

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

SM082510005

Date In: 18/05/2021 15:15	Job description	Date & Time Completed	Done by:
Ref No: X13A/01421005923/4	SAS e-filing		
Veh No: SML 621/B	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 18/05/2021 08:25	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMJ169R	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 repailer.

() 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

<p>NA2102925</p> <p>Client's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Pat. 1:</p> <p>Pat. 2 / 3:</p>	<p>Invoice Preparation Checklist:</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$30)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (ver 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N3: Courtesy Car / Top Allowance \$5</p> <p>*N4: Repair Coordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile 30</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>	<p>Net Bill</p> <p>Add Bill</p>
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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	18/05/2021 15:15 (SGT)
Date of Accident	18/05/2021 08:25 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TOWARDS TAMPINES AVE 7/LOYANG AVE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML6211B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOW SIEW KEONG (ZHOU SHAOQIANG)
NRIC No	SXXXX893H
Email Address	kenchow108@gmail.com
Mobile Phone No	(Phone) +65-96854745
Alternative Phone No	+65-96854745

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900103187
Cover Note Number	-

DRIVER

Name of Driver	CHOW SIEW KEONG (ZHOU SHAOQIANG)
NRIC No	SXXXX893H

Date Of Birth	29/01/1978
Occupation	Indoor
Date Of Driving Pass	20/01/1999
Driving experience	22 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96854745
Alt. Phone Number	+65-96854745
Email Address	kenchow108@gmail.com
Address	BLK 417A FERNVALE LINK #13-188
Address complement	-
Postcode	791417
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	AFTER RAIN
Road Surface	Wet

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?	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

PLEASE REFER TO SKETCH PLAN

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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ169R
Vehicle Manufacturer	Honda
Vehicle Model	Freed
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAMBIRAJA SELWARAJA DHARMASIRI
NRIC No	SXXXX865E
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 YN5515D
 Vehicle Manufacturer Isuzu
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver CHINNAKKANNU VEERAMANI
 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 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

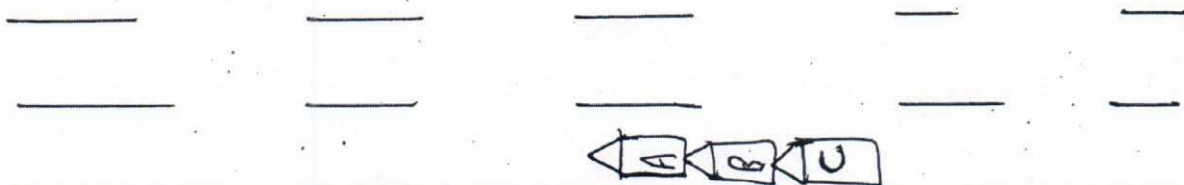
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

- (A) SML 6211B
- (B) SMJ 169R
- (C) YN 5515D

TPE (Towards) Tampines Ave 7 / Loyang Ave (Exit)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/05/2021 @ 8:25hrs, I am travelling along TPE towards Tampines Ave 7 / Loyang Ave (Exit) on lane (3), going straight within my own lane. The cars ahead of me slow down and stopped. I too stopped. Moments later, I felt an impact on my rear portion, when I got down, I found myself in a 3 cars

DECLARATION

I/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:

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

18/05/2021
Resd. WOT AR

Date of Accident : 18/05/2021 Accident Time: 08:25hr (24-HR-FORMAT)
Accident Place : TPE (Towards) Tampines Ave 7/ loyang Ave (Exit)
Vehicle Reg. No (Car plate No.): Sml 6211B
Vehicle Make/Model : kia Cerato
Insurance Company : AIG Policy No. 1900103187
Owner or Company Names /IC NO: chow siew keong / 578008934
Owner or Company Contact No. : 9685 4745 Owner's HP _____ Company Tel _____
DRIVER'S Name & IC no. : chow siew keong / 578008934
DRIVER'S Date of Birth : 29/01/1978 DRIVER'S License Pass Date 20 Jan 1999
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : B/K 417A Fernvale link #13-188 (S) 791417
DRIVER'S Contact No./ Alt No. : 1) 9685 4745 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : kenchow108@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET (AFTER RAIN & WET) clear/wet
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins
Number of Passengers (including Driver): 1
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

Other Party Driver's Particulars (if any)

Vehicle Reg No: (B) SmJ 169R

Vehicle Make/Model: Honda Freed

Name DRIVER: Tambiraja selwaraja pharma-siri

IC No. DRIVER: 57287865E

DRIVER'S Contact & add: _____

Vehicle Reg No: (C) YN 551SD

Vehicle Make/Model: Isuzu

Name DRIVER: chinnakkannu veeramani

IC NO. DRIVER: _____

DRIVER'S Contact & add: _____



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHOW SIEW KEONG (ZHOU SHAOQIANG)
Period of Insurance : 29 May 2019 To 28 May 2021
Engine No. : G4FGJH723541
Chassis No. : KNAF3416MK5039534

Vehicle No. : SML6211B
Policy No. : 1900103187
Endorsement No. :
Issued Date : 03 Jun 2019

ABOUT THE COVER

Make/Model	Kia Cerato	Sum Insured	Market Value	First Year of Registration	2019
Engine Capacity/Tonnage	1,591.00 CC	Off Peak Car	No	Insuring with COE/PARE	Yes
Driver Restriction	NA				

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
b) Any other person who is driving in the Policyholder's order or with his/her permission
This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

*You have to pay an additional sum of \$1,000 as "Young Driver Inexperience Driver Excess" ("YIDE") if You are or Your Authorized Driver (named or unnamed) is under the age of 25 and/or has less than 2 years' driving experience.

Age Condition All Age Condition

Limitation as to use*

Use only for street, roadside and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving subject, 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 vocational purpose in connection with Motor Trade.

Limit of Use 1500km - 1500cc

* Limitations imposed by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 168) and Section 95 of the Road Transport Act, 1961 (Malaysia), are not to be violated under these headings.

EXCESS

Section 1

Fire: \$0 Claim Damage - \$600 Theft: \$0 Flood Cover: \$0

Section 2

Wreckage Damage: \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

CHOW SIEW KEONG (ZHOU SHAOQIANG) - \$600 (Own Damage)

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

1. Cycle & Carriage Authorized Service Centre (for accident reporting & windscreen claim only): Add: 800 Serangoon Ave Singapore 570733 65238001

2. Cycle & Carriage (Bike & Parts) Centre: Add: 205 Pandan Gardens Singapore 609330 65644501

3. Cycle & Carriage Authorized Service Centre (for accident reporting & windscreen claim only): Add: 291 Alexandra Road Singapore 159031 64279800

4. Cycle & Carriage Authorized Service Centre (for accident reporting & windscreen claim only): Add: 330 Ubi Rd 2 Singapore 456002 67481000

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65-6336 0200. Alternatively, you may refer to Applicable where applicable as per Art. 65, Article 65. Simply search and download AIG 512 from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

This policy shall not be issued in which the Certificate of Insurance is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 168), Part C of the Road Transport Act, 1961 (Malaysia) and Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 168) (Malaysia).

0004672236

CAC/CP2 - KHEH3
215 ALEXANDRE ROAD
SINGAPORE 159030

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORIZED REPRESENTATIVE