

NATIONAL Assessment Centre Services. (part 1 Jan 2021)

SMK 531 Y 22032021 15:15

Date In:	Job description	Date & Time Completed	Done by
2/02/2021 16:07	SAS e-Miling		
Ref No: N/A / 21003882/Y	E-mail (by date sheet, AIO sheet)		
Veh No: SMK 531 Y	I-Motor Claims Form		
D.O.A: 22032021 15:15	I-Motor W/O (With/Out OD sheet, TP sheet)		
OT: TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / CW: ()
 TP Print/pulvis: () Veh No: GBF 1523X 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%; F: 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: ()
 ()
 ()
 ()

NA2103097	Item	Amount
Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA1 Denial Assessment (\$100)	
Damage Portion:	3) TP1 Towing Fee	\$100
QC Checked by (Engr-In-Charge):	4) TP1 Follow Through Survey	\$30
	5) TP1 Follow Through Survey (Resurvey)	\$30
	6) TP1 Follow Through Survey (Resurvey) - Normal (incl against INC Only) (w/ 10 min time)	\$75
	7) TP1 Follow Through Survey	\$160
	8) NTUC Additional Services	
	9) NTUC Additional Services	
	10) NTUC Additional Services	
	11) NTUC Additional Services	
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	30) NTUC Additional Services	

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	25/03/2021 16:07 (SGT)
Date of Accident	22/03/2021 15:15 (SGT)
Exact Location of Accident	210 Lor 8 Toa Payoh, Singapore 310210
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK531Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	QUEK KIANG KHEE
NRIC No	SXXXX347F
Email Address	jasonquekkk@hotmail.com
Mobile Phone No	(Phone) +65-82287177
Alternative Phone No	+65-82287177

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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
Transmission	Auto
CC	2362

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900094078-01
Cover Note Number	-

DRIVER

Name of Driver	QUEK KIANG KHEE
NRIC No	SXXXX347F

Date Of Birth	14/06/1971
Occupation	Indoor
Date Of Driving Pass	13/02/1997
Driving experience	24 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82287177
Alt. Phone Number	+65-82287177
Email Address	jasonquekkk@hotmail.com
Address	BLK 145 BISHAN STREET 11 #07-73
Address complement	-
Postcode	570145
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210324/7018

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER BUT FILE TOO BIG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF1523X
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	Blue

Vehicle Category	Commercial vehicle
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

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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

Sketch Plan

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

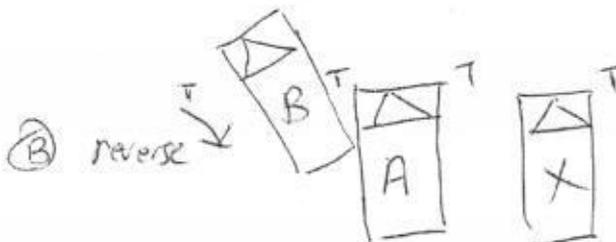
210 Lor B 20A Prayati OPTIM CARPARK

Witnessed by Reporting Centre Personnel

25/03/2021

Ⓐ SMK531Y

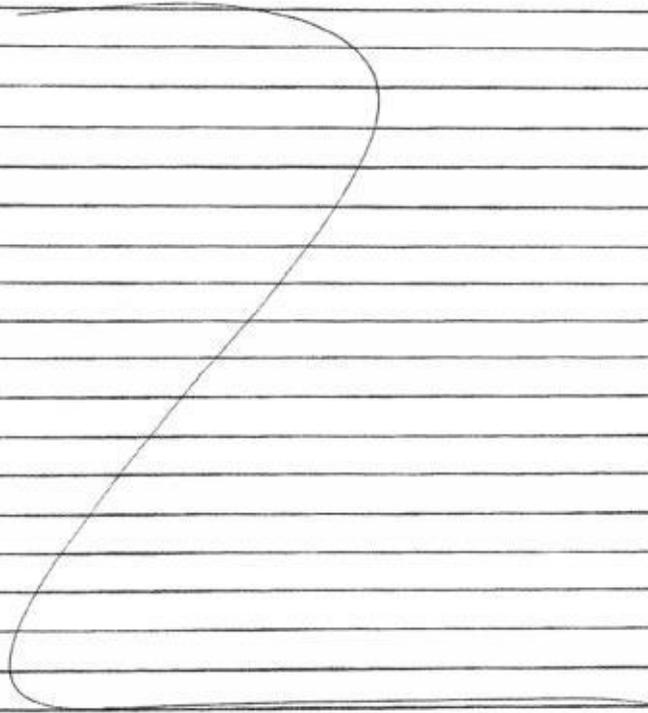
Ⓑ GBF1523X



Describe Circumstances of the Accident

Refer to police report no T/20210324/7018

Note: I have video footage but too big to submit.



Declaration

We declare the foregoing particulars are true in every respect.

A handwritten signature in black ink, consisting of several overlapping loops and lines.

Policyholder's Signature / Date & Time

A handwritten signature in black ink, consisting of several overlapping loops and lines.

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

A handwritten signature in black ink, consisting of several overlapping loops and lines.
25/03/2021

Witnessed by Reporting Centre Personnel

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.

Date of Accident: 22/03/2021 (dd/mm/yy) Time of Accident: 15:15 (24-HR-FORMAT)

Vehicle No.: SMK5314 Vehicle Make & Model / Engine (cc): Toyota Estima Private Hire: (Y/N)

Exact location of Accident: 210 Lor 8 Toa Payoh Open Carpark

Policyholder's Name / IC No.: Quek Kiang Khee / S7120347F ROC/UEN (Company)

Driver's Name / IC No.: _____ (As Above)

Driver's Contact No.: 82287177 Company Contact No / Owner Contact No: _____

Driver's Address: BIK 45 Beshan st 11 #07-73 S(570145)

Owner Email address: jasonquekkk@hotmail.com Insurance Company: _____

Driver Email address: _____

13/02/1997

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

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?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

*No. of Passengers (Including Driver): 0 parked

*Passenger Name: _____
*Passenger Name: _____

Gender: Male / Female x ()
Gender: Male / Female x ()

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 Remarks: file too big (with owner)

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: _____

hit & run

The Other Party(s) Details:

Toyota Dyna / Blue

Vehicle No: GBF1523X

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: _____



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK531Y	AIG MALAYSIA INSURANCE BERHAD	1900094078	22/03/2021	07/05/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Vehicle Owner				
Name	QUEK KIANG KHEE		ID No.	S7120347F
Related Vehicle	NIL		Contact No.	82287177
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

I parked my car at the accident premises (location 210 Lorong 8 Toa Payoh (310210)) at 2.30PM-3.20PM for lunch. Parking lot no.33. When i return to the parking lot at 3.18PM, I saw on the left door (sliding door) was badly dented with blue paint stain on the dented scratches. I took a picture of the damage (dated 22Mar2021, Time 3.18PM as per the photo details timestamp).

I retrieve my car camera footage and confirmed a blue colour lorry has caused the damages when he was reversing the vehicle (GBF 1523X) during the time stated above. the footage clearly showed when the lorry made the reversing for parking, the right corner of the lorry hit and scratch the right side of my car door. My vehicle show clear motion during the knock impact.

The vehicle (lorry) driver parked at the lot no.34 for less than a minute before he drove off.

I would like to make this traffic report to file a claim against the offender (ie Drive of vehicle GBF 1523X) on the date and time mentioned above for his inconsiderate driving which causes my vehicle damages.



**SINGAPORE
POLICE FORCE**



T/20210324/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210324/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
24/03/2021 14:13

Classification Of Case:



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : QUEK KIANG KHEE
 Period of Insurance : 12 Aug 2020 To 11 Aug 2021
 Engine No. : 2AZF439232
 Chassis No. : ACR507090945

Vehicle No. : SMK531Y
 Policy No. : 1900094078-010
 Endorsement No. :
 Issued Date : 24 Jun 2020

ABOUT THE COVER

Make/Model : TOYOTA ESTIMA AERAS 2.4 [Sedan]
 Engine Capacity/Tonnage : 2,362.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2010
 Insuring with COE/PARF : 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.

* 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)

QUEK KIANG KHEE - \$600 (Own Damage), \$600 (Flood Cover)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.
 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: 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).

0501295000
 INSURE LINK PTE LTD
 2 KALLANG AVE #08-16 CT HUB
 SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

AIGSGMOBILEAPP