

NATIONAL Assessment Centre Services. [Part 1 of 2] SM0921790006-01

Date Inc: 9/11/21 11:42	Job description	Date & Time Completed	Done by
Ref No: MAI AIG 21000390164	SAS e-filing		
Veh No: SGV 1082H	E-mail (within 3hrs, AIG 2hrs)		
DDA: 8/11/21 17:55	I-Motor Claims Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: S2B 7473 U	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/Time	Actions

<p>NA2100888</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Warrantors' Comments:</p> <p>Ref: 1:</p>	<p>Invoice/Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$40)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claimant against INC Only (wef 10 Jan 2009)</p> <p>6) TR: Re-Inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>OD:</p> <p>*NS: Courtesy Car / Tpt Allowance \$5</p> <p>*NG: Repair Co-ordination \$10</p> <p>*NT: Post Repair Inspection \$25</p> <p>*NB: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N11) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p> <p>Invoice dated _____ Fee Charged _____</p>
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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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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 09/01/2021 11:42 (SGT)
 Date of Accident 08/01/2021 17:55 (SGT)
 Exact Location of Accident AYE, Singapore
 Additional Location Information -
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGV1082H

INSURED/POLICYHOLDER

Is company? No
 Name Of Registered Owner CHEW KIM CHOO
 NRIC No SXXXX441H
 Email Address KJUNRUI@HOTMAIL.COM
 Mobile Phone No (Phone) +65-96488308
 Alternative Phone No +65-96488308

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 1800127187-01
 Cover Note Number -

DRIVER

Name of Driver CHEW KIM CHOO
 NRIC No SXXXX441H
 Date Of Birth 01/06/1966

Date Of Driving Pass	17/07/1986
Driving experience	34 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96488308
Alt. Phone Number	+65-96488308
Email Address	KJUNRUI@HOTMAIL.COM
Address	BLK 138B YUAN CHING RD #19-125
Address complement	-
Postcode	612138
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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

REFER TO 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	SLB7473U
Vehicle Manufacturer	-
Vehicle Model	-
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLG7074L
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKH2238X
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHEW KIM CHOO
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SGV1082H
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.



Policyholder's Signature
Date & Time:

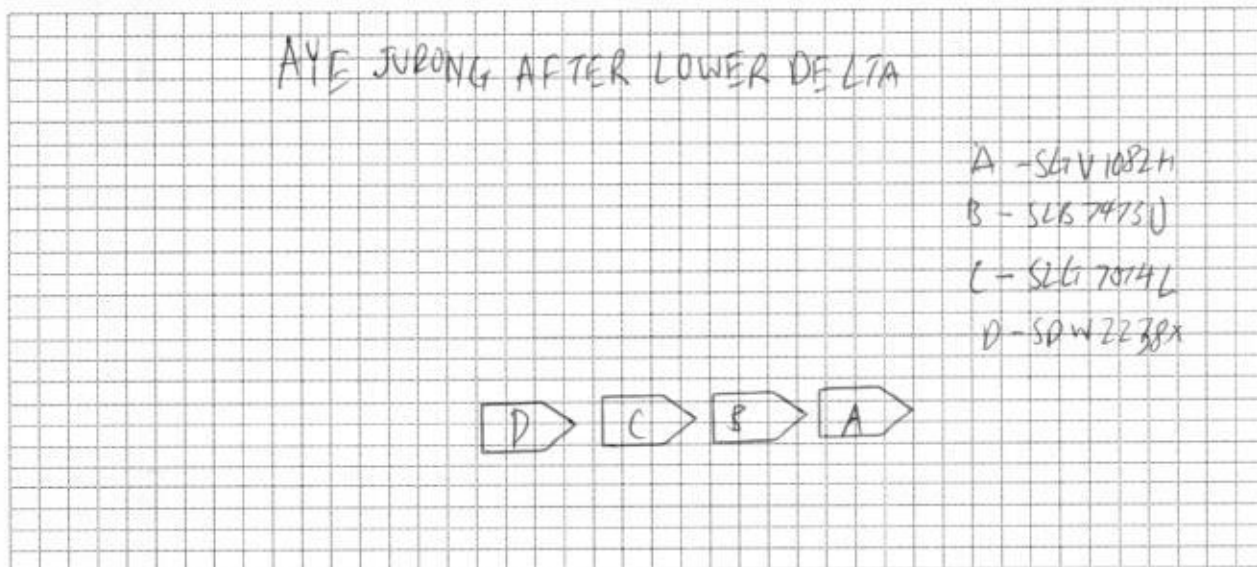


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG AYE JURONG AFTER LOWER DELTA. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENT LATER WHILE MY VEHICLE WAS STILL STATIONARY, VEH B REAR-ENDED MY VEHICLE. WHEN I ALIGHT I REALISE I WAS INVOLVE IN A CHAIN COLLISION.

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)

Reporting Centre Personnel's Signature
Name:

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 : SN0921190006 Vehicle Registration No: SGV1082H
Name(as shown in NRIC) : CHEW KIM CHOO NRIC/FIN/Passport No : S1779441H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : APT BLK 138B YUAN CHING ROAD #19-125 Singapore(612138)
Contact (Tel) : 96488308 Mobile No. : _____
Email Address : KJUNRUI@HOTMAIL.COM
Date of Accident : 8/1/2021 Time of Accident : 1755
Place of Accident : AYE JURONG AFTER LOWER DELTA
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:

THE LAST VEHICLE (D) SHOULD BE SKH2238X



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 14/1/21



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHEW KIM CHOO
Period of Insurance : 15 Nov 2020 To 14 Nov 2021
Engine No. : G4FGJH709060
Chassis No. : KNAF3416MK5017923

Vehicle No. : SGV1082H
Policy No. : 1800127187-01
Endorsement No. :
Issued Date : 21 Oct 2020

ABOUT THE COVER

Make/Model : KIA Cerato
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
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
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, 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, 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)

CHEW KIM CHOO - \$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: 330 Ubi Rd 3 Singapore 408650 67461000
3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800
4 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. 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: United Overseas Bank Limited


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, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

Accident Reporting Draft

VEHICLE NO: SGV1082H

MODEL: KIA CERATO

AUTO/MANUAL

DATE OF ACCIDENT	8/1/2021	C.C:
TIME OF ACCIDENT	1755	HRS AM/PM
LOCATION OF ACCIDENT	AYE JURONG AFTER LOWER DELTA	
EXACT PURPOSE USE DURING ACCIDENT		
NAME OF OWNER	CHEW KIM CHOO	
CONTACT NO.	96488308	EMAIL: KJUNRUI@HOTMAIL.COM
NRIC	S1779441H	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P	
INSURANCE CO.	AIG	
TYPE OF COVERAGE	COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: SAME AS ABOVE	
NRIC	ANY PASSENGER: 0	
DATE OF BIRTH	4/6/1996	
OCCUPATION	OUTDOOR / INDOOR	
DATE OF DRIVING PASS		
GENDER	MALE / FEMALE	
CONTACT NO.	96488308	EMAIL: KJUNRUI@HOTMAIL.COM
ADDRESS	APT BLK 138B YUAN CHING ROAD #19-125 S(612138)	
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE/ IF NO: <u>owner</u>	
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR	
ROAD SURFACE	DRY / WET/ OTHER: WET	
ANY INJURIES	NO / IF YES: YES <u>Driver</u>	
CONTACT NO.		
POLICE REPORT	NO / IF YES: <input checked="" type="checkbox"/>	
VIDEO RECORDING	NO / YES <input checked="" type="checkbox"/>	
VEHICLE B NO.	SLB7473U	ANY PASSENGER:
NAME		
CONTACT NO.		
VEHICLE C NO.	SLG7074L	ANY PASSENGER:
VEHICLE D NO.	SDW2238X	ANY PASSENGER:
VEHICLE E NO.		ANY PASSENGER:
VEHICLE F NO.		ANY PASSENGER:
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		