

NATIONAL Assessment Centre Services

Date In: 01/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/91620013167/13	SAS e-filing		
Veh No: 5MD85604	E-mail (w/dm 3hrs, A/C 3hrs)		
D.O.A: 28/11/20 15:15	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: GBE98444	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 ()	

General Remarks:	
() 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. ()	

Remarks: ()	Date: ()	Time: ()	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

Injury: ()	
Disposal: ()	

NA2006367	Invoice	Amount (\$)	Add Bill
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$30)		
3) TF: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*N5: Courtesy Car / Tp Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (N11): TP (Non INC) against INC	\$20		
9) N12: Idao Mobile	\$30		
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 Submission	01/12/2020 14:33 (SGT)
Date of Accident	28/11/2020 15:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	ALONG PIE TWDS TUAS AFT PAYA LEBAR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD8560Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOW SOO MUN
NRIC No	SXXXX798Z
Email Address	chingdesheng@gmail.com
Mobile Phone No	(Phone) +65-96277690
Alternative Phone No	+65-96277690

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800106303-01
Cover Note Number	-

DRIVER

Name of Driver	MARCUS CHING DE SHENG
NRIC No	SXXXX541Z
Date Of Birth	23/01/1997
Occupation	Indoor

Date Of Driving Pass	30/06/2015
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91278243
Alt. Phone Number	-
Email Address	chingdesheng@gmail.com
Address	BLK 426 TAMPINES ST 41
Address complement	#02-433
Postcode	520426
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE9844Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YE GEMIN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MARCUS CHING DE SHENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMD8560Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

x

Susan

Policyholder's Signature
Date & Time:

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

2/Jan 01/12/20

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

SKETCH PLAN



Veh A: SMD8560Y
Veh B: GBE9844Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SMD8560Y) traveling along PIE Tudu Turns on first lane of a 4-lanes, Expressway. Somewhere after Paya Lebar Road exit, vehicle ahead slowed down and stopped due to the heavy traffic jammed. As such, I applied brake and stopped. Before my vehicle came to a stop suddenly vehicle B (GBE9844Y) came from rear and collided onto the rear portion of my vehicle.

DECLARATION

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

2 Susan

Policyholder's Signature
Date & Time:

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

01/12/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SMD 8560Y		Model / Make	KIA CERATO
Date of Accident	28/11/2020			
Time of Accident	1515	HRS		
Location of Accident	Along PIE towards Tuas after Paya Lebar exit			
Exact purpose use during accident	Private use			
Name of Owner	Chow Soo Mun			
Telephone No.	H/P : 96277690	Home :	Office :	
NRIC	S1663798Z			
Address	BLK 426 Tampines Street 41 #02-433 S(520426)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	AIG			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	1800106303-01			
Name of Driver	As Above If No, Marcus Ching De Sheng			
NRIC	S9702541Z	Any Passengers : -		
Date of birth	23/11/1997			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	30/6/2015			
Gender	Male / Female			
Contact No.	H/P : 91278243	Home :	Office :	
Address	BLK 426 Tampines Street 41 #02-433 S(520426)			
Driver have any own vehicle	No,	If yes, Reg No.	FBH 6404M	
Relationship	Employee,	If no, state Mother & Son		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	Marcus Ching De Sheng 91278243			
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	GRE 9844Y	Any Passengers : -		
Name of Driver	Ye Gemin	Contact No. :		
Vehicle C No.		Any Passengers :		
Vehicle D No.		Any Passengers :		
Vehicle E no.		Any Passengers :		
Vehicle F No.		Any Passengers :		
Vehicle G No.		Any Passengers :		
Witness Name		Witness Contact :		
Accident Portion	Rear portion			
Camera Recorder	Yes / No			
Email Address	chingdesheng@gmail.com			
919 - unsuubmit				
PARTICULAR WORKSHOP	Twincar Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Brandon			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg			



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHOW SOO MUN
Period of Insurance : 10-Sep-2020 To 09-Sep-2021
Engine No. : G4FGLH702724
Chassis No. : KNAF3416AKS012611

Vehicle No. : SMD8560Y
Policy No. : 1800106303-01
Endorsement No. :
Issued Date : 06-Aug-2020

SMD8560Y
 1800106303-01

ABOUT THE COVER

Make/Model : KIA Cerato K3 1.6 EX
Engine Capacity/Tonnage : 1.591.00 CC
Driver Restriction : NA
Sum Insured :
Market Value :
First Year of Registration : 2016
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

1. The Policyholder
 2. Any other person who is driving on the Policyholder's order or with further permission
 This Policy will indemnify the Policyholder or any authorized driver only if the driver meets the specified age condition.

You have to pay an additional sum of \$1,000 as "Young driver inexperienced driver cover" ("YIDP") if you are a Young Authorized Driver (defined as under the age of 23 and/or have less than 2 years' driving experience).

Age Condition : All Age Condition
Mileage Condition : Unlimited Mileage

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, prize-fighting, velocity 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 : 1500hrs - 1600hrs

* Limitations included inoperative by Section 6 of the Motor Vehicle (Third Party Rules and Compensation) Act (Cap. 186), Section 35 of the Road Transport Act, 1987 (Malaysia), and Road Transport (Compensation) Act 2015, and not to be included under these headings.

EXCESS

Section 1

Fire - \$0 (Over Damage); \$300 (Theft); \$0 (Food Cover); \$300

Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

CHOW SOO MUN - \$300 (Over Damage); \$300 (Food Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 280 Pasir Panjang Road Singapore 110203 62884021

2. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Ave 3 Singapore 408600 6746-1000

3. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 119901 Jay Nee

4. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 601 Geylang Road Singapore 409007 62255000

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6228 6228. Alternatively, you may refer to AIG website www.aig.sg or AIG 500 Mobile App. Simply search and download "AIG 500" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan : Standard Chartered Bank (Singapore) Limited

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle (Third Party Rules and Compensation) Act (Cap. 186), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Compensation) Act 2015 and Motor Vehicle (Third Party Rules) Rules, 1988 (Singapore).

0504622200
 C&C/KCPZ - ALTHAM

238 ALEXANDRA ROAD
 SINGAPORE 119930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

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Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
SMD8560Y

Make / Model
KIA / CERATO 1.6(A) EX

Vehicle Type :
P10 - Passenger Motor Car

Vehicle Attachment 1 :
No Attachment

Vehicle Scheme :
Normal

Chassis No. :
KNAF3416MK5012611

Propellant :
Petrol

Engine No. :
G4FGJH702724

Motor No. :
-

Engine Capacity :
1591 cc

Power Rating :
-

Maximum Power Output :
93.8 kW (125 bhp)

Maximum Laden Weight :
1680 kg

Unladen Weight :
1287 kg

Year Of Manufacture :
2018

Original Registration Date :

10 Sep 2018

Lifespan Expiry Date :

-

COE Category :

A - Car up to 1600cc & 97kW (130bhp)

Quota Premium :

\$31,997.00

COE Expiry Date :

09 Sep 2028

Road Tax Expiry Date :

09 Mar 2021

PARF Eligibility Expiry Date :

09 Sep 2028

Inspection Due Date :

09 Sep 2021

Intended Transfer Date :

30 Nov 2020

CO2 Emission :

152.00 (g/km)

CEV/VES Rebate Utilised Amount :

-

CO Emission :

0.219220 (g/km)

HC Emission :

0.022500 (g/km)

NOx Emission :

0.003890 (g/km)

PM Emission :

0.120000 (mg/km)

Fees To Be Paid For Transfer

Transfer Fees

\$25.00

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