

NATIONAL Assessment Centre Services.

Jan 1 Jan 03

Date & Time Completed

Done by

Date In: 16/11/2020 10:53

Ref No: N/A 2006/2556/Y

Veh No: SLV 632C

D.O.A: 30/10/2020 14:55

OD: TP / Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (by date time, AIG time)

I-Motor Claims Form

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/When

Tel:

Fax:

Preferred Wkep / INC Assign Wkep / QW: (

TP Particulars: Vch No: SLV 374P

INC () / Non-INC ()

Tel:

Owner / Driver: (

Cover Type: (

Policy No: (

Period: (

Date:

Time:

Confirmed by: (

Insured/Driver Liability: (

%) [Note: Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: (

Warranty: YES () / NO ()

Access: (\$

Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO Refor 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: (

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engn-In-Charge):

Additional Comments:

Date:

2/3

Item	Amount	INC (\$)
1) All Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		
3) TP: Towing Fee	\$120	
4) PT: Follow-Through Survey	\$30	
5) PT: Follow-Through Survey (Resurvey)	\$30	
6) TT: Re-inspection	\$140	
7) NI: Idea DA + EMRT Survey		
8) NTUC Additional Services		
9) NI: Idea Mobile		
10) NI: Courtesy Car / Tpl Allowance	\$10	
11) NI: Repair Coordination	\$25	
12) NI: Post Repair Inspection	\$35	
13) NI: DV / Collect Excess Coordination	\$30	
14) TE (NI) TFP (NI INC) against INC	\$0	
15) NI: Idea Mobile		
16) NI: Idea Mobile		
17) NI: Idea Mobile		
18) NI: Idea Mobile		
19) NI: Idea Mobile		
20) NI: Idea Mobile		
21) NI: Idea Mobile		
22) NI: Idea Mobile		
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25) NI: Idea Mobile		
26) NI: Idea Mobile		
27) NI: Idea Mobile		
28) NI: Idea Mobile		
29) NI: Idea Mobile		
30) NI: Idea Mobile		

Fee Charged
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	16/11/2020 10:53
Date Of Accident	30/10/2020 14:55
Exact Location Of Accident	ALONG ANG MO KIO AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6312C
Insured/Policyholder	
Name Of Registered Owner	ONG YENG TII LINDA
NRIC No	SXXXX443D
Email Address	JASONJABIER21@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97893917
Alternative Phone No	OTHERS-97893917

Vehicle Particulars

Manufacturer	KIA
Model	FORTE 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	1800000246-02
Cover Note Number	

Driver

Name of Driver	ONG YENG TII LINDA
NRIC No	SXXXX443D
Date Of Birth	26/06/1958
Occupation	INDOOR
Date Of Driving Pass	03/06/1982
Driving Experience	38 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97893917
Fax Number	
Contact Number	OTHERS 97893917

Address	BLK 121 ANG MO KIO AVENUE 3 #03-1711
Postcode	560121
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?	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)	1

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	SLQ374P
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

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 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.

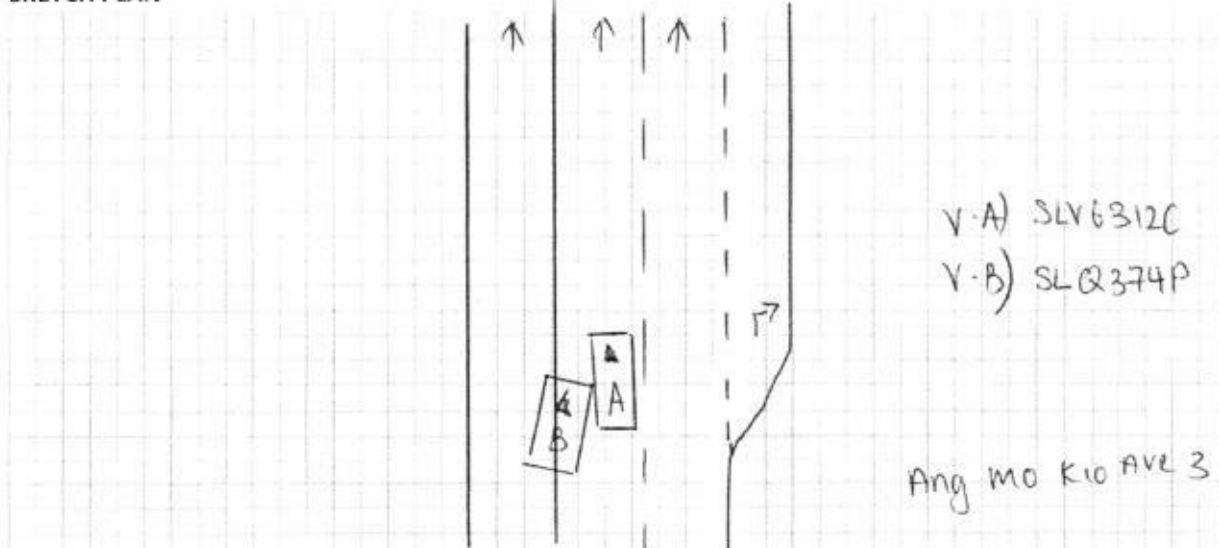
X

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

On the stated date and time, I vehicle 'A' SLV6312C
was travelling on the stated venue. I was travelling straight
in my lane, suddenly I felt an impact on my vehicle
left portion. Upon the impact I noticed it was another
vehicle collided against me, as such I proceed towards the
bus stop in front and alighted my vehicle and noticed it
was SLQ374P collided against me.

DECLARATION

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

X

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.:

16/10/2020
Rashid
16/10/2020

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

mark

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30/10/2020 (dd/mm/yy) Time of Accident: 14:55 (24-HR-FORMAT)
Vehicle No.: SLV 6312 C Vehicle Make & Model: KIA Forte K3
Exact location of Accident: ANG MO KIO AVE 3
Policyholder's Name / IC No.: ONG YENG YII LINDA S1334443D
Driver's Name / IC No.: ONG YENG YII LINDA S1334443D (As Above) ☐
Driver's Contact No.: 9789 3917 Company Contact No.:
Driver's Address: 121 ANG MO KIO AVE 3 #03-1711 S560121
Insurance Company: AIG Email address (if any): JASONJABIER21@YAHOO.COM

Relationship between Owner & Driver: OWNER or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor/ ☐ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name :
Passenger Name :

Gender :
Gender :

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SLQ 374 P

Driver's Contact No: _____ Insurance Company (If any): _____

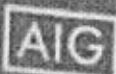
2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Ong Yeng Yi Linda
 Period of Insurance : 05 Jan 2020 To 04 Jan 2021
 Engine No. : G4F GHH682570
 Chassis No. : KNAFJ411MJ5747359

Vehicle No. : SLV6312C
 Policy No. : 1800000246-02
 Endorsement No. :
 Issued Date : 18 Dec 2019

ABOUT THE COVER

Make/Model : KIA Cerato K3 1.6 EX
 Engine Capacity/Tonnage : 1,591.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2018
 Insuring with COE/PARE : Yes

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 in any authorized third party if he/she meets the specified age condition.
 The holder to pay an additional sum of \$1,000 as "Young Driver Inexperience Driver Excess" ("Y-DIE") if You are or Your Authorized 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, demolition, liability trial or racing, making 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: 15000/- 16000/-

* Limitations, rendered in compliance with Section 8 of the Motor Vehicle (Third Party) (State and Comprehensive) Act (Cap. 124), Section 10 of the Road Transport Act, 1987 (Malaysia), and Road Transport (Amendment) Act 2014, are not to be included under Motor Trade.

EXCESS

Section 1
 Fire - \$0 (Zero Excess) - \$0 (Zero Excess) - \$0 (Zero Excess)

Section 2
 Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Ong Yeng Yi Linda - \$600 (Zero Excess) - \$0 (Zero Excess)

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

1. Car & Carriage Body & Panel Centre, Add: 203 Punggol Parkway, Singapore 820000
 2. Car & Carriage Authorized Service Centre (For accident reporting & windscreen claim only), Add: 230 Ulu Ait 2 Singapore 400000
 3. Car & Carriage Authorized Service Centre (For accident reporting & windscreen claim only), Add: 247 Alexandra Road, Singapore 110000
 4. Car & Carriage Authorized Service Centre (For accident reporting & windscreen claim only), Add: 600 Sui Ming Ave, Singapore 670000

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at 6000 6000. Alternatively, you may refer to AIG website www.aig.sg or AIG 100 Mobile App. Simply search and download "AIG 100" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby certify that the policy is issued in accordance with the provisions of the Motor Vehicle (Third Party) (State and Comprehensive) Act (Cap. 124), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2014 and under the Motor Vehicle (Third Party) Act (Cap. 124) (Malaysia).

050076690

G&C FULLCO-CORP SALS

22 Ulu Road & Fullco Building

SINGAPORE 400000 - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

050076690

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: MNA420100998 Vehicle Registration No: SLV6312C
Name (as shown in NRIC): Ong Yeng Yui Linda NRIC/FIN/Passport No: S1334443D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: 121 Ang Mo Kio Ave 3 #03-171 Singapore 560121
Contact (Tel): 9789 3917 Mobile No.: _____
Email Address: Jason.javier21@yahoo.com
Date of Accident: 30/10/2020 Time of Accident: 1455hrs
Place of Accident: Along Ang Mo Kio Ave 3
Insurance Company: AIG

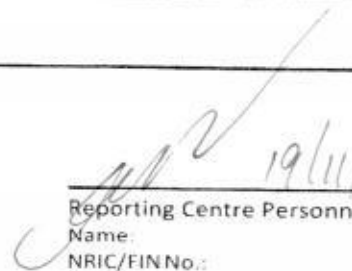
(B) ADDITIONAL INFORMATION / AMENDMENTS:

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

Amend to third party claim



Policyholder / Driver's Signature
Date:



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