

NATIONAL Assessment Centre Services.

part 1 Jan'09

SN 09211 7000A

Date In: 18/1/21 15:52	Job description	Date & Time Completed	Done by
Ref No: NAI AIG 21000 867164	SAS e-illing		
Veh No: SMX 4158Y	E-mail (within 3hrs, AIC 2hrs)		
DDA: 17/1/21 11:40	1-Motor Claim Form		
UD: <input checked="" type="checkbox"/> Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: GX 6225 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: YBS () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolar.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: (

Remarks: (INC 10000, 10000, 10000)	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

NA210949	Invoice/Registration Charge/Insurance/Other/Total
1) AR: Accident Reporting (\$30)	30
2) DA: Damage Assessment (\$100); INC (\$30)	
3) TP: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$120	
5) PT: Follow-Through Survey (Resurvey) \$30	
For claiming status INC Only (wef 10 Jan 2009)	
6) TR: Re-inspection \$75	
7) NI: Idao DA + SMRT Survey \$160	
8) NTUC Additional Services:	
OD*	
*NS: Courtesy Car / Tpt Allowance \$5	
*NG: Repair Co-ordination \$10	
*NY: Post Repair Inspection \$25	
*NB: DV / Collect Excess Coordination \$5	
TP (N11): TP (Non INC) against INC \$20	
9) N12: Idao Mobile \$0	
Invoice dated	Fee Charged

Chain of Custody Particulars:
Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Bug-In-Charge):
Auditor's Comments:
Tel. 1:
2/3:

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	18/01/2021 15:52 (SGT)
Date of Accident	17/01/2021 11:40 (SGT)
Exact Location of Accident	Seletar West Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX4158Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG GIM CHOON
NRIC No	SXXXX563A
Email Address	GIMCHOON@HOTMAIL.COM
Mobile Phone No	(Phone) +65-84124774
Alternative Phone No	+65-84124774

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	-
Cover Note Number	7210001296

DRIVER

Name of Driver	ANG GIM CHOON
NRIC No	SXXXX563A
Date Of Birth	05/07/1949
Occupation	Indoor

Date Of Driving Pass	04/07/1969
Driving experience	51 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84124774
Alt. Phone Number	+65-84124774
Email Address	GIMCHOON@HOTMAIL.COM
Address	BLK 6 MEYER PLACE #08-02
Address complement	-
Postcode	437995
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ANG GLADYS NEE KHOO CHUAN HUAY
Gender	Female

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	GX6225U
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 ANG GIM CHOON
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SMX4158Y
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person ANG GLADYS NEE KHOO CHUAN HUAY
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SMX4158Y
 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 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.
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;

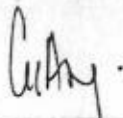
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

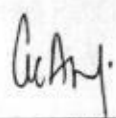
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(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

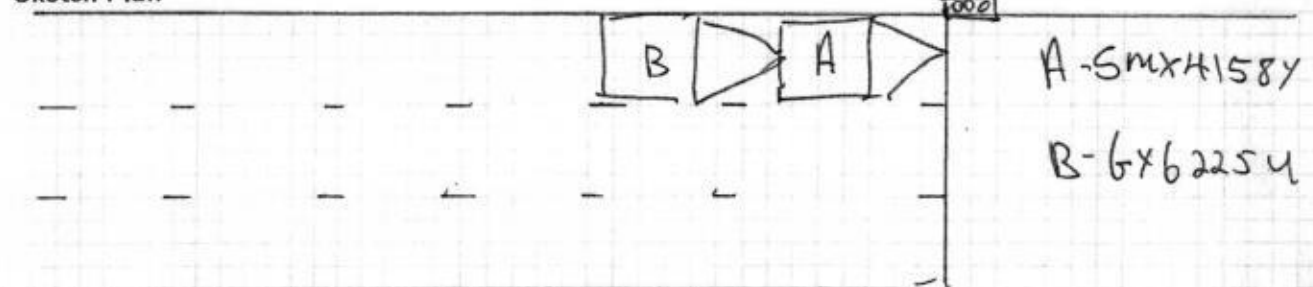
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date &
Time


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


Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

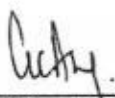
I was driving veh on the above mentioned date n time.
The traffic light was red so I stopped. A few second later
I felt an impact when I aight I notice veh B could
not stop in time n hit the rear of my veh A.

Declaration

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



Witnessed by Reporting Centre
Personnel



COVER NOTE

KIA AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD GUARANTEED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : Ang Gini Choon
 Period of Insurance : 12 Jan 2021 to 19 Jan 2022
 Engine No. : G4FGKH741455
 Chassis No. : KNAF3416NMS096509



Vehicle No. :
 Cover Note No. : 7210001296
 Endorsement No. :
 Issued Date : 06 Jan 2021

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 : 2021
 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

At The Policyholder
 At Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$2,000 as "Young and/or Inexperienced Driver Excess" ("YIED") if You are or Your Authorized 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 4 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 185) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$1100 Theft - \$0 Flood Cover - \$1100

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)
 Ang Gini Choon - \$1100 (Own Damage), \$1100 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 208 Pandan Gardens Singapore 696338 25664521
 2. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 409600 67461000
 3. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159631 84278630
 4. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 800 Sin Ming Ave Singapore 575733 66328008
- For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6286. 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

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.
 We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 185), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of Insurance.

0500710301
 CACFULCO-PRU(GIA)
 22 UBI ROAD 4 FULCO BUILDING
 SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 This computer generated document does not require a signature.

78 Serangoon Way #32-18 AIG Building 55761201 Tel: 6412 3000 / www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.

AK 0074

Date of Accident : 17/1/2021 Accident Time: 11.40am (24-HR-Format)
Accident Place : Seletar West Link towards Yishun Dam
Vehicle No. (Car Plate No.) : SMX4158Y Make/Model: Kia Cerato 1.6
Insurance Company : AIG Cover Note Policy No: 7210001296
Owner or Company Name /IC No. : Ang Gim Choon (S0160563A)
Owner or Company Contact No. : - Owner's Hp 8412A774 Company Tel
DRIVER'S Name / IC No. : Ang Gim Choon
DRIVER'S Date Of Birth : 05/9/1949 DRIVER'S License Pass Date 04.07.1969
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : Blk 6 Meyer Place #08-02 Singapore 437995
DRIVER'S Contact No./ Alt No. : 1) - 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : gimchoon@hotmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1 Driver / 1 Passenger
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
Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle No: GY6225 U	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Ang Gladys nee Khoo chuan huay / Female / S0072263D