

NATIONAL Assessment Centre Services. [ver 1 Jan 03] : SM 09211E 0008

Date In: 14/11/21 14:30	Job description	Date & Time Completed	Done by
Ref No MA1AIG 21000680/h4	SAS e-filing		
Veh No SMQ 9491M	E-mail (within 3hrs, AIC 2hrs)		
DOA 13/11/21 16:40	I-Motor Claim Form		
OT: ① Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Vch No: SMU 5901C. 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 ()

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolier.

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

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

Injury: ()

Date/Time	Action

closed on 15.02.2021

NA2100926

Claimant's Particulars	Invoice Description	Amount	Balance
Driver/Owner:	1) AR: Accident Reporting (\$30);		30
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Ingr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	*N11: TP (Non INC) against INC \$20		
	*N12: Idao Mobile \$0		
	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 14/01/2021 14:30 (SGT)
Date of Accident 13/01/2021 16:40 (SGT)
Exact Location of Accident Woodlands Street 11, Singapore
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ9491M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM SIN HUI
Work Permit No GXXXX535X
Email Address liimsinhui@gmail.com
Mobile Phone No (Phone) +65-98699834
Alternative Phone No +65-98699834

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 1900258559
Cover Note Number -

DRIVER

Name of Driver LIM SIN HUI
Work Permit No GXXXX535X
Date Of Birth 13/05/1992
Occupation Outdoor

Date Of Driving Pass	24/09/2018
Driving experience	2 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98699834
Alt. Phone Number	+65-98699834
Email Address	liimsinhui@gmail.com
Address	BLK 176 WOODLANDS ST 13 #04-375
Address complement	-
Postcode	730176
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)	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

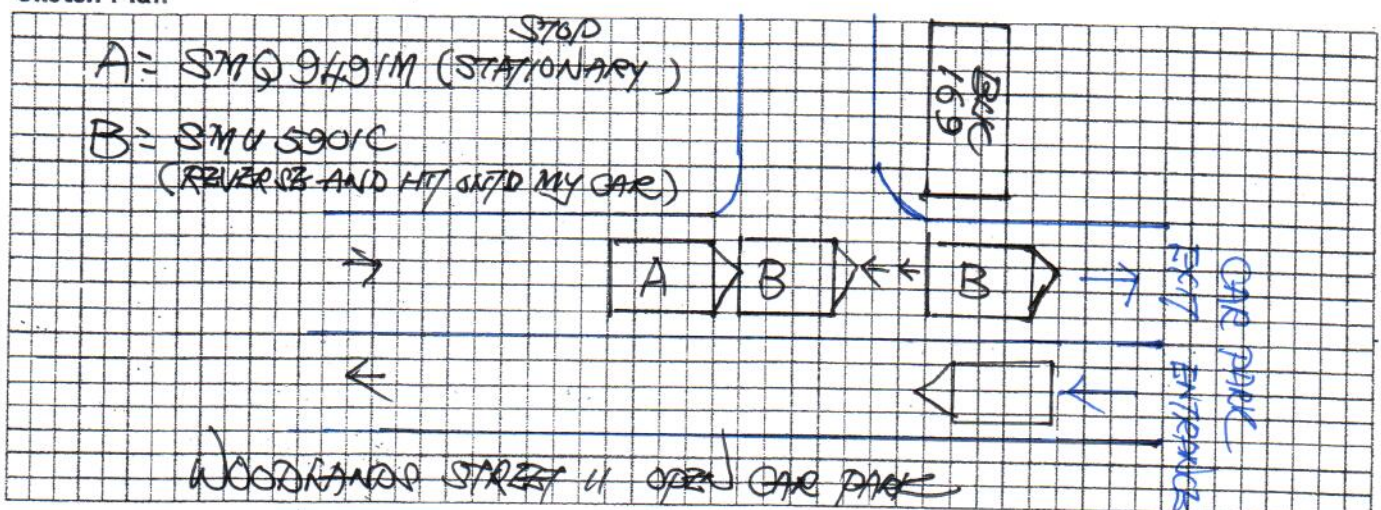
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU5901C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR TAY KOK LEONG
NRIC No	SXXXX446C
Contact Number	(Phone) +65-91094202
Address	-
Address complement	-
Postcode	-

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

IMPORTANT NOTICE

- (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.



Describe Circumstances of the Accident

ON 13/01/21 AT ABOUT 16:40 HRS, I STOP MY CAR (A) AND STATIONARY BEHIND CAR (B) SMU 5901C ALONG WOODBAND STREET 11, OPEN CAR PARK. SUDDENLY, CAR (B) REVERSING HIT CAR, I HORN AND WARN HIM. UNFORTUNATELY, CAR (B) STILL REVERSE HIS CAR AND HIT ONTO MY CAR FRONT PORTION.

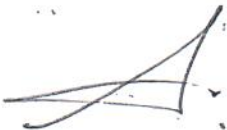
MY CAR HAVE VIDEO FOOTAGE FOR THE ACCIDENT EVIDENCE.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

	Reporting Only
	Claim OD
<input checked="" type="checkbox"/>	Claim TP <i>YFR</i>
	Claim OD / TP at other workshop

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time *14/1/21*

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



Witnessed by Reporting Centre Personnel



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LIM SIN HUI
Period of Insurance : 12 Dec 2019 To 11 Dec 2021
Engine No. : 2NR5403180
Chassis No. : MR2B23F3901192849

Vehicle No. : SMQ9491M
Policy No. : 1900258559
Endorsement No. :
Issued Date : 13 Dec 2019

ABOUT THE COVER

Make/Model : TOYOTA VIOS 1.5
Engine Capacity/Tonnage : 1,496.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
Insuring with COE/PAFF : 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 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, 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)

LIM SIN HUI - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188
2. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

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: HONG LEONG FINANCE LTD

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).

0504667257
INCHCAPE AUTO TOYOTA - BSTU034

33 LENG KEE ROAD
SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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Fahana Ismail

HUP MOTOR TRADING & SERVICE

BLK 9004 TAMPINES STREET 93

#01-120 SINGAPORE 528838

TEL: 67840039 (24 hrs) HP: 98154655

Email: hupmotor@gmail.com

Accident Information

1 Date of Accident : 13/1/21 Time(base on 24hrs): 16:40 hrs
2 Location : WOODLANDS STREET 11, OPEN CAR PARK
3 Weather condition : Clear / Rain Road Surface : Dry / Wet
4 Claiming under : Own Damage _____ Third Party YES Reporting Only _____
5 Injuries : Yes / No Type Of Collision : TP REAR H/T HIT INTO INSURED FRONT PORTION
6 Witness Name / Hp : N/A
7 Police Report : Yes / No Which Station : _____

VEHICLE A

Vehicle No : SMQ9K91M Model : TOYOTA VIOS
Policy Holder Name : LIM SIN HUI
Policy I/C No. : G2109535X Contact: _____
Policy Address : BLK 176, WOODLANDS ST. 13, #01-375, Q (73076)
Policy No. : 1900258559 Cover : Comp / 3rd pty / Fire n Theft
Insurance Company: AIG No Of Pax 1 (including Driver)
1) _____ Sex(Male / Female)
2) _____ Sex(Male / Female)

Driver Particulars

Name : AS ABINZ NIRC G2109535X DOB: 13/5/92
Address : AS ABINZ
Pass Date: 24/9/18 Gender : Male / Female Occupation: Indoor / Outdoor
Contact : HP 98699836 Office _____ Home _____
Email lmsinhui@gmail.com Relationship: Spouse/Children/Friend/Relative
Employee/ Hirer/Parent/Sibling

VEHICLE B : SMY5901C Model: TOYOTA PREVIA Insurance : _____
Driver Name : MR TAY KOK LIONG I/C No. : S1583K40C
Contact No. : 91094202

VEHICLE A SIGNATURE : 