

NATIONAL Assessment Centre Services.

[Ref: 1 Jan 2003]

MAIA 0006652

Date In: 22/07/2020 10:00	Job description	Date & Time Completed	Done by
Ref No: N/A 01/620007546/Y	SAS e-Milling		
Veh No: SMR 607K	E-mail (Sjula this, AIC this)		
D.O.A: 21/07/2020 10:30	1-Motor Claims Form		
OD: TP Reporting Only	1-Motor W/O (Whiler OD this, TP this)		
	1-Photo Uploaded		
TP Initiator:	Assessment/Survey Report		
	Ass't Report by Pex / Hand to Owner/Whiler		

Preferred Wkep / INC Assign Wkep / QW: (Tolt	Fract
TP Particulars:	Veh No: SCV8000 X	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Dates:	Tuner
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 repairer.

() 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: _____

<p>X/A2003813</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p>	1) AIC: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100) INC (\$10)	
	3) TP: Towing Fee	\$40/45
	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$73
	7) NI: No DA + SMRT Survey	\$160
	8) NIUC: Additional Services:	
	ON:	
	• NS: Courtesy Car / Tpt Allowance	\$3
• NG: Repair Co-ordination	\$10	
• NT: Post Repair Inspection	\$23	
• ND: DV / Collect Excess Co-ordination	\$3	
TE (RII) / TP (CA INC) against TRG	\$10	
• NI: In-Idas 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	22/07/2020 10:00
Date Of Accident	21/07/2020 10:30
Exact Location Of Accident	CTE TOWARDS SLE (ANG MO KIO AVE 3 SLIP ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR6079K
Insured/Policyholder	
Name Of Registered Owner	LEE JOO WAH
NRIC No	SXXXX140F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96204694
Alternative Phone No	OTHERS-96204694
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (A)
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	2070004732
Cover Note Number	

Driver

Name of Driver	LEE JOO WAH
NRIC No	SXXXX140F
Date Of Birth	07/07/1949
Occupation	OUTDOOR
Date Of Driving Pass	03/02/1970
Driving Experience	50 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96204694
Fax Number	
Contact Number	OTHERS-96204694
Email Address	NOEMAIL

Address	BLK 215 SERANGOON AVENUE 4 #01-106
Postcode	550215
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?	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: : TAY AH HENG 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 AND ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCV8000X
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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.:

On 21.07.20 at about 10:30 hours at along CTE towards SLE (Ang Mo Kio Ave 3 slip road Exit towards Hougang) . While I was travelling on the extreme right lane and traffic was heavy, my front vehicle slow down and stop hence I follow suit.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear left hand side portion of my vehicle (A) causing damages to my vehicle. I wish to state that I have one passenger inside the vehicle.

Vehicle (A) : SMR6079K

Vehicle (B) : SCV8000X

A handwritten signature in blue ink, appearing to be 'ASR'.A handwritten signature in blue ink, followed by the date '21/07/2020'.

SINGAPORE ACCIDENT STATEMENT

Accident Date: 21/07/20		Time: 10:30		(hh:mm) 24 hr format	
Location CTE towards JLE (Ang Mo Kio Ave 3 Slip Road Exit towards Hongkong)					
Vehicle Number SMR 6079K					
Insured Name Lee Joo Wah					
NRIC/FIN 50710140F		Contact Number 96204694			
Make Toyota		Model Prius			
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					
Insurance Company AIG					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number 2070004732					
Name of Driver (<input checked="" type="checkbox"/>) Same as Insured					
NRIC / FIN		Contact Number 96204694			
Date of Birth 07/07/1949					
Driving Pass Date 03/02/1970					
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor					
Gender (<input checked="" type="checkbox"/>) Male () Female					
Email Address - No email - () NO EMAIL					
Address of Driver 215 Serangoon Avenue 4 # 01-106, S (550215)					
Was driver an employee of the Insured's Company? () Yes () 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? (<input checked="" type="checkbox"/>) Yes () No					
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report					
DETAILS OF 3 rd party Name / Nric Contact					
Veh B SCV 8000X					
Veh C					
Veh D					
Veh E					
Veh F					

Passenger : Tay ~~Lat~~ Ah Heng (Female)



Name of Policyholder : LEE JOO WAH
Period of Insurance : 15 Jan 2020 To 14 Jan 2021
Engine No. : 2ZR2F87790
Chassis No. : JTDZS3EU40J052689

Vehicle No. : SMR6079K
Policy No. : 2070004732
Endorsement No. :
Issued Date : 17 Jan 2020

Make/Model : TOYOTA PRIUS+ 1.8 HYBRID

Engine Capacity/Tonnage : 1,798.00 CC

Sum Insured	Market Value
Off Peak Car	No

First Year of Registration	2020
Insuring with COE/PARE	Yes

[illegible]

This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$1,000 as "Young and Inexperienced Driver Excess" ("YIDE") if You are a New Authorized Driver (named or unnamed) or under the age of 25 and do not have 2 years' driving experience.

Age Condition	All Age Condition
100	100
90	90
80	80
70	70
60	60
50	50
40	40
30	30
20	20
10	10
0	0

Limitation as to use*

Use only for small, domestic and pleasure purposes and for the Procyonidae'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 Trials.

Loss of User 1500cc - 1800cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 120), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

Section 1
Fire - \$0 Own Damage - \$2000 Theft - \$0 Flood Cover - \$2000

Section 2
Property Damage - to

Winterscreens: \$100

Named Driver and Excess (where applicable)

LEE JOO WAH - \$2,000 (Own Damage), \$2,000 (Third Party)

APPROVED REPORTING CENTRES/AUTHORISED PERSONS AND RELATED REPAIRS

1. Toyota Bodycare Centre (for accident repair & accident reporting) Add 2 Parkway, Orchard Singapore 11027 Tel: 654 1xxx

2 Toyota Bodycare Centre (For accident repair & accident reporting) 648 17 01, Road 4 Singapore Road 11 Tel: 6611 1555

For other Approved Reporting Centres/AIG Authorized Registrars, please contact our 24-hour accident emergency hotline at +65 8338 8200. 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: HONG LEONG FINANCE LTD

I/We hereby certify that the policy in which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act /Cap. 163, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1990 (Malaysia).

0304 857 118

INCHCAPE AUTO TOYOTA-BSTL002

23 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AI&G Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

Abstract