

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

SN 0820040001

Date In: 23/12/2000 11:41	Job description	Date & Time Completed	Done by
Ref No: N/A/016200/4355/4	SAS e-milling		
Veh No: SKU 274CR	E-mail (by date time, AIC time)		
D.O.A. 22/12/2000 18:80	I-Motor Claims Form		
OD: TP Reporting Only	I-Motor W/O (Within OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VK32		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKU 274CR	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 repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoices: 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: _____

Date: _____

Time: _____

Location: _____

Weather: _____

Witness: _____

Signature: _____

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$120	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$30	
Architect's Comments:	5) PT: Follow-Through Survey (Resurvey) For claiming against INC Only (ver 10 Jan 2005)	
Ref: 2/2	6) TR: Re-inspection \$160	
	7) NI: Idea DA + SMRT Survey	
	8) NIUC Additional Services:	
	ON:	
	• NS: Courtesy Car / Tpl Allowance \$3	
	• NG: Repair Coordination \$10	
	• NT: Post Repair Inspection \$25	
	• NO: DV / Collect Excess Coordination \$3	
	TP (NI) : TP (NI) INC against INC \$10	
	5) NI3: Idea Mobile	
	Invoice dated	
	Invoice dated	

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 Submission	23/12/2020 11:41 (SGT)
Date of Accident	22/12/2020 18:30 (SGT)
Exact Location of Accident	426 Jurong West Ave 1, Block 426, Singapore 640426
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU2741R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	THONG KAM SENG
NRIC No	SXXXX684G
Email Address	ksthong6@gmail.com
Mobile Phone No	(Phone) +65-97613739
Alternative Phone No	+65-97613739

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C4 picasso
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	2100421230-05
Cover Note Number	-

DRIVER

Name of Driver	THONG KAM SENG
NRIC No	SXXXX684G

Date Of Driving Pass	09/02/2002
Driving experience	18 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97613739
Alt. Phone Number	+65-97613739
Email Address	ksthong6@gmail.com
Address	BLK 426 JURONG WEST AVENUE 1
Address complement	#03-338
Postcode	640426
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
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

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	SLG8907C
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

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

SKETCH PLAN

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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' law yers/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.

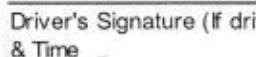
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

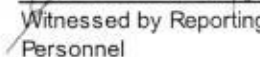
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 23/12/20

Policyholder's Signature / Date & Time

 23/12/2020

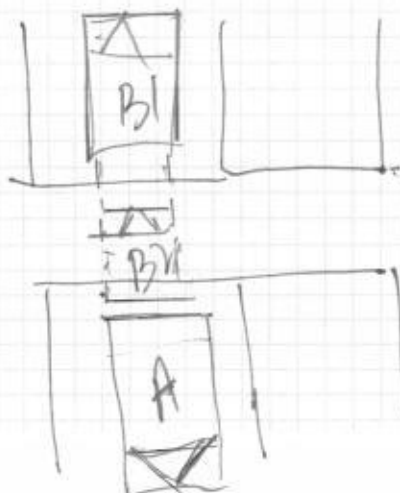
Driver's Signature (If driver is not the policyholder) / Date & Time

 23/12/2020

Witnessed by Reporting Centre Personnel

Sketch Plan

BK 426 JURONG WEST AVENUE 1



A) SKU 2741 R

B) SLG 8907 C


Describe Circumstances of the Accident

Car was parked ~~not~~ in the lot. It was knocked at the back of the vehicle by SLG 8907C, who was reversed parking from the opposite lot.

Declaration

We declare the foregoing particulars are true in every respect.

 23/12/20

 23/12/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (22/12/20) (DD/MM/YYYY), TIME: (18:30) (HH:MM)

LOCATION: JURONG WEST AVE 1

SKU 27412

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: _____
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 2100421230
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: CITROEN C4
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: THONG KAN SENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7180684G CONTACT: 97613739
 c) ADDRESS: BLK 426 JURONG WEST AVE 1 #03-338

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: THONG KAN SENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7180684G CONTACT: 97613739
 c) ADDRESS: BLK 426 JURONG WEST AVE 1 #03-338

* d) DATE OF BIRTH: (01/06/1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 09 FEB 2006

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)

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: SU4 8907C MODEL: TOYOTA CARRY
 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: _____

No of passenger
 (Including driver)
 ()

No of passenger
 (Including driver)
 ()

No of passenger
 (Including driver)
 ()

Email: ksthong@gmail.com
 VIDEO



CERTIFICATE OF INSURANCE

CITROEN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Thong Kam Seng
Period of Insurance : 15 Jul 2020 To 14 Jul 2021
Engine No. : 10JBEX3057374
Chassis No. : VF73D9HC8FJ659158

Vehicle No. : SKU2741R
Policy No. : 2100421230-05
Endorsement No. :
Issued Date : 29 May 2020

ABOUT THE COVER

Make/Model : CITROEN C4 PICASSO 1.6 E-HDI SEDUCTION
Engine Capacity/Tonnage : 1,560.00 CC Sum Insured : Market Value First Year of Registration : 2015
Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : 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 "Young and/or Inexperienced Driver Excess" ("YIDR") 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), Section 95 of the Road Transport Act, 1967 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Thong Kam Seng - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leong Kee Rd Singapore 159994 64708600

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.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

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, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502847633

CYCLE & CARRIAGE - JESSIE

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP