NATIONAL Assessment Centre Services. (wef 1 Jan/08). MNA/[illegible]20068383

	Job description	Date & Time Completed	Done by
Date In: 12/08/2020 18:31	SAS e-filing		
Ref No: NBA/AIG2000835/4	E-mail (Within 6hrs, AIG 2hrs)		
Veh No: SMJ 3398M	I-Motor Claim Form		
D.O.A: 08/08/2020 10:05	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / (TP) / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: SGK 6517 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 ( )

[illegible]

( ) 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: ( )

[illegible]

1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost > $3000]	( )		

Injury :

[illegible]

NA2004154

[illegible]

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

[illegible]

Sal_1:

2/3

[illegible]	[illegible]	Claim(s) / Invoice
1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100); INC ($40)		
3) TF : Towing Fee $40/$45		
4) FT : Follow-Through Survey $120		
5) FT : Follow-Through Survey (Resurvey) $35 For claiming against INC Only (wef 10 Jan 2010)		
6) TR : Re-Inspection $35		
7) NI : Idea DA + SMRT Survey $160		
8) NTUC Additional Services:- OR*		
*N5: Courtesy Car / Tpt Allowance $5		
*N6: Repair Coordination $10		
*N7: Post Repair Inspection $25		
*N8: DV / Collect Excess Coordination $5		
TF (N11) : TF (Non INC) against INC $20		
9) N13: Idea Mobile $0		[illegible]
Invoice dated Fee Charged	[illegible]	
Invoice dated Fee Charged		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 12/08/2020 18:52

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	12/08/2020 18:31
Date Of Accident	08/08/2020 10:05
Exact Location Of Accident	BLK 412 BEDOK NORTH CARPARK DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ3398B
Insured/Policyholder	
Name Of Registered Owner	MIK CHEE KUAN
NRIC No	SXXXX233Z
Email Address	CLAWCLEAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96946904
Alternative Phone No	OTHERS-96946904
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO-1.6 (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	1900020118
Cover Note Number	
Driver	
Name of Driver	MIK CHEE KUAN
NRIC No	SXXXX233Z
Date Of Birth	24/12/1968
Occupation	INDOOR
Date Of Driving Pass	27/10/1992
Driving Experience	27 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96946904
Fax Number	
Contact Number	OTHERS-96946904
EMail Address	CLAWCLEAR@GMAIL.COM

Address	BLK 122 BEDOK NORTH STREET 2 #04-114
Postcode	460122
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?	YES
Foreign Vehicle Registration Number	JQK6517 (PRIVATE CAR)
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20200808/7026 (TYPE OF COLLISION IS HEAD TO SIDE)

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	JQK6517
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM ZHEN HENG
NRIC/Passport Number	GXXXX395K
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 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. The report will be forwarded by the insurers of the GIA Record's 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.

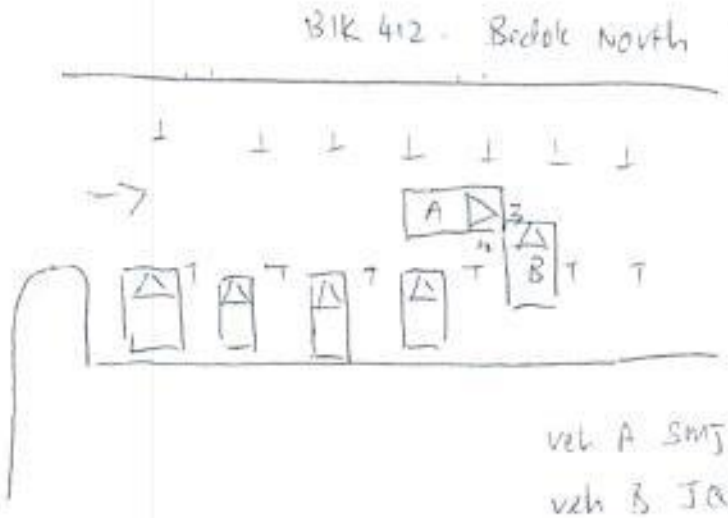
   (e) the information so collected under (d) above may be shared / disclosed:

   (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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along carpark driveway of Blk 412 Bedok North when suddenly vehicle B came out from carpark lot and collided into the front portion of my vehicle. After the accident, I alighted to see that vehicle B front portion had collided into the front portion of my vehicle. I got video recordings for the accident.

vehicle A SMJ 3398 B
vehicle B JQK 6517

Police Report 1/2020080870D6

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:

17/08/2020
Reporting Centre Personnel's Signature
Name: Rosli Umatom
NRIC/FIN No.:

Date of Accident : 05 Aug 2020 Accident Time: 10 02hrs (24-HR-Format)

Accident Place : Blk 412 Bedok North Carpark Driveway

Vehicle. No. (Car Plate No.) : SMJ 3398B Make Model: Kia Cerato

Insurance Company : AIG Policy No: 1900020118

Owner or Company Name /IC No. : MIK CHEE KUAN (S6848232)

Owner or Company Contact No. : 9694 6904 Owner's Hp Company Tel

DRIVER'S Name / IC No. : As above

DRIVER'S Date Of Birth : 24-12-1968 DRIVER'S License Pass Date 27 Oct 1992

Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee/ Others: Owner

DRIVER'S Address : Blk 122 Bedok North Street 3 # 04-104 S(460122)

DRIVER'S Contact No./ Alt No. : 1) 2)

DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : clawdeow@gmail.com info@carsmith.biz

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Other Party's / Claim Own Insurance

Number of Passengers (Including Driver): 01- Driver

Was there any video Captured by car camera: YES / NO
Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose
Any Injury (If YES, Pls state): NIL

Other Party Driver's Particular (if any)

Vehicle. No: JQK 6517

Vehicle Make/Model:

Name Driver: LIM ZHEN HENG

IC No. Driver Contact: G2121595R

Vehicle. No:

Vehicle Make/Model:

Name Driver:

IC No. Driver Contact:

* NEW - Passenger's name & gender:

SINGAPORE POLICE FORCE

T/20200808/7026

Report No. T/20200808/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
08/08/2020 17:55		

Informant's Particulars

Name of Informant: MIK CHEE KUAN			Address: 122 BEDOK NORTH STREET 2 #04-114 SINGAPORE 460122	
ID Type / ID No.: NRIC NO / S6848233Z			Contact No.: Home/Office:	Mobile: 96946904
Nationality: SINGAPORE CITIZEN			Email: clawdear@gmail.com	
Sex: Female	Age: 51	Date of Birth: 24/12/1968	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Draughtsman (general)			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 08/08/2020 10:05	Type of Location: Car Park
Location: Block 412 Bedok North Avenue 2 Carpark				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
JQK6517	Car				Slightly Damaged	0
SMJ3398B	Car	KIA	CERATO+1.6%2528A%2529+LX	Red	Slightly Damaged	0

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ3398B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900020118	28/02/2019	27/02/2021

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	LIM ZHEN HENG		ID No.	G2121395R	
Related Vehicle	JQK6517 (Car)		Contact No.	97526708	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of	NIL	
Driver					
Name	MIK CHEE KUAN		ID No.	S6848233Z	
Related Vehicle	SMJ3398B (Car)		Contact No.	96946904	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of	NIL	

Brief Details.
I was driving straight along car park driveway of Block 412 Bedok North, when suddenly Vehicle B came out from the carpark lot and collided into the front portion of my vehicle. After the accident, I alighted to see that the Vehicle B front portion had collided into the front portion of my vehicle. I got video recordings for the accident.

Vehicle A - SMJ3398B (my vehicle)
Vehicle B - JQK6517

SINGAPORE POLICE FORCE

T/20200808/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 08/08/2020 17:55
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

Authentication Stamp

NP168

CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder	: Mik Chee Kuan	**Vehicle No.**	: SMJ3398B
Period of Insurance	: 28 Feb 2019 To 27 Feb 2021	**Policy No.**	: 1900020118
Engine No.	: G4FGJH716037	**Endorsement No.**	:
Chassis No.	: KNAF1416MK5027320	**Issued Date**	: 11 Mar 2019

ABOUT THE COVER

Make/Model : KIA Cerato
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
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 $1,000 as "Young and/or Inexperienced Driver Excess" ("YIDE") 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 - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) 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)

Mik Chee Kuan - $600 (Own Damage)

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

1 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 600 Sin Ming Ave Singapore 575713 69329000
2 Cycle & Carriage Body & Paint Centre. Add: 209 Pandan Gardens Singapore 609339 65684501
3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 241 Alexandra Road Singapore 159933 64278800
4 Cycle & Carriage Authorised Service Centre (For accident reporting & 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

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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504624204

FULCOKICP2 - FN
22 UBI ROAD 4 FULCO BUILDING
SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

ESCAFY