

NATIONAL Assessment Centre Services.

(part 1 Jan 05)

MANAC20063615

Date In: 28/07/2020 14:25	Job description	Date & Time Completed	Done by
Ref No: NAC/20063615/1/1	SAS e-billing		
Veh No: SFW 1922R	E-mail (by date, A/C time)		
D.O.A: 28/07/2020 12:40	I-Motor Claims Form		
OD: TP Reporting Only	I-Motor W/O (WHILE: OD 1hr, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VK32		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

2MG 24467

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 repolar.

() 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:

NAC20063923

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Accident Comments:

Date:

2/2

1) AIT Accident Reporting (330)	
2) DA: Damage Assessment (\$100) INC (\$10)	
3) TP: Towing Fee \$40/\$45	
4) PT: Follow-Through Survey \$110	
5) PF: Follow-Through Survey (Resurvey) \$30	
6) TR: Re-inspection \$75	
7) NI: Idea DA + EMRT Survey \$140	
8) NTUC Additional Services	
9) NI: Idea Mobile	
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Fee Charged
Fee Charged

Stamp

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	28/07/2020 14:25
Date Of Accident	24/04/2020 12:40
Exact Location Of Accident	BLK 170A MSCP LEVEL 3B LOMPANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW1922R
Insured/Policyholder	
Name Of Registered Owner	NGAW KIM MING
NRIC No	SXXXX401G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92381922
Alternative Phone No	OTHERS-92381922
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA-1.6 ELITE (MD) (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	2100290419-08
Cover Note Number	

Driver

Name of Driver	NGAW KIM MING
NRIC No	SXXXX401G
Date Of Birth	25/06/1970
Occupation	INDOOR
Date Of Driving Pass	11/02/1997
Driving Experience	23 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92381922
Fax Number	
Contact Number	OTHERS-92381922
Email Address	NOEMAIL

Address	BLK 172 GANGSA ROAD #19-22
Postcode	670122
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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 PLAN

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	SMG2446T
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

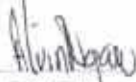
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded 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.:

SKETCH PLAN

BLK 170A (MSCP) LEVEL 3B LOMPANG ROAD

vehicle A SFW 1922R

vehicle B SMG 2446T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT The mention Date & time of accident 24/04/2020 about 12.40pm. My vehicle was stationary parked at BLK 170A MSCP Level 3B Lompang Road, when I return to collect my car I saw a notice letter on my windscreen stated vehicle B "SMG 2446T" Reverse his car and collided into my front Right car portion. So Both of ^{us} have contacted and third party admit his fault and ask me to report insurance claim. On 27th /04/ 2020 I have reported to my insurer "AIG" of this accident and during this period is circuit breaker" Period so I making a claim now.

DECLARATION

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

Alvin Ng

Policyholder's Signature
Date & Time:

Alvin Ng

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

20/07/2020
Redi
Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

ACCIDENT DATE & LOCATION	
Date & Time of Accident *	Date: 24/04/2020 Time: 12.40pm (24 hr format)
Exact Location of Accident *	Blk 170A, MSCP Lvl 3B, Lompang Road
INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE	
Vehicle Registration Number *	SFW 1922R Make & Type*: Hyundai Elantra Elite
Name of Registered Owner *	NGAW Kim Ming
NRIC / FIN / Passport / Co Regn No. *	S7023401G
Contact Number *	9238 1922 Email/Fax No: -
Exact Purpose for which vehicle was being used at Time of Accident	<input checked="" type="checkbox"/> Private Usage / <input type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken
	<input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	China / EQ / Etiqa / MSIG / Tokio Marine / Great American / <u>AIG</u>
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	2100290419-08
DRIVER	
Name of Driver *	NGAW Kim Ming Gender: <input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
NRIC / FIN / Passport Number *	S7023401G
Date of Birth *	25/06/1970 (dd/mm/yyyy)
Occupation *	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	11/02/1997
Contact Number *	9238 1922
Address	Blk 172 Gongsa Road #19-22 S(670172)
Email Address / Fax Number *	Email: Fax: -
Relationship of the Driver with the Insured *	<input checked="" type="checkbox"/> Owner / <input type="checkbox"/> Employee / <input type="checkbox"/> Spouse / <input type="checkbox"/> Friend / <input type="checkbox"/> Others:
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision	Chain Collision / Side-Swipe / <u>Front to Rear</u> / Others:
Weather Conditions *	<u>Clear</u> / Raining / Others:
Road Surface *	Wet / <u>Dry</u> / Others:
OTHER INFORMATION	
Was anybody injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(02)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
DETAILS OF POLICE ACTION	
Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____
Number of Passengers (Including DRIVER)? *	(01)
Passengers	Name: _____ Name: _____ Gender: Male / Female Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / <u>No</u>	

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) SMG 2446T	2)
Vehicle Make / Model / Colour		
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		



CERTIFICATE OF INSURANCE

HYUNDAI AUTO PROTECTOR (DELUXE) PRIVATE VEHICLE

Name of Policyholder : Ngaw Kim Ming
Period of Insurance : 15 Feb 2020 To 14 Feb 2021
Engine No. : G4FGCU466291
Chassis No. : KMHDH41CMCU423262

Vehicle No. : SFW1922R
Policy No. : 2100290419-08
Endorsement No. :
Issued Date : 21 Jan 2020

ABOUT THE COVER

Make/Model : HYUNDAI ELANTRA ELITE
Engine Capacity/Tonnage : 1,591.00 CC Sum Insured : Market Value First Year of Registration : 2012
Driver Restriction : NA Off Peak Car : Yes Insuring with COE/PARF : 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

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 x 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, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

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

Section 2
Property Damage - \$0

Windscreen : \$0

Named Driver and Excess (where applicable)

Ngaw Kim Ming, YEO NGUANG PUAY, CHAI KWAI LING

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

1 Komoco Motors Pte Ltd. Add: 253 Alexandra Road Singapore 159936 64735588

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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: MayBank

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).

0500581428
KOMOCO TRADING PTE LTD - NCT

253 ALEXANDRA ROAD
SINGAPORE 159936

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPD50

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MAY20063615 Vehicle Registration No: SJW1922R
Name (as shown in NRIC): NGOW Kim Mui NRIC/FIN/Passport No: SXXXXY019
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 92381922
Email Address: _____
Date of Accident: 1240 pm Time of Accident: 24/04/2020
Place of Accident: BK 170A MSCP LEVEL 3B LAMPONG ROAD
Insurance Company: ALG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT TO 24/04/2020

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Reda
NRIC/FIN No.: 1707123
Date: