

NATIONAL Assessment Centre Services.

1st Jan 2021

NA2003741

Date In: 17/07/2020 12:28	Job description	Date & Time Completed	Done by
Ref No: NA2003741	SAS e-filing		
Veh No: SMD 2972	E-mail (24hrs, A/C 2hrs)		
D.O.A: 16/07/2020 16:15	I-Motor Claims Form		
OD (TP) Reporting Only	I-Motor W/O (Wider: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMD 2972	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 repair.

() 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 of Injury: _____

NA2003741	1) A/R: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$43)
Contact No:	3) TP: Towing Fee	\$120
Damage Portion:	4) PT: Follow-Through Survey	\$30
IC Checked by (Sign-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For all minor repairs INC Only (over 10 Jan 2021)	\$75
	6) TR: Re-inspection	\$160
	7) NI: 1000 DA + 5MRT Survey	
	8) NIUC: Additional Services	
	ON:	
	*NI: Courtesy Car / Tpt Allowance	\$3
	*NI: Repairs Coordination	\$10
	*NI: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$3
	TP (NI) / TP (Non-INC) against INC	\$30
	9) NI: 1000 Mobile	
	Invoice dated	
	Invoice dated	

Fee Charged
Fee Charged

NA2003741

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	17/07/2020 12:28
Date Of Accident	16/07/2020 16:15
Exact Location Of Accident	KIM KEAT LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD2992Z
Insured/Policyholder	
Name Of Registered Owner	LIM CHEE KEONG
NRIC No	SXXXX221Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94853383
Alternative Phone No	OTHERS-94853383

Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3
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	1800095603
Cover Note Number	

Driver

Name of Driver	LIM CHEE KEONG
NRIC No	SXXXX221Z
Date Of Birth	18/05/1986
Occupation	INDOOR
Date Of Driving Pass	02/10/2014
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94853383
Fax Number	
Contact Number	OTHERS-94853383
Email Address	NOEMAIL

Address	BLK 209B COMPASSVALE LANE #14-100
Postcode	542209
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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT E/20200716/7027

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	SGQ8371D
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)

DETAILS OF INJURED PERSON 1

Name	LIM CHEE KEONG
Approximate Age	
Injuries Sustain	NECK, BACK SHOULDER AND ELBOW
Injured person in which vehicle?	SMD2992Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 willful 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:
NRIC/FIN No.:

17/07/2020

Ref: 17/07/2020

SKETCH PLAN



A) SMD 2992Z
B) SGQ 8371D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the mention Date and time of Vehicle A
SMD 2992Z filter left to Lor 4 Toa Payoh
Suddenly Vehicle B SGQ 8371D Rear ended my
Vehicle

Police Report #20200716/2021

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 Person's Signature
Name:
NRIC/FIN No.:

17/07/2020
[Signature]

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 16/07/2020	TIME: 16:15	(hh:mm) 24 hrs Format	
LOCATION: KIM KEAT LINK			
VEHICLE NUMBER: SMD29922			
INSURED NAME: LIM CHEE KEONG			
NRIC / FIN: S8680221Z	CONTACT: 94853383		
MAKE: KIA	MODEL: CERATO K3		
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 (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER: 1800095603			
NAME DRIVER: (<input checked="" type="checkbox"/>) SAME AS INSURED			
NRIC / FIN: CONTACT:			
DATE OF BIRTH: 16-05-1986			
DRIVING PASS DATE: 02-10-2014			
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS: (<input checked="" type="checkbox"/>) NO EMAIL			
ADDRESS OF DRIVER: BLK 207A COMPASSVALE LANE #14-100 SINGAPORE 542209			
Number Of Passenger Include Driver: 1			
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? (<input checked="" type="checkbox"/>) YES () NO			
If YES, Injured details: LIM CHEE KEONG @ SMD29922 NECK BACK SHOULDER & LEFT ELBOW IN THE PAIN			
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO			
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO			
Was There Accident Reported To The Police? (<input checked="" type="checkbox"/>) YES () NO If Yes Attach Police Report			
Police Report Number (if any) E/20200716/17027			
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl'driver)	Contact
Veh B: SGR 8371 D		() / 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**



E/20200716/7027

1 of 2

POLICE REPORT (NP299)

Report No. E/20200716/7027

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-3910000

Date/Time Report Made 16/07/2020 21:22	Vide Report No.	Station Diary No.
Name Of Informant LIM CHEE KEONG	Address APT BLK 209B COMPASSVALE LANE #14-100 SINGAPORE 542209	
ID Type / ID No. NRIC NO / S8680221Z	Contact No. Home/Office: Mobile: 94853383	
Nationality SINGAPORE CITIZEN	Email Address mikelim7231@hotmail.com	
Occupation sale	Sex Male	Age 34
Institution/School Name	Date of Birth 18/05/1986	Race Chinese
Date/Time Of Incident 16/07/2020 16:15	Location Of Incident KIM KEAT LINK	

Brief details.

on the mention date and time i vehicle SMD2992Z was going into filter lane suddenly vehicle SGQ8371D rear ended my vehicle my forehead hit again my streeing and my neck back shoulder and my left elbow is in pain.
i was feeling giddy and feel like vomit i when to tan tock seng hospital and was given 7 day of mc

Subjects Involved Victim	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/07/2020 21:22
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



E/20200716/7027

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200716/7027

Person Name	LIM CHEE KEONG		
ID Type	NRIC NO	ID No	S8680221Z
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	sale	Address Type	
Address	APT BLK 209B COMPASSVALE LANE #14-100 SINGAPORE 542209	Mobile No	94853383
Is Informant A Victim?	Yes		
Person Name	LIM CHEE KEONG (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:
The identity of the person making this
report has been authenticated by
SingPass. No signature is required.

Date/Time:
16/07/2020 21:22

Classification Of Case:



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LIM CHEE KEONG
Period of Insurance : 13 Aug 2018 To 12 Aug 2020
Engine No. : G4FGJH703565
Chassis No. : KNAF3416MK5013335

Vehicle No. : SMD2992Z
Policy No. : 1800095603
Endorsement No. : 000000000224268
Issued Date : 28 Aug 2018

ABOUT THE COVER

Make/Model : KIA Cerato K3 1.6 EX

Engine Capacity/Tonnage : 1,591.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2018

Insuring with COE/PAF : Yes

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.

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 - 1000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 109) and Section 95 of the Road Transport Act, 1987 (Malaysia), 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)

LIM CHEE KEONG - \$600 (Own Damage)

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

1.Cycle & Carriage Body & Paint Centre Add: 205 Pandan Gardens Singapore 609339 65594501

2.Cycle & Carriage Authorised Service Centre Add: 241 Alexandra Road Singapore 150031 64271000

3.Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

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: Standard Chartered Bank (Singapore) Limited

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. 109), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504622222

C&CKICP2 - WINYEO

239 ALEXANDRA ROAD

SINGAPORE 159030

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SGCSAN