

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

SN021450007

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 05/04/2021 18:09 | Job description | Date & Time Completed | Done by |
| Ref No: X138/MG21004392/Y | SAS e-filing | | |
| Veh No: SJX 782L | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 04/04/2021 11:48 | I-Motor Claim Form | | |
| OD: (TP) Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: FBL 8259G 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 repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

| Remarks | Date & Time Completed | 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 | Actions |
|-----------|---------|
| | |
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| | |
| | |
| | |
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| | |
| | |

| Claimant's Particulars: | Invoice Preparation Checklist | | Am't (\$) | Am't (\$) |
|---------------------------------|---|-------------|-----------|-----------|
| | | | Inc Bill | Acc Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$30) | | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | | |
| Auditors' Comments: | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| Pat. 1: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Pat. 2 / 3: | 6) TR: Re-inspection \$75 | | | |
| | 7) N1: Idao DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services: | | | |
| | ON* | | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | *N6: Repair Co-ordination \$10 | | | |
| | *N7: Post Repair Inspection \$25 | | | |
| | *N8: DV / Collect Excess Coordination \$5 | | | |
| | TP (N11): TP (Non INC) against INC \$20 | | | |
| | 9) N12: Idao Mobile 30 | | | |
| | Invoice dated | Fee Charged | | |
| | Invoice dated | 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 | 05/04/2021 18:09 (SGT) |
| Date of Accident | 04/04/2021 11:45 (SGT) |
| Exact Location of Accident | TPE, Singapore |
| Additional Location Information | TOWARDS PIE BEFORE PUNGGOL WAY EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SJX7282L |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | LIM CHENG HUA |
| NRIC No | SXXXX471A |
| Email Address | alvin8565@gmail.com |
| Mobile Phone No | (Phone) +65-97600979 |
| Alternative Phone No | +65-97600979 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Wish |
| 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 | 1794 |

INSURANCE COMPANY

| | |
|---------------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 2100216964-10 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | LIM CHENG HUA |
| NRIC No | SXXXX471A |

| | |
|--|-------------------------------------|
| Date Of Birth | 22/08/1975 |
| Occupation | Indoor |
| Date Of Driving Pass | 09/10/1998 |
| Driving experience | 22 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97600979 |
| Alt. Phone Number | +65-97600979 |
| Email Address | alvin8565@gmail.com |
| Address | BLK 299B COMPASSVALE STREET #10-102 |
| Address complement | - |
| Postcode | 542299 |
| 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 | Chain Collision |
| Weather Conditions | Raining |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| 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) | 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 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 |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|------------|
| Vehicle Registration Number | FBL8259G |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FBQ5028A
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Motorcycle
 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 LIM CHENG HUA
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY PAIN
 Injured person in which vehicle? SJX7282L
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

Date of Accident : 04 APR 2021 Accident Time: 1145 (24-HR-FORMAT)
 Accident Place : TPE (PIE) BEFORE PUNGGOL WAY EXIT
 Vehicle Reg. No (Car plate No.) : SJX7282L Vehicle Make/Model: TOYOTA WISH
 Insurance Company : AIG Policy No. 2100216964-10
 Name of Registered Owner : ~~Company~~ / Individual LIM CHENG HUA
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S7524471A
 : Co Contact No: _____ Owner's Contact No: 97600979
 DRIVER'S Name : AS ABOVE DRIVER'S NRIC No: _____
 DRIVER'S Date of Birth : 22 AUG 1975 DRIVER'S License Pass Date 09 OCT 1998
 Relationship bet. Owner & Driver : ~~Spouse \ Parents \ Children \ Sibling \ Employee~~ Others: SELF
 DRIVER'S Address : BLOCK 299B COMPASSVALE STREET #10-102 SINGAPORE 542299
 DRIVER'S Contact No./ Alt No. : 1) 97600979 2) _____
 DRIVER'S Occupation : INDOOR \ ~~OUTDOOR~~ (eg. working inside or outside of an ofc)
 Email Address : ALVIN8565@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 Driver): 1 Name & Gender; _____
 Was the accident reported to the police? ~~YES~~ \ NO
 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 injuries, if yes(name of the injured person) LIM CHENG HUA, BODY

Other Party Driver's Particulars (if any)

| | |
|-------------------------------|-------------------------------|
| Vehicle Reg No: FBL8259G | Vehicle Reg No: FBQ5028A |
| Vehicle Make\Model: _____ | Vehicle Make\Model: _____ |
| Name DRIVER: _____ | Name DRIVER: _____ |
| IC No. DRIVER: _____ | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Lim Cheng Hua
 Period of Insurance : 07 Jul 2020 To 06 Jul 2021
 Engine No. : 3ZRA494426
 Chassis No. : JTDGJ20W605002611

Vehicle No. : SJX7282L
 Policy No. : 2100216964-10
 Endorsement No. :
 Issued Date : 01 Jul 2020

ABOUT THE COVER

Make/Model : TOYOTA Wish 2.0
 Engine Capacity/Tonnage : 1,987.00 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.

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)

Lim Cheng Hua - \$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: DBS BANK LTD

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).

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 AIG - AUTO DIRECT

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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