

# NATIONAL Assessment Centre Services

Date In: <b>19/06/20</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/A1620006455/13</b>	SAS e-filing		
Veh No: <b>SJJ 4699L</b>	E-mail (w/90% Max. MP 2hrs)		
D.O.A: <b>18/06/20</b>	i-Motor Claim Form		
OD TP: <b>Reporting Only</b>	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>SMH 5883P</b>	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%; F: 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

<b>NA2003105</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) 1st Bill	Am't (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) rT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat 1:</b>	6) TR : Re-inspection \$75		
<b>Cat 2 / 3:</b>	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt 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		
	Invoice dated	Fee Charged	
	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	19/06/2020 13:39
Date Of Accident	18/06/2020 18:00
Exact Location Of Accident	OPEN CARPARK EAST VILLAGE CONDOMINIUM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ4699L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HEE KAM YONG
NRIC No	SXXXX952B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96259618
Alternative Phone No	OTHERS-96259618

### Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA
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	REPORTING ONLY
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	2100095520-11
Cover Note Number	

### Driver

Name of Driver	HEE KAM YONG
NRIC No	SXXXX952B
Date Of Birth	22/01/1947
Occupation	INDOOR
Date Of Driving Pass	04/12/1968
Driving Experience	51 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96259618
Fax Number	
Contact Number	OTHERS-96259618
Email Address	NOEMAIL

Address	8 BEDOK RIA WALK
Postcode	489702
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	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)	2
Passenger 1	NAME: : CHIEN CHUT PENG 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	SMH5883P
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

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1. Please report **correctly** the details of the accident to speed up the claims process.
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#### 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.

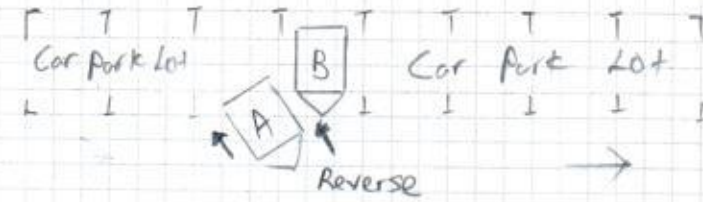
Policyholder's Signature  
Date & Time:

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

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

*[Signature]* 17/06/20

SKETCH PLAN



A=SJJ4699L

B=SMH5883P

Open Carpark of  
East Village  
Condominium

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18.06.2020 at about 18:00hrs, I was driving my car bearing SJJ4699L and reversing into lot 3 at the Open Carpark of East Village Condominium. When the driver of SMH5883P approached me and I noticed my SJJ4699L left-back had knocked into the SMH5883P front-right. My wife was with me in my SJJ4699L.

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.:



Roshwala.

# SINGAPORE ACCIDENT STATEMENT

Accident Date:	18/06/2020	Time:	18:00	(hh:mm) 24 hr format
Location	Open Carpark of East Village Condominium.			
Vehicle Number	SJ14699Z			
Insured Name	Hee Kam Yong			
NRIC / FIN	S1063952B	Contact Number	9625 9618.	
Make	Subaru	Model	Impreza	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( ) Third Party ( <input checked="" type="checkbox"/> ) Reporting				
Insurance Company	AIG			
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive	( ) Third Party Fire & Theft	( ) TP Only		
Policy Number	2100095520-11			
Name of Driver	( <input checked="" type="checkbox"/> ) Same as Insured			
NRIC / FIN	Contact Number			
Date of Birth	22/01/1947			
Driving Pass Date	04/12/1968			
Occupation ( ) Indoor ( ) Outdoor	( <input checked="" type="checkbox"/> ) Retire.			
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female				
Email Address	heekamyong@gmail.com ( ) NO EMAIL			
Address of Driver	8 Bedok Ria Walk S(489702).			
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				
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) 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 ( ) 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 detail				
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact				
Veh B	SMH5883P.			
Veh C				
Veh D				
Veh E				
Veh F				

Passenger = Chien Chut Peng (F)



## SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Hee Kam Yong  
Period of Insurance : 13 Sep 2019 To 12 Sep 2020  
Engine No. : EL15D382686  
Chassis No. : JF1GH3KS58G016479

Vehicle No. : SJJ4699L  
Policy No. : 2100095520-11  
Endorsement No. :  
Issued Date : 11 Sep 2019

## ABOUT THE COVER

Make/Model : SUBARU IMPREZA 1.5

Engine Capacity/Tonnage : 1,498.00 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 : 2008

Insuring with COE/PAFF : 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

\* Limitations rendered inoperative by Section 6 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 - \$1300 Theft - \$0 Flood Cover - \$0

## Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Hee Kam Yong - \$1300 (Own Damage)

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

1. Motor Image Enterprises Pte Ltd. Add: 19 Lorong 8 Toa Payoh Singapore 318255 64170100

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](http://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

I/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).

0500619010

TAN CHONG CREDIT - SUBARU PA

911 BUKIT TIMAH ROAD

SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

Cathy-WV Tsai