

# NATIONAL Assessment Centre Services. part 1 Jan 2003 SM09211J0001-01

Date In: 19/1/21 10:30	Job description	Date & Time Completed	Done by
Ref No N/A1A1621090890144	SAS e-filing		
Veh No SME 9525M	E-mail (within 3hrs, A/C 2hrs)		
ICCA 18/1/21 11:45	I-Motor Claim Form		
OD: <input checked="" type="radio"/> TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel: 4	Fax: )
TP Particulars:	Veh No: SLT 785X.	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 repolter.

( ) 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	Action

NA2100975	Invoice Itemization Checklist	Ref: 50
Claimant's Particulars:	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)	
Contact No:	3) TP: Towing Fee \$40/\$43	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claimant against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection \$73	
	7) N1: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	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	19/01/2021 10:30 (SGT)
Date of Accident	18/01/2021 11:45 (SGT)
Exact Location of Accident	83 Punggol Central, Singapore 828761
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME9525M
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YAN YUEN FUN
NRIC No	SXXXX112A
Email Address	YANREGI@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-91859939
Alternative Phone No	(Home) +65-65191365

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1800126177-01
Cover Note Number	-

#### DRIVER

Name of Driver	YAN YUEN FUN
NRIC No	SXXXX112A
Date Of Birth	18/12/1962
Occupation	Indoor

Date Of Driving Pass .....	22/07/1985
Driving experience .....	35 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91859939
Alt. Phone Number .....	(Home) +65-65191365
Email Address .....	YANREGI@YAHOO.COM.SG
Address .....	297D CHOA CHU KANG AVEUNE 2 #12-108
Address complement .....	-
Postcode .....	684297
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

#### REFER TO STATEMENT

#### 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 .....	SLT785X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ALEX
Contact Number .....	(Phone) +65-90020968
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

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

## SKETCH PLAN

### 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. 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

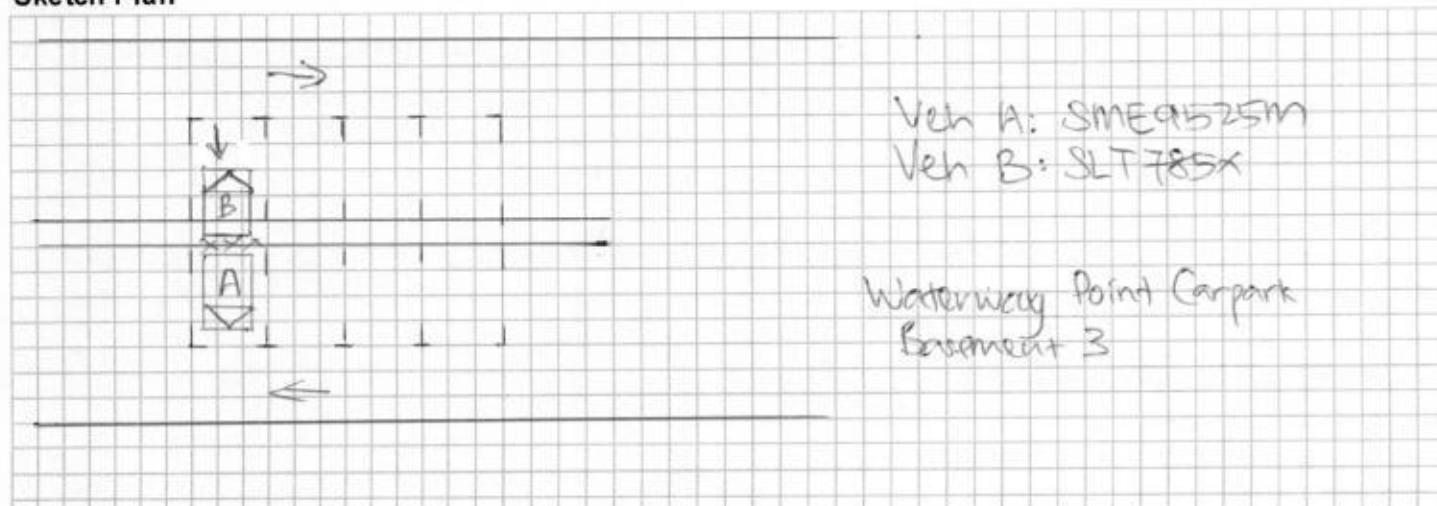
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
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

Parked my car SME952SM at Uxbridge  
point Mall on B3 level for my grocery shopping.  
Returned around 12.35pm to my car  
realised my car boot bumper was damaged  
by a red Honda car #SLT785X parked behind  
my car whose back of car was also dented.  
owner left a <sup>paper</sup> written message and placed it  
on my window screen to contact him when I  
return to my car.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &



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

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Witnessed by Reporting Centre

Hi,

I CAME DOWN OF MY CAR & REALIZED A  
DENT ON UR REAR BUMPER. NOT SURE IF  
I HIT UR CAR. YOU CAN GIVE ME A  
CALL WHEN YOU SEE THIS NOTE.

ALEX: 90020066



# CERTIFICATE OF INSURANCE

## MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Yan Yuen Fun  
Period of Insurance : 24 Oct 2020 To 23 Oct 2021  
Engine No. : P520550883  
Chassis No. : JM6BN24A8K0251463

Vehicle No. : SME9525M  
Policy No. : 1800126177-01  
Endorsement No. :  
Issued Date : 23 Sep 2020

### ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV  
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 : 2018  
Insuring with COE/PAF : 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" ("YIDE") 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 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)

Yan Yuen Fun - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Trans Eurocar Pte Ltd. Add: 27A Tejing Pagaru, Singapore 629042 63310608

For other Approved Reporting Centres/Authorised Repairers, please contact the 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: United Overseas Bank Limited

AIG Insurance Co. (Singapore) Pte. Ltd. is licensed to carry out the business of insurance 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 Road Transport (Third Party Risks) Rules, 1987 (Malaysia).

CO-INSURANCE

CO-INSURANCE LTD. (SINGAPORE)

2. SINGAPORE: SINGAPORE INSURANCE CO. LTD. (SINGAPORE)

SINGAPORE: SINGAPORE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

3/1/2021



CY

VEHICLE NO: <u>SME 9525 n</u>	MAKE & MODEL: <u>Mazda 3</u>	(AUTO) / MANUAL
DATE OF ACCIDENT: <u>181 0112021</u>	CC: <u>1-5 SKYACTV</u>	
TIME OF ACCIDENT: <u>1145</u> HRS		
LOCATION OF ACCIDENT: <u>Waterway Point Carpark basement 3</u>		
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE	
NAME OF OWNER: <u>Yan Yuen Fun</u>		
TEL NO:	H/P: <u>9185 9939</u> OFFICE:	HOME: <u>65191365</u>
NRIC: <u>S1521112A</u>		
ADDRESS: <u>B1K 297D Choa Chu Kang Ave 2 #12-108</u>		
EMAIL: <u>yanvegi@yahoo.com.sg</u>	<u>S'684297</u>	
CLAIM TYPE: <u>OD (THIRD PARTY)</u>	REPORTING ONLY	
FLEET POLICY: <u>YES (NO?)</u>		
INSURANCE COMPANY: <u>AIG Insurance</u>		
TYPE OF COVERAGE: <u>(Comprehensive) / Third Party / Third Party Fire &amp; Theft</u>		
POLICY NO:		
NAME OF DRIVER: <u>(AS ABOVE) / IF NO:</u>		
NRIC: <u>S1521112A</u>	ANY PASSENGER: <u>0</u>	
DATE OF BIRTH: <u>1811211962</u>	LICENCE PASSED DATE: <u>2210711985</u>	
OCCUPATION: <u>OUTDOOR (INDOOR)</u>		
GENDER: <u>MALE (FEMALE)</u>		
CONTACT NO:	H/P: <u>91859939</u> OFFICE:	HOME: <u>65191365</u>
ADDRESS: <u>B1K 297D Choa Chu Kang Ave 2 #12-108</u>		
EMAIL: <u>yanvegi@yahoo.com.sg</u>	<u>S'684297</u>	
DOES DRIVER OWNED ANY VEHICLE: <u>(NO) / IF YES, REG NO:</u>	INSURER:	
RELATIONSHIP: <u>NIL</u>		
WEATHER CONDITION: <u>(CLEAR) / RAINING / OTHERS:</u>		
ROAD SURFACE: <u>(DRY) / WET / OTHER:</u>		
ANY INJURIES: <u>(NO) / IF YES, WHO?</u>		
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT: <u>(NO) / IF YES, WHERE?</u>		
NOTICE OF INTENDED PROSECUTION GIVEN? <u>NO / IF YES, WHO?</u>		
VEHICLE B REG NO: <u>SLT 785X</u>	ANY PASSENGERS:	
NAME OF DRIVER: <u>Alex</u>	CONTACT NO: <u>90020968</u>	
VEHICLE C REG NO:	ANY PASSENGERS:	
VEHICLE D REG NO:	ANY PASSENGERS:	
VEHICLE E REG NO:	ANY PASSENGERS:	
VEHICLE F REG NO:	ANY PASSENGERS:	
VEHICLE G REG NO:	ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME: <u>NIL</u>	WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE? <u>YES (NO)</u>		
WAS THERE ANY AUDIO RECORDED? <u>YES (NO)</u>		
ACCIDENT SCENE PHOTOS TAKEN? <u>(YES) NO</u>		
ACCIDENT PORTION: <u>Rear Portion</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES (NO)
WORKSHOP PARTICULAR: <u>N-S1 Automotive P/L</u>		
CONTACT NO: <u>68420051 / 67440510</u>		
CONTACT PERSON:		

**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 : SN09211J0001 Vehicle Registration No: SME 9525M  
Name(as shown in NRIC) : Yan Yuen Fun NRIC/FIN/Passport No : Sxxxx 112A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 91859939  
Email Address : \_\_\_\_\_  
Date of Accident : 18/11/21 Time of Accident: 11:45  
Place of Accident : 83 Punggol Central  
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:

Amend Add In correct sketch Plan  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

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