

NATIONAL Assessment Centre Services

Date In: 15/07/21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/1421007675/13	E-mail (within 3hrs, A/P: 2hrs)		
Veh No: SL5716B	i-Motor Claim Form		
D.O.A: 15/07/21 0805	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (TP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMV7195E	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 ()		

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:- (INC hotline: 6788 6616)	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

NA2103474

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
	1st Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100), INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idac 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 (N-n INC) against INC \$20		
9) N12: Idac Mobile 30		

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	15/07/2021 13:58 (SGT)
Date of Accident	15/07/2021 08:05 (SGT)
Exact Location of Accident	226 Pending Rd, Block 226, Singapore 670226
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS716B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TOH HONG EE
NRIC No	SXXXX291G
Email Address	felixtoh@hotmail.com
Mobile Phone No	(Phone) +65-96257565
Alternative Phone No	+65-96257565

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Ds4
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	1600

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700047774-03
Cover Note Number	-

DRIVER

Name of Driver	TOH HONG EE
NRIC No	SXXXX291G



Date Of Birth	18/06/1971
Occupation	Indoor
Date Of Driving Pass	10/02/1996
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96257565
Alt. Phone Number	+65-96257565
Email Address	felixtoh@hotmail.com
Address	BLK 892 BUKIT TIMAH ROAD
Address complement	#01-21
Postcode	678187
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	Collision - Opening Door of Vehicle
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 vehicle 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	DAUGHTER
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SMV7195E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	ISMAN BIN ABDUK RAHMAN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN(WILL GET THE NAME & CONTACT NO)
Phone	-
Email	-

SKETCH PLAN

IMPORTANT NOTICE

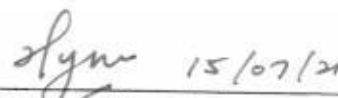
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

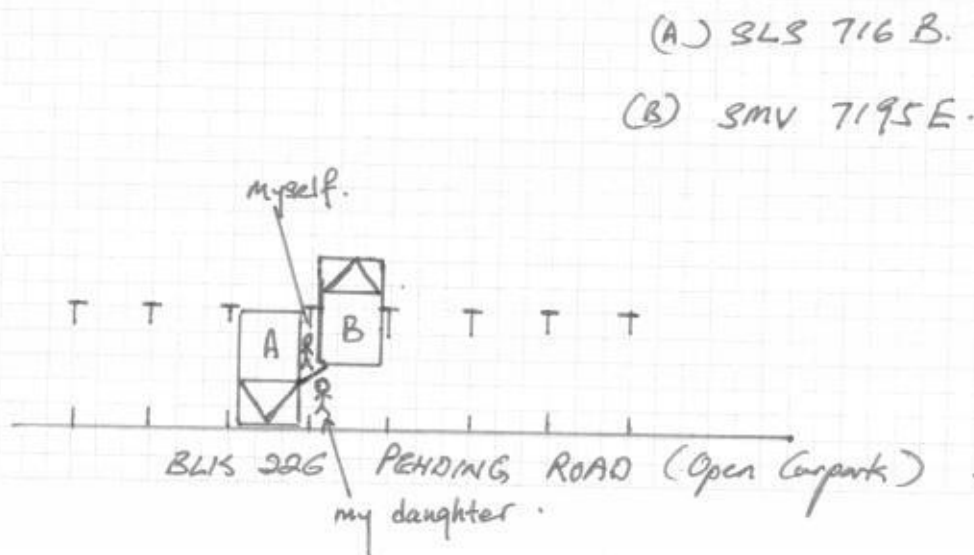


Driver's Signature (If driver is not the policyholder) / Date & Time

 15/07/21

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 15/07/2021 at @ 0805 hrs, I parked my car (368 7168) in the car park lot in front of BLK 226, HENDONG ROAD and I alight and went to the left side of my vehicle to open my front left door for my daughter to alight. When she alighted and stand outside of the opening door and I was standing at the inner side. Suddenly, a car (3MV 7195E) reversed into the lot without checking. I shouted to my daughter and asked her to run away. The said vehicle continue reversing and collided onto my vehicle door.

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

VEHICLE NO:	SL5 716 B		
MAKE & MODEL:	Citroen DS 4 - (AUTO) MANUAL		
DATE OF ACCIDENT:	15/07/2021.	CC:	1.6.
TIME OF ACCIDENT:	0805 HRS		
LOCATION OF ACCIDENT:	BLK 226 PENONG ROAD (open Carpark)		
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT (PRIVATE USE) PRIVATE HIRE		
NAME OF OWNER:	Toh Hong EE		
TEL NO:	H/P: 9625 7565	OFFICE:	HOME:
NRIC:	S 7120291G		
ADDRESS:	BLK 892 Upper Bukit Timah Road #01-21 (S) 678187.		
EMAIL:	felixtoh8@hotmail.com		
CLAIM TYPE:	OD / (THIRD PARTY) REPORTING ONLY		
FLEET POLICY:	YES (NO?)		
INSURANCE COMPANY:	AIG		
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO:	1700047774-03		
NAME OF DRIVER:	(AS ABOVE) / IF NO:		
NRIC:	ANY PASSENGER: 01 (CF)		
DATE OF BIRTH:	18/06/1971	LICENCE PASSED DATE:	10/02/1996.
OCCUPATION:	OUTDOOR / (INDOOR)		
GENDER:	(MALE) FEMALE		
CONTACT NO:	H/P:	OFFICE:	HOME:
ADDRESS:			
EMAIL:			
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:
RELATIONSHIP:	owner.		
WEATHER CONDITION:	(CLEAR) RAINING / OTHERS:		
ROAD SURFACE:	(DRY) WET / OTHER:		
ANY INJURIES:	(NO) IF YES, WHO?		
NAME & CONTACT:			
NAME & CONTACT:			
POLICE REPORT:	(NO) IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) IF YES, WHO?		
VEHICLE B REG NO:	SMV 7195E	ANY PASSENGERS:	01 (F)
NAME OF DRIVER:	Isman Bin Abdul Rahman	CONTACT NO:	
VEHICLE C REG NO:		ANY PASSENGERS:	
VEHICLE D REG NO:		ANY PASSENGERS:	
VEHICLE E REG NO:		ANY PASSENGERS:	
VEHICLE F REG NO:		ANY PASSENGERS:	
VEHICLE G REG NO:		ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:	Yes. (Will get name and contact number the next day).		WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	YES / (NO)		
WAS THERE ANY AUDIO RECORDED?	YES / (NO)		
ACCIDENT SCENE PHOTOS TAKEN?	(YES) / NO		
ACCIDENT PORTION:	Left front door.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES (NO)		
WORKSHOP PARTICULAR:	Twencar Automotive Pte Ltd.		
CONTACT NO:	68420051 / 67440510		
CONTACT PERSON:	JOSEPH TAY.		
FAX NO:	67410510		
WORKSHOP EMAIL:	sales@n51.com.sg		



CERTIFICATE OF INSURANCE

AUTO PLUS PRIVATE VEHICLE

Name of Policyholder : TOH HONG EE (ZHOU HONGYI)
Period of Insurance : 06 Sep 2020 To 05 Sep 2021
Engine No. : 10JBHX3013389
Chassis No. : VF7NXBHZTGY551718

Vehicle No. : SLS716B
Policy No. : 1700047774-03
Endorsement No. :
Issued Date : 19 Aug 2020

ABOUT THE COVER

Make/Model : CITROEN DS4 1.6 BlueHDI Crossback
Engine Capacity/Tonnage : 1,560.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PAFF : 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 30 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.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 6 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 2018, are not to be included under these headings.

EXCESS

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

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

TOH HONG EE (ZHOU HONGYI) - \$800 (Own Damage), \$800 (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 must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 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: Standard Chartered Bank (Singapore) Limited

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 2018 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

100368011/AC

0692423000
HONG SHUI PING

371 ALEXANDRA ROAD #09-15 AIA ALEXANDRA
SINGAPORE 159963 SP-HONGSHUIPING-IVANGOH
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

SSPLLC