

NATIONAL Assessment Centre Services.

1st Jan 2003

SM0821680004

Date In: 08/06/2021 16:18	Job description	Date & Time Completed	Done by
Ref No: NBSA/MG20065074	SAS e-filing		
Veh No: SMW 9109L	E-mail (Ljula Shu, AIC 2hrs)		
D.O.A: 07/06/2021 18:30	I-Motor Claims 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/Wksn		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMW 1706J	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 ()	

() 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 > \$3000] ()		

Injury: _____

Date/Time	Action

Driver/Owner:	1) AL: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$40)
Damage Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
Vehicle Comments:	5) PT: Follow-Through Survey (Resurvey)	\$30
Ref: 1:	For claiming against INC Only (ver 10 Jan 2003)	
2/2	6) TR: Re-inspection	\$75
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (NI): TP (Non INC) against INC	\$20
	9) N12: Idas Mobile	\$0
	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	08/06/2021 16:18 (SGT)
Date of Accident	07/06/2021 18:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE BKE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW9109L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG ENG HOCK (HUANG RONGFU)
NRIC No	SXXXX693F
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-83803369
Alternative Phone No	+65-83803369

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Grace
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	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070173284
Cover Note Number	-

DRIVER

Name of Driver	ANDRE NG ZHU MIN
NRIC No	SXXXX975C

Date Of Birth	24/09/1994
Occupation	Indoor
Date Of Driving Pass	29/03/2016
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83803369
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	31 BANGKIT ROAD #01-03
Address complement	-
Postcode	679973
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FRANCISCA VINCENT
Gender	Female

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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ1706J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	YEE CHIA MENG
NRIC No	SXXXX787D
Contact Number	(Phone) +65-82274983
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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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.

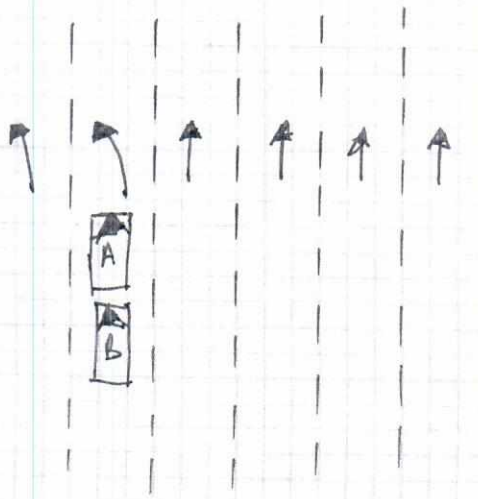
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

DRIVE TOWARDS TUNJ, BEFORE BRE EXIT



A: SMW 9109L

B: SMJ 1706J -

Describe Circumstances of the Accident


On the stated date / time, I was travelling on the stated venue.

As the vehicle in front of me slowed down, I apply my ~~breaks~~ brakes as well. But before I could come to a complete stop, Veh B (SMJ 1706J) hit me on the rear portion, causing damages.

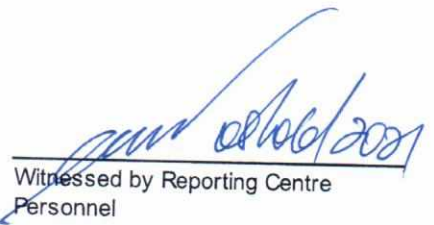
Declaration

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



Witnessed by Reporting Centre Personnel

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 07/06/2021 (dd/mm/yy) Time of Accident: 18.30 (24-HR-FORMAT)

Vehicle No.: SMW 9109 L Vehicle Make & Model: HONDA GRACE

*Transmission: ☐ Manual ☒ Auto *C.C.: 1496 cc

Exact location of Accident: PIE TOWARDS TUAS, BKE EXIT

Policyholder's Name: N6 ENG HOCK NRIC/FIN/REG No.: S1557693 F

*Policyholder's email address: reporting@mycar.sg

Driver's Name: ANDRE N6 ZHU MIN NRIC/FIN/REG No.: S9434975 C

*Driver's email address: reporting@mycar.sg

Driver's Contact No.: 8380 3369 Company Contact No (if any):

Date of birth: 24/09/1994 Driving Pass Date: 29 MAR 2016

Driver's Address: 31 BANGKIT RD #01-03 S(679973)

Insurance Company: AIG

Policy No.: 2070173284 Type of Coverage: ☒ Comprehensive / ☐ Third Party / ☐ Third Party, Fire & Theft

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)

Type of Accident

☐ Chain Collision / ☒ Head To Rear / ☐ Side Swipe / ☐ Other _____

Occupation (nature job) ☒ Indoor / ☐ Outdoor *No. of Passengers / Including Driver: 02

*Passenger Name: FRANCISCA VINCENT Gender: ☒ Male / ☐ Female

*Passenger Name: _____ Gender: Male / Female

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 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: YEE CHIA MENG 8268787D Vehicle No: SMJ 1706J

Driver's Contact No: 8227 4983 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: _____

Name of Policyholder : NG ENG HOCK (HUANG RONGFU)
Period of Insurance : 17 Dec 2020 To 16 Dec 2021
Engine No. : LEB6447096
Chassis No. : GM41207072

Vehicle No. : SMW9109L
Policy No. : 2070173284
Endorsement No. :
Issued Date : 23 Dec 2020

ABOUT THE COVER

Make/Model : HONDA Grace 1.5L
Engine Capacity/Tonnage : 1,496.00 CC
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2020
Insuring with COE/PARE : 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 "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* :

Mileage Condition : Unlimited Mileage

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 16 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 55 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2018, are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$600

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

NG ENG HOCK (HUANG RONGFU), NG MAY KUIN - \$600 (Own Damage), \$600 (Flood Cover), ANDRE NG ZHU MIN - \$600 (Own Damage), \$600 (Flood Cover), MARTIN NG HOU MIN - \$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: OCBC Bank 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, 1950 (Malaysia).

0501980000

VINCAR PTE LTD

1 CHANG CHARN ROAD #05-02 OC BUILDING
SINGAPORE 159630

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

Lee Ser Manika Bung

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