

# NATIONAL Assessment Centre Services

Date In: 27/07/21	Job description	Date & Time Completed	Done by
Ref No: NA/A1421007967/13	SAS e-filing		
Veh No: SMS1488R	E-mail (within 5hrs, A/C 2hrs)		
DOA: 27/07/21 0820	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SMJ6302H	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

NA2103536	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR: Re-inspection \$75			
Cat 2/3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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: Idac 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	27/07/2021 12:43 (SGT)
Date of Accident	27/07/2021 08:20 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	TWDS PIE B4 PIE EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS1488R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SOH BOON PING
NRIC No	SXXXX609G
Email Address	x543210h@gmail.com
Mobile Phone No	(Phone) +65-81009147
Alternative Phone No	+65-81009147

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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	1798

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900080293-02
Cover Note Number	-

### DRIVER

Name of Driver	SOH BOON PING
NRIC No	SXXXX609G

Date Of Birth  
 Occupation  
 Date Of Driving Pass  
 Driving experience  
 Gender  
 Mobile Number  
 Alt. Phone Number  
 Email Address  
 Address  
 Address complement  
 Postcode  
 Is the driver the policyholder?  
 If No, Relationship of the Driver with the Insured  
 Does Driver Own Other Vehicles?  
 Vehicle Registration Number of Other Vehicle Owned by Driver  
 Insurance Company of Other Vehicle Owned by Driver

22/12/1977  
 Indoor  
 22/02/2002  
 19 YEARS AND 5 MONTHS  
 Male  
 (Phone) +65-81009147  
 +65-81009147  
 x543210h@gmail.com  
 BLK 61 CHESTNUT AVE  
 #03-04  
 679522  
 Yes  
 -  
 No  
 -  
 -

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
 Weather Conditions  
 Road Surface

Collision - Head to Rear  
 Clear  
 Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?  
 Number of vehicles involved in the accident  
 Was anybody injured in the Accident?  
 Was any injured conveyed to hospital by ambulance?  
 Was any other vehicle or property damaged?  
 Number of Passengers (Including Driver)  
 Has the driver been approached by unknown person(s)  
 soliciting/offering accident claims assistance?

No  
 2  
 No  
 -  
 Yes  
 1  
 No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?  
 Was notice of intended Prosecution given?  
 If yes, against whom?

No  
 No  
 -

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment?  
 Was there any video captured by Car Camera?  
 Reasons for not uploading a video of the accident  
 Was there any audio recorded?

Yes  
 Yes  
 WITH WORKSHOP  
 No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number  
 Vehicle Manufacturer  
 Vehicle Model  
 Vehicle Variant  
 Vehicle Colour  
 Vehicle Category  
 Name of Driver  
 Contact Number  
 Address

SMJ6302H  
 -  
 -  
 -  
 -  
 Private car  
 -  
 -  
 -

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 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

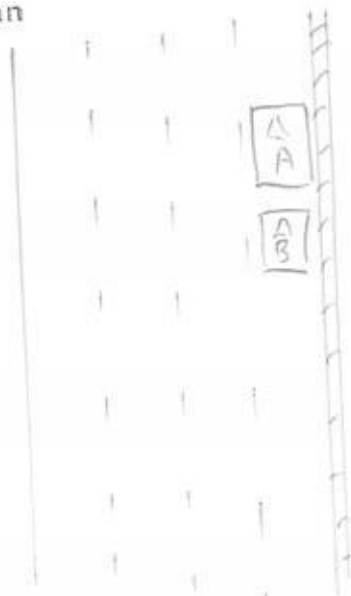
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Vehicle A: SMS 1488R

Vehicle B: SMJ 6302H

KJE TWDS PIE  
BY PIE EXIT

Describe Circumstances of the Accident

On the stated date & time, I vehicle A SMS1488R was driving along KJE Towards Pie before Pie Exit. I was driving straight on lane 1, vehicle in front of me slowing down, I followed suit. Suddenly vehicle B SMJ6302H Cannot stop in time & hit into my vehicle A.

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

 27/07/21

Witnessed by Reporting Centre Personnel

Date of Accident : 27/07/21 Accident Time: 0820 (24-HR-Format)  
Accident Place : KJE Twrds PIE before Pie ExH  
Vehicle No. (Car Plate No.) : SM51488R Make/Model: Nissan elphy  
Insurance Company : AIG Policy No: 1400080293-02  
Owner or Company Name / IC No. : Soh Boon Ping 577376096  
Owner or Company Contact No. : - Owner's Hp 81009147 Company Tel  
DRIVER'S Name/IC No. : Soh Boon Ping  
DRIVER'S Date of Birth : 22/02/21 DRIVER'S License Pass Date: 22/02/2002  
Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: Owner

DRIVER'S Address : Blk 61 Chestnut Ave #03-04 S679532  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)  
Email Address : x543210h@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 Driver only

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 injury (If YES, Please state): No

**Other Party Driver's Particular (if any)**

Vehicle No	: <u>SMJ 6302H</u>	Vehicle No	: _____
Vehicle Make/Model	: <u>VW</u>	Vehicle Make/Model	: _____
Name Driver	: <u>Unknown</u>	Name Driver	: _____
IC No. Driver/Contact:	: <u>Unknown</u>	IC No. Driver/Contact:	: _____

Passenger's name & gender:

xinhua.workshop@gmail.com



## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Soh Boon Ping  
**Period of Insurance** : 09 May 2021 To 08 May 2022  
**Engine No.** : HR16969238B  
**Chassis No.** : MNTBBAB17Z0023882

**Vehicle No.** : SMS1488R  
**Policy No.** : 1900080293-02  
**Endorsement No.** :  
**Issued Date** : 01 Apr 2021

## ABOUT THE COVER

**Make/Model** : NISSAN SYLPHY 1.6 PREMIUM  
**Engine Capacity/Tonnage** : 1,598.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2016  
**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

**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.

\* 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)

Soh Boon Ping - \$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 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 6338 6200. Alternatively, You may refer to AIG website [www.aig.sg](http://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).

0504389000

DS INSURANCE AGENCY

131 PASIR RIS GROVE #06-16

SINGAPORE 518130

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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