

NATIONAL Assessment Centre Services. (not a service)

NA2005171

Date In: 20/09/2020 16:07	Job description	Date & Time Completed	Done by
Ref No: N/A/NA2001089814	SAS e-filing		
Veh No: SMG 953X	E-mail (kjsa@na, AIG@na)		
DOA: 29/09/2020 14:07	I-Motor Claims Form		
OID: TP / Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Writer		

Preferred Wreck / INC Ass'n Wreck / QW: (Tel:	Fax:
TP Insurer:	Veh No: SMG 4064	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 repeler.

() 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: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

NA2005171	1) Alt: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100)	INC (\$10)
	3) TP: Towing Fee	\$40/\$45
	4) PT: Yellow-Through Survey	\$110
	5) PT: Yellow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: ID: DA + EMRT Survey	\$100
	8) NTUC Additional Services	
	OR:	
	* NI: Courtesy Car / Tpl Allowance	\$3
	* NI: Repair Coordination	\$10
	* NI: Post Repair Inspection	\$25
	* NI: DV / Collect Insurance Coordination	\$25
	TP (NI): TP (NA INC) against TRG	\$0
	9) NI: ID: ID: ID	
	Invoice dated	
	Invoice dated	

Fee Charged

Fee Charged

NA2005171

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	30/09/2020 16:07
Date Of Accident	29/09/2020 14:55
Exact Location Of Accident	BLK 78A TELOK BLANGAH ST 32 MSCP DECK 1B (BMTBM3)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG9553X
Insured/Policyholder	
Name Of Registered Owner	KHONG PECK WOON HAZELINE
NRIC No	SXXXX974E
Email Address	HAZELINE103@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91500425
Alternative Phone No	OTHERS-91500425

Vehicle Particulars

Manufacturer	KIA
Model	CERATO
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	1800155968
Cover Note Number	

Driver

Name of Driver	KHONG PECK WOON HAZELINE
NRIC No	SXXXX974E
Date Of Birth	23/09/1959
Occupation	INDOOR
Date Of Driving Pass	28/10/1982
Driving Experience	37 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91500425
Fax Number	
Contact Number	OTHERS-91500425
Email Address	HAZELINE103@GMAIL.COM

Address	BLK 370F ALEXANDRA ROAD #10-03
Postcode	159959
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	RAINING
Road Surface	WET

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)	4
Passenger 1	NAME: : UNCLE GENDER: : MALE
Passenger 2	NAME: : UNTIE GENDER: : FEMALE
Passenger 3	NAME: : UNTIE 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 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	SMQ406U
Vehicle Make/Model/Colour	SG BLUE VEHICLE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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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 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:

30/9/2020


12:01pm

DATE: 30/09/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

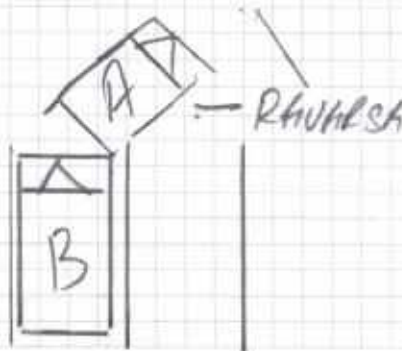
NRIC/FIN No.:

SKETCH PLAN

FEY17

BIK 78A
TALOK BLANCAH MSCP

A) SMG 9553X
B) SMQ 406U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I reverse and hit on SMQ406U car plate @ 1458 hrs.
and it drop on the ground.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 20/09/2020
Reporting Centre Personnel's Signature
Name: ROSLI MATHAS
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 29/9/2020 (DD/MM/YYYY), TIME: 14:58 (HH:MM)

LOCATION: Blk 78A MSCP Deck 1B BMTBM3 Telo K Blangah St 32

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMG9553X
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: 1800155968
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: KIA CERATO
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE
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: KHONG PECK WOON HAZELINE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1365974E CONTACT: 91500425
c) ADDRESS: 370F ALEXANDRA ROAD #10-03
(159959)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KHONG PECK WOON HAZELINE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1365974E CONTACT: 91500425
c) ADDRESS: 370F ALEXANDRA RD #10-03
159959

* d) DATE OF BIRTH: (23/9/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 28 OCT 1982

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) RAINING

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: SMG4064 MODEL: SG BLUE vehicle
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 = hazeline103@gmail.com

VIDEO

Name of Policyholder : KHONG PECK WOON HAZELINE
Period of Insurance : 07 Jan 2019 To 06 Jan 2021
Engine No. : G4FGJH713005
Chassis No. : KNAF1416MK5024516

Vehicle No. : SMG9553X
Policy No. : 1800155968
Endorsement No. :
Issued Date : 18 Jan 2019

ABOUT THE COVER

Make/Model : KIA Cerato
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA
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 authorized driver only if he/she meets the following conditions:
 * You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" if you are a First Authorized Driver (defined as untanned) under the age of 25 and/or has less than 3 years driving experience.
Sum Insured :
Market Value :
First Year of Registration : 2019
Off Peak Car : No
Insuring with COE/PAFF : Yes
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, track use, off-road use, closed testing, the damage of goods other than samples in connection with any trade business or use for any purpose in connection with Motor Trade.
Loss of Use 1500cc - 1600cc :
 * Limitations stipulated inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, 1967 (Malaysia) and Section 15 of the Road Transport Act, 1967 (Malaysia) are not 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)
 KHONG PECK WOON HAZELINE - \$600 (Own Damage)

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

1 Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen repair) : 1. Cycle & Carriage Singapore 4777441/4777442
 2 Cycle & Carriage Body & Paint Centre, App. 200 Pandan Gardens Singapore 4001441/4001442
 3 Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen repair) : 3. Cycle & Carriage Singapore 4777441/4777442
 4 Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen repair) : 4. Cycle & Carriage Singapore 406650/406651
 For other Approved Reporting Centres & Authorized Repairers, please contact : 1. Cycle & Carriage Singapore 4777441/4777442 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank 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, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1967 (Malaysia).

GS04822241

CYCLE & CARRIAGE-BRAND
 239 ALEXANDRA ROAD
 SINGAPORE 169930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. J. J. J.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE