

# NATIONAL Assessment Centre Services

[ver 1 Jan 2003]

MMA 1200 58591

Date In: 11/7/20 13:57	Job description	Date & Time Completed	Done by
Ref No: NA1 AIG 2000 7187164	SAS e-filing		
Veh No: SKV 5118R	E-mail (within 3hrs, AIC 2hrs)		
DTA: 11/7/20 09:30	I-Motor Claim Form		
UD: 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SL 3137P	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 Rollins 6788 6616)	Date Claim 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

NA 200 3655

Client's Particulars:	Invoice Preparation Checklist	Amo (\$)	PAID (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	32.00	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claimine against INC Only (wef 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (Nil): TP (Non INC) against INC \$20		
	9) N12: Idau Mobile \$0		
	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	11/07/2020 13:57
Date Of Accident	11/07/2020 09:30
Exact Location Of Accident	KPE EXIT 9A TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV5118R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH SU AIK
NRIC No	SXXXX045G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97325226
Alternative Phone No	OFFICE-97325226

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER 2.0
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	1900154451
Cover Note Number	

### Driver

Name of Driver	GOH SU AIK
NRIC No	SXXXX045G
Date Of Birth	08/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	03/09/1993
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97325226
Fax Number	
Contact Number	OFFICE-97325226
EMail Address	NOEMAIL

Address	134 EDGEDALE PLAINS #03-64
Postcode	820134
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?	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)	1

#### 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	SLL3137P
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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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:

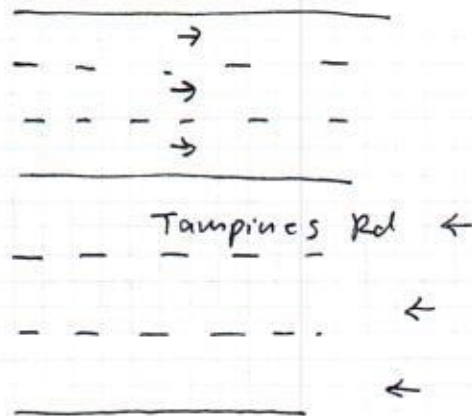
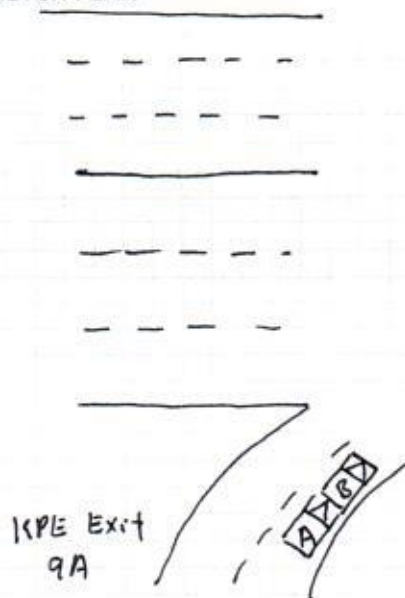
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:  
NRIC/FIN No.:

# SKETCH PLAN



A = SKV 5118 R  
B = 524 3137 P

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along KPE Exit 9A at the traffic  
Junc twds Tampines Rd. suddenly Veh B brake. I  
manage to stop but cannot stop in time. As the  
Result, my veh hit onto Veh B rear portion.

## 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.:



11:15

Vo) 4G+  
LTE 87%

You

2 September, 19:14



1900154451



## COVER NOTE

## TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

The following are described on the Cover Note in terms of the vehicle and conditions of the policy issued to the Policyholder.

<b>Name of Policyholder</b>	: GCH SJU AIG	<b>Vehicle No.</b>	: 1000154451
<b>Period of Insurance</b>	: 23 Aug 2019 to 22 Aug 2020	<b>Cover Note No.</b>	: 1000154451
<b>Engine No.</b>	: SARZ165482	<b>Endorsement No.</b>	
<b>Chassis No.</b>	: JTEKR33GH20J004900	<b>Issued Date</b>	: 23 Aug 2019

## ABOUT THE COVER

<b>Make/Model</b>	: TOYOTA HARRIER 2.0	<b>Year Insured</b>	: Market Value	<b>First Year of Registration</b>	: 2019
<b>Engine Capacity/Tonnage</b>	: 1,956.00 CC	<b>Insuring with COE/PAIF</b>	: Yes		
<b>Driver Restriction</b>	: NA	<b>Off Peak Car</b>	: No		

## Person or Classes of Persons Entitled to Drive\*

a. The Policyholder  
 No other person who is driving on the Policyholder's order or with higher permission.

The Policy will not cover the Policyholder or any authorized driver only if he/she does not meet the age condition.

\*You have to pay an additional sum of \$1,000 as "Young Driver Insurance" (YDI) if you are a Young Authorized Driver (under 21 years old) or if you are a Young Driver (under 21 years old) who has been 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 school, driving test, racing, showboating, liability hire or special driving, the carriage of goods other than samples or specimens and employment of business or use for any purpose of transportation other than trade.

Loss of Use: \$10000 + \$40000

\* Underinsured Vehicle and Excesses (where applicable) (Third Party Risk and Compensation) (Cap: \$100,000) and Section 4 of the Road Transport Act, 1987 (compensation), are not to be included under these headings.

## EXCESS

**Section 1**  
 Fire - \$0; Own Damage - \$600; Theft - \$0; Flood Cover - \$0

**Section 2**  
 Property Damage - \$0

Windscreen - \$100

**Named Driver and Excess (where applicable)**  
 GCH SJU AIG - \$000 (Own Damage)

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

1. Toyota Singapore Centre (For accident report & accident reporting): Add: 17 Ubi Road # 3 Singapore 408711 Tel: 6421 1400

2. Toyota Singapore Centre (For accident report & accident reporting): Add: 2 Pandan Crescent Singapore 128462 Tel: 6321 1188

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 4700. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 3.0 Mobile App. Simply search and download "AIG 3.0" from iTunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OBS BANK LTD

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately. This policy is issued in accordance with the provisions of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 193), Part IV of the Road Transport Act, 1987 (Insurance) and Motor Vehicle (Third Party Risk and Compensation) Regulations, 1989 (Insurance). For Corporate Policies, the Cover Note is valid for 60 days from the commencement date of the period of insurance.

60687212

INCHCAPE AUTO TOYOTA - BSTL027

33 LENG KEE ROAD

SINGAPORE 159162

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE

John Tong

## ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 7 / 20 (DD/MM/YYYY), TIME: 09:30 (HH:MM)

LOCATION: KPE Exit 9A traffic Junction.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKY 5118R  
b) INSURANCE COMPANY: AIG  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Harrier.  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
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: Goh Su Aik (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97325226  
c) ADDRESS: 134 Edgedale Plains #03-64 CS) 820134.

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: As Above. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

### 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: SLH 3137 P. MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email =

fax =

video = No.