WONG HON YIP
NRIC No	SXXXX962I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98576303
Alternative Phone No	OFFICE-98576303

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE
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	2100205860-10
Cover Note Number	

Driver

Name of Driver	WONG HON YIP
NRIC No	SXXXX962I
Date Of Birth	02/11/1948
Occupation	INDOOR
Date Of Driving Pass	26/09/1979
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98576303
Fax Number	
Contact Number	OFFICE-98576303
EMail Address	NOEMAIL

Address	BLK 529 BEDOK NORTH STREET 3 #11-592
Postcode	460529
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

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: : UNKNOWN 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

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	SKS3045X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH YONG CHAY
NRIC/Passport Number	SXXXX288C
Contact Number	96190677
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:

11/05/2020
9.58 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

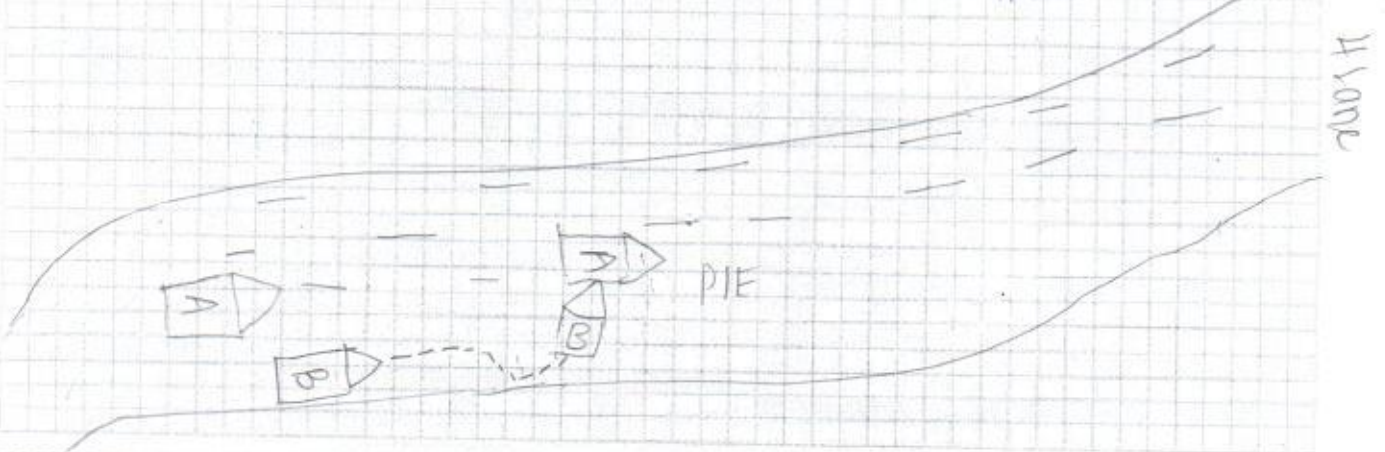
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

VEHICLE A: SJW 93327
VEHICLE B: SKS 3045X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG P1E FROM JALAN BAHAR TO
BEDOK NORTH.

I WAS TRAVELLING IN LANE 2, THE VEHICLE B IS TRAVELLING
IN LANE 1. HE LOST CONTROL & HIT UNTO THE CENTER RAILING.

After that HIS CAR STEER BACK & HIT ON TO MY RIGHT SIDE.

DECLARATION

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

Policyholder's Signature:

Date & Time:

11/05/2020
9.58 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 10 MAY 2020 Time 9.40PM Hrs
 Exact Location Of Accident * PIE GANG TO CITY.

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SSW 9332T
 Insured / Policy Holder
 Name of Registered Owner * WONG HON YIP
 NRIC/FIN/Passport Number * S00029621

Vehicle Particulars
 Manufacturer KIA
 Model CERATO FORTE 1.6SX
 Exact Purpose for which vehicle was being used at time of accident * Private use ☒ Commercial use ☐ Hire & reward ☐
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?
 If No, please state action to be taken
 Vehicle Category
 * Yes ☐ No ☒ Others
 * Third Party Claim ☒ Reporting Only ☐
 * Private ☒ Commercial ☐ Motorcycle ☐

Insurance Company
 Name of Insurance Company * AIG
 Type of Coverage * COMPREHENSIVE
 Fleet Policy Yes ☐ No ☐
 Policy Number * 2100205860-10
 Cover Note Number

Driver
 Name of Driver * WONG HON YIP
 NRIC/FIN/Passport Number * S00029621
 Date of Birth * 2-11-1948
 Occupation * STOCK BROKER
 Date of Driving Pass * 26/9/1979
 Gender * Male ☒ Female ☐
 Mobile Number * 98576303
 Address * BEDOK NORTH STREET 3 BLK 529
 * 11-592 460529
 Email Address * davidwonghonyp@yahoo.com
 Was driver an employee of the Insured's Company?
 If no, Relationship of the Driver with the Insured
 * Yes ☐ No ☒
 * N.A.

SAS 1

2 - female.

Vehicle Registration Number of Driver's Own Vehicle (if applicable)		<input type="text"/>	
Insurance Company of Driver's Own Vehicle (if applicable)		<input type="text"/>	
General Information of the Accident			
Type of Accident	* <input type="text"/>		
Weather Conditions	* Clear <input type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="text" value="LIGHT DRIZZLE"/>
Road Surface	* Dry <input type="checkbox"/>	Wet <input checked="" type="checkbox"/>	Others <input type="text"/>
Other Information			
Was any body injured in the Accident?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Was any other material or property damaged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Details of Injured Persons			
Name	* <input type="text"/>		
Address	<input type="text"/>		
Approximate Age	* <input type="text"/>		
Injuries Sustained	* <input type="text"/>		
If vehicle Occupants, state in which vehicle?	<input type="text"/>		
Were seat belts worn?	* Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/> No <input type="checkbox"/>		
Details of Police Action			
Was the Accident reported to the Police?	* Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please state which Police Station	<input type="text"/>		
Was notice of intended Prosecution given?	* Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, against whom?	<input type="text"/>		
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)			
Vehicle Registration Number	* <input type="text" value="SKS 3045 X"/>		
Vehicle Make / Model / Colour	<input type="text"/>		
Detail Of Properties	<input type="text"/>		
Name of Driver	* <input type="text" value="TOIT YONG CHAY"/>		
NRIC/Passport Number	<input type="text" value="S9234288C"/>		
Contact Number	* <input type="text" value="89234296190677"/>		
Email Address	<input type="text"/>		
Address	<input type="text"/>		
Insurance Company Name	<input type="text"/>		
Nature of Damage	<input type="text"/>		
Details of Witness			
Name	<input type="text"/>		
Phone Number	<input type="text"/>		
Email Address	<input type="text"/>		



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Wong Hon Yip
Period of Insurance : 29 Apr 2020 To 28 Apr 2021
Engine No. : G4FCAH389860
Chassis No. : KNAFW411MA5233204

Vehicle No. : SJW9332T
Policy No. : 2100205860-10
Endorsement No. :
Issued Date : 20 Apr 2020

ABOUT THE COVER

Make/Model : KIA CERATO FORTE 1.6
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : Yes
First Year of Registration : 2010
Insuring with COE/PAF : 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 (named or unnamed) 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, 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

* 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, 1967 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$1100 Theft - \$0 Flood Cover - \$1100

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Wong Hon Yip - \$1100 (Own Damage), \$1100 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800
4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

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.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: DBS BANK LTD

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, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500710050

C&C FULCO-CORP SALES

22 UBI ROAD 4 FULCO BUILDING
SINGAPORE 408617 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCSAN