

NATIONAL Assessment Centre Services.

1st Jan 2021

NA2102899

Date In: 25/03/2021 15:39	Job description	Date & Time Completed	Done by
Ref No: NA2102899	SAS e-Milling		
Veh No: SKA 4684	E-mail (by date sent, AIO this)		
D.O.A: 24/03/2021 17:00	1-Motor Claims Form		
(O) TP: Reporting Only	1-Motor W/O (Willes: 00 this, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VWiser		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Vch No: INC () / Non-INC ()	Tel:	
Owner / Driver: (Cover Type: (
Policy No: (Period: (

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 repair.
() 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 > \$9000) ()

Injury: (

NA2102899	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA Survey Assessment (\$100)	
Contact No:	3) TP Towing Fee	
Damaged Portion:	4) PT Follow-Through Survey	
QC Checked by (Engr-In-Charge):	5) PT Follow-Through Survey (Resurvey)	
	6) PT Follow-Through Survey (Resurvey) (over 10 days)	
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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 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	25/03/2021 15:39 (SGT)
Date of Accident	24/03/2021 17:00 (SGT)
Exact Location of Accident	Tampines, Singapore
Additional Location Information	SOUTH FLYOVER SLIP ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH4618U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHUA LAY CHOO
NRIC No	SXXXX443F
Email Address	julie1811@hotmail.com
Mobile Phone No	(Phone) +65-98291811
Alternative Phone No	+65-98291811

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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700076562-03
Cover Note Number	-

DRIVER

Name of Driver	CHUA LAY CHOO
NRIC No	SXXXX443F

Date Of Birth	16/11/1970
Occupation	Indoor
Date Of Driving Pass	18/01/1993
Driving experience	28 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98291811
Alt. Phone Number	+65-98291811
Email Address	julie1811@hotmail.com
Address	BLK 174 BOON LAY DRIVE #10-310
Address complement	-
Postcode	640174
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	No Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

SKETCH PLAN

IMPORTANT NOTICE

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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

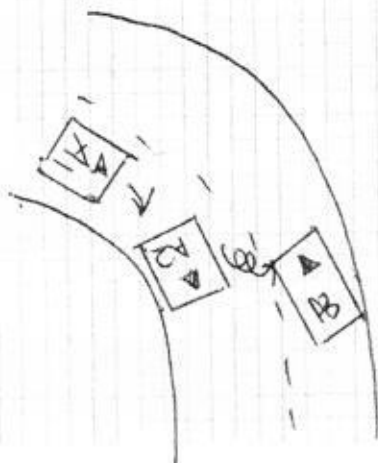
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

25/03/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



VA = SKH 4618 U

Tampines South Flyover.

Describe Circumstances of the Accident

On the stated date and time, I vehicle 'A' was travelling on the stated venue. I was travelling within a designated speed. Suddenly, my vehicle was lost control and I also tried to control my steering to avoid any collision. Shortly, I felt an impact and I alighted from my vehicle. I realized that my vehicle was in lane 'D' and collided against the barrier. No other vehicle involved in this accident.

Declaration

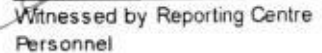
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

25/03/2021

M

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)Date of Accident: 24/03/2021 (dd/mm/yy) Time of Accident: 17 : 00 (24-HR-FORMAT)Vehicle No.: SKH 4618 U Vehicle Make & Model / Engine (cc): TOYOTA VIOS 1497cc Private Hire: (Y/N) (N)Exact location of Accident: Tampines South Flyover, Slip RoadPolicyholder's Name / IC No.: CHUA LAY CHOO S7042443FDriver's Name / IC No.: CHUA LAY CHOO S7042443F (As Above) ☒Driver's Contact No.: 9829 1811 Company Contact No / Owner Contact No: 9829 1811Driver's Address: BLK 174 BOON LAY DRIVE #10-310 S640174Owner Email address: julie1811@hotmail.sg Insurance Company: AIGDriver Email address: julie1811@hotmail.sg**Relationship between Owner & Driver:** (Please **CIRCLE** one only)Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Owner**What do you wish to claim?** (Please **TICK** one only)☒ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)**Exact purpose for which the vehicle was being used at time of accident?****Occupation (nature of job)** ☒ Indoor / ☐ Outdoor☒ Private use / ☐ Work purpose***No. of Passengers (Including Driver):** 1***Passanger Name:** _____**Gender:*****Passanger Name:** _____**Gender:****Weather condition & Road conditions?** (On the day of accident)☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____**The Other Party(s) Details:**

1. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : CHUA LAY CHOO
Period of Insurance : 26 Dec 2020 To 25 Dec 2021
Engine No. : 1NZX673790
Chassis No. : MR053HY9305043378

Vehicle No. : SKH4618U
Policy No. : 1700076562-03
Endorsement No. :
Issued Date : 21 Dec 2020

ABOUT THE COVER

Make/Model : TOYOTA VIOS
Engine Capacity/Tonnage : 1,497.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2007
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 "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
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.

* 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)

CHUA LAY CHOO - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)
Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For 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: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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).

0355007000

TAY HWEK KENG PHILIP

3 TAMPINES GRANDE #05-33 AIA TAMPINES

SINGAPORE 528799 SP-PHILIP TAY-DLIM

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

HWEK KENG PHILIP TAY