

# NATIONAL Assessment Centre Services.

Print 1 Jan 2001

SN/0820080000

Date In: 28/12/2020 19:27	Job description	Date & Time Completed	Done by
Ref No: 2168/MG200145814	SAS e-Milling		
Veh No: SMK 5014R	E-mail (by date time, A/C time)		
D.O.A: 28/12/2020 14:10	I-Motor Claim Form		
OD: 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/With		

Preferred Wkep / INC Assign Wkep / QW: (	Tot:	Fact:
TP Particulars:	Veh No: SM 1428R	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 ( ) ; 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:	
Date:	

NO2100498	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$120	
Damaged Portion:	4) PF: Follow-Through Survey \$30	
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (w/ 10 Jan 2001)	
	6) TR: Re-Jumpson \$160	
	7) NI: Idea DA + SMRT Survey	
	8) NTUC Additional Services	
	ON:	
	* NS: Courtesy Car / Tpl Allowance \$3	
	* NG: Repair Coordination \$10	
	* NT: Post Repair Inspection \$25	
	* NO: DV / Collect Excess Coordination \$3	
	TE (NI): TP (Non-INC) against INC \$30	
	9) NI: Idea Mobile	
	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	28/12/2020 19:27 (SGT)
Date of Accident	28/12/2020 14:10 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TOWARDS SLE(BEFORE TURF CLUB AVE) LP 357
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK5014R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KIAN BENG YEO
NRIC No	SXXXX256A
Email Address	kbyeo45@gmail.com
Mobile Phone No	(Phone) +65-97568177
Alternative Phone No	+65-97568177

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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	2070091651
Cover Note Number	-

#### DRIVER

Name of Driver	KIAN BENG YEO
NRIC No	SXXXX256A

Date Of Driving Pass	30/11/1989
Driving experience	31 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97568177
Alt. Phone Number	+65-97568177
Email Address	kbyeo45@gmail.com
Address	90 PUNGGOL DRIVE
Address complement	#04-03
Postcode	828794
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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

#### 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	SLU1428R
Vehicle Manufacturer	Toyota
Vehicle Model	C-hr
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG YI SHENG, ALVIN
Contact Number	(Phone) +65-97353832
Address	-
Address complement	-
Postcode	-

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

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

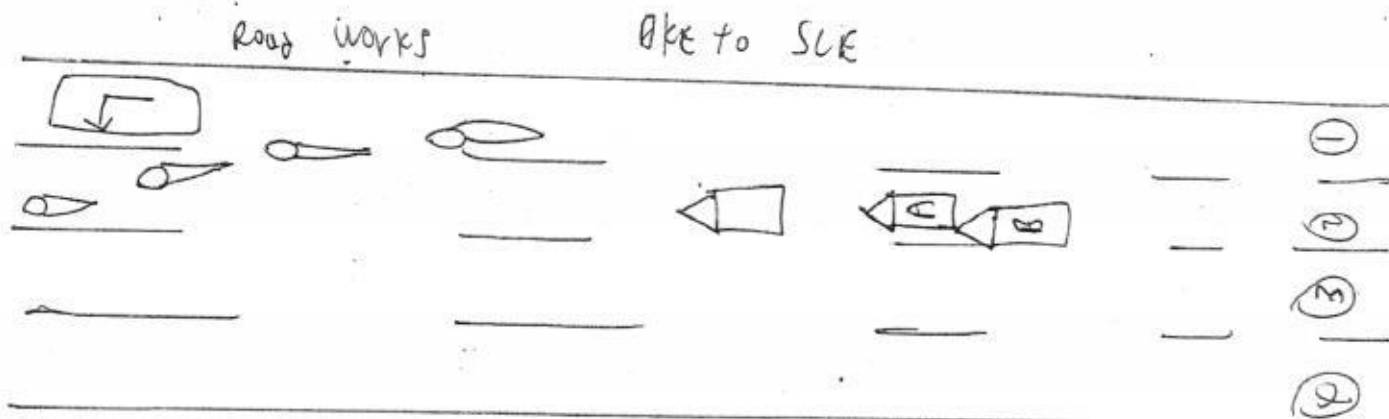
Driver's signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

(A) SMK SOLK R

(B) SLU 1428 R



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/12/2020 @ about 2:10 pm, I am travelling along BKE towards SLE, I am travelling on lane (2) going straight within my own lane. There is road works ahead. The front vehicle slow down and stopped. I too stopped. Moments later, I felt an impact on my rear portion. When I got down, I saw that vehicle (B) had onto my rear portion. After the accident, my vehicle was surge forward abit without hitting onto the front car.

I felt some pain on my back, and shoulder area will go see a doctor afterwards

## 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:

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

Date of Accident : 28/12/2020 Accident Time: 2.10pm (24-HR-FORMAT)  
Accident Place : BKE towards SLE (before (Turf club ave) (LP357))  
Vehicle Reg. No (Car plate No.) : 5MK 5014 R  
Vehicle Make/Model : Bmw 520i  
Insurance Company : AIG Policy No. WBA532000033x536  
Owner or Company Names /IC NO: Yeo Kian Beng / 57034256A  
Owner or Company Contact No. : 9756 8177 Owner's HP \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name & IC no. : Yeo Kian Beng / 57034256A  
DRIVER'S Date of Birth : 29/09/1970 DRIVER'S License Pass Date 30 Nov 1989  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
DRIVER'S Address : 90 Punggol Drive #04-03 (D) 828794  
DRIVER'S Contact No./ Alt No. : 1) 9756 8177 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc) Auditor & Inspector  
Email Address : kb.yeo45@gmail.com  
Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET  
Reporting Type : Reporting Only Claim Other Party Claim Own Ins  
Number of Passengers (including Driver): 1  
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

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: SLU 1428 R  
Vehicle Make/Model: Toyota Chr  
Name DRIVER: Ng Yi Sheng, A/Vin  
IC No. DRIVER: 12/07/1985  
DRIVER'S Contact & add: 9735 3832

Vehicle Reg No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name DRIVER: \_\_\_\_\_  
IC NO. DRIVER: \_\_\_\_\_  
DRIVER'S Contact & add: \_\_\_\_\_



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : KIAN BENG YEO  
Period of Insurance : 10 Jun 2020 To 10 Jun 2021  
Engine No. : A9000627N20B20B  
Chassis No. : WBA5A32000D334536

Vehicle No. : SMK5014R  
Policy No. : 2070091651  
Endorsement No. :  
Issued Date : 09 Jun 2020

### ABOUT THE COVER

Make/Model : BMW 520i  
Engine Capacity/Tonnage : 1,998.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2014  
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 Optional

\* 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, 1987 (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)

KIAN BENG YEO - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. 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](http://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: NA

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

0501780000

HAN TEE TOON

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

TEE TOON HAN

**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 : SN0820CS000C Vehicle Registration No: SMK 5014 R

Name (as shown in NRIC) : KIRAN BRALY YAO NRIC/FIN/Passport No : SXXXX256A

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore ( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 97568177

Email Address : \_\_\_\_\_

Date of Accident : 28/12/2020 Time of Accident : 14:16

Place of Accident : BKE TOWARDS SUE. (BAYFAR 14RF QUM AVE) 4P357

Insurance Company : DIY

**(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:

① Insured VEHICLE NUMBER: SMK 5014 R

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Keld. Morton