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170 A 21/1/21 08:00 I-M	otor Claim Form					
1 -M	I-Motor W/O (Within: OD 2hrs, 7P 4hrs)					
OD Reporting Only	oto Uplonded					
TP Insurer:	ssment/Survey Report					
	Ass't Report by Fax / Hand to Owner/Wksp					
Proformed Wissp / INC Assign Wissp / QW: (	* *	Tol: f	«: <u>)</u>			
TP Particulars: Veh No: SMQ 79	1990. NC(	)/Non-INC( - ).				
Owner / Driver: (		Tcl:	)			
Policy No: ( ) Period: (	) (	Cover Type: (	)			
Confirmed by : (	Date:	Time:	)			
	Status (WO): N: 0-20%	6; P; 21-79%. P; 8d-10	0%]			
Year of Registration: ( ) Warranty:						
Excess: (\$ ) Loading: \$1,000()	/\$2,000( )		• •			
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( ) Walk-In Customer: Customor's Information s		lly NO refer of repolter.				
( ) Total Loss Case : to e-mail Insurer URGE		<u>,                                    </u>				
Drive-in ( )/ Towed-in ( ); Invoice: YES (	) / NO ( ); Tow	ring Co; (// · ·	· )			
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1) Apply for Transfort Allowance ( ) / Courtesy C						
2) QC Check / Post Repair Inspection	( · ).		<del>-,-,</del>			
3) Upload Resurvey Photo [Repair Cost>\$3000]	( )		<del></del>			
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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 witholding 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 21/01/2021 17:38 (SGT) Date of Accident 21/01/2021 08:00 (SGT) Exact Location of Accident 249 Sembawang Rd, Singapore 758352 Additional Location Information SEMBAWANG COUNTRY CLUB CARPARK

Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKS9931Z

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SENG PENG KHOON NRIC No SXXXX257D Email Address TONYSENG369@GMAIL.COM Mobile Phone No (Phone) +65-98283362

Alternative Phone No +65-98283362

#### VEHICLE PARTICULARS

Manufacturer Kia Model ..... Forte Variant .....

Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle?

Vehicle Category ..... Private car

#### **INSURANCE COMPANY**

Name of Insurance Company ..... AIG

Type of Coverage Comprehensive

Fleet Policy

Policy Number 2100413175-05

Cover Note Number

#### DRIVER

Name of Driver SENG PENG KHOON SXXXX257D Date Of Birth 21/11/1943 Occupation Indoor

Date Of Driving Pass 04/06/1969 Driving experience 51 YEARS AND 7 MONTHS Gender ..... Mobile Number (Phone) +65-98283362 Alt. Phone Number +65-98283362 Email Address TONYSENG369@GMAIL.COM Address BLK 133 POTONG PASIR AVE 1 #01-171 Address complement Postcode 350133 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 - Major/Minor Rd 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 SMQ7999D 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) -

### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

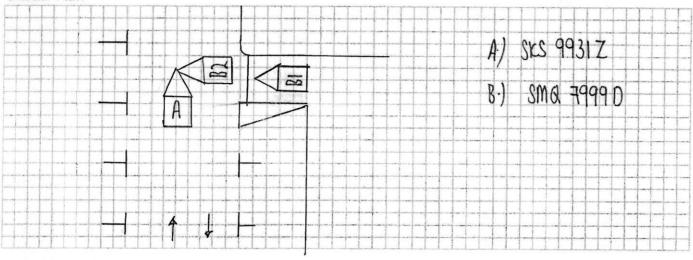
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

#### Sketch Plan



On 21.0	1. 2021 at	about	s.am.	1 Was	travelling	along	(arpa	rk of
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# 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

1

Witnessed by Reporting Centre Personnel



# CERTIFICATE OF INSURANCE

#### KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Seng Peng Khoon

Vehicle No.

: SKS9931Z

Period of Insurance

: 19 May 2020 To 18 May 2021

Policy No.

: 2100413175-05

Engine No. Chassis No. : G4FGFH768342

Endorsement No. **Issued Date** 

: 11 May 2020

#### ABOUT THE COVER

Make/Model

: KIA FORTE K3 1.6 A EX

: KNAFX411MF5404610

Sum Insured : Market Value

First Year of Registration : 2015

Engine Capacity/Tonnage: 1,591.00 CC Driver Restriction

Off Peak Car: No

Insuring with COE/PARF : Yes

: NA

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 40 years old and above

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

#### **FXCESS**

Section 1

Fire - \$0 Own Damage - \$1600 Theft - \$0 Flood Cover - \$1600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Seng Peng Khoon - \$1600 (Own Damage), \$1600 (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/AlG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AlG website www.aig.sg or AlG SG Mobile App. Simply search and download "AlG SG" from iTunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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).

0500710050

Insurance Pte.

Pacific

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C&C FULCO-CORP SALES

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

SSCFKJ

Date of Accident	: 21.01.2021 Accident Time: 8.00 arm (24-HR-Format)
Accident Place	: Sembawang Country club (Carpark).
Vehicle. No. (Car Plate No.)	: SKS 9931 Z. Make/Model: Kig Forte
Insurace Company	: AIG . Policy No: 2100413175 -05.
Owner or Company Name /IC No.	: Seng Peng thoon (S1086257D)
Owner or Company Contact No.	: 9828 3362 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: as alxoye
DRIVER'S Date Of Birth	: 13.11.1943 DRIVER'S License Pass Date 04.06.1969.
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 133 Potong Pasir Avenue 1 # 01-171 (5) 350133
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: tonyseng 369 @ gmail.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 D	river):   Diye(
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	s being used at the time of accident: Private use PWork purpose
Other I	Party Driver's Particular (if any)
Vehicle. No: SMQ 7999 D	· Vehicle. No:
Vehicle Make\Model:	
Name Driver:	
IC No. Driver/Contact:	IC No. Driver/Contact:

\* NEW - Passenger's name & gender:

2