

NATIONAL Assessment Centre Services, [with 1/1/2021]

SN of 218 P0003

Date In: 25/08/2021 16:55	Job description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: N/A 2100680/Y	E-mail (By date sheet, A/C sheet)		
Veh No: SICK 3028A	I-Motor Claim Form		
D.O.A: 25/08/2021 06:00	I-Motor W/O (with/without OD sheet, TP 4hrs)		
<input checked="" type="radio"/> TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Assess Report by Fax/Hand to Owner/Driver		

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

TP Registration: ( ) Veh No: YQ 28K 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 Refor of repair

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

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

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$5000] ( )

Injury: ( )

( )

( )

( )

NA 2103	1) All Accident Reporting (50)	
Driver/Owner:	2) DA Survey Assessment (\$100)	INC (H)
Contact No:	3) PT Filing Fee	\$120
Damaged Part(s):	4) PT Follow-through Survey	\$30
QC Checked by (Begr-In-Charge):	5) PT Follow-through Survey (Resurvey)	\$30
	Var (including TP ONLY) (with 1/1/2021)	
	6) TP Inspection	\$75
	7) NI / Ideo DA + SMRS Survey	\$160
	8) NTUC Additional Services	
	ON:	
	• NI Courtesy Car / Tol Allowance	\$5
	• NI Repair Coordination	\$10
	• NI Post Repair Inspection	\$5
	• NI IDV / Collat Losses Coordination	\$5
	• TP (NI) / TP (H) / INC / STAS / NG	\$20
	9) NI / Ideo Mobile	
	Invoice dated	Fees 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 ..... 25/08/2021 16:53 (SGT)  
Date of Accident ..... 24/08/2021 06:00 (SGT)  
Exact Location of Accident ..... 523 Hougang Ave 6, Block 523, Singapore 530523  
Additional Location Information ..... CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKE3078A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... JUSTIN PECK KAI SOON  
NRIC No ..... SXXXX370Z  
Email Address ..... scotchhere123@gmail.com  
Mobile Phone No ..... (Phone) +65-94550151  
Alternative Phone No ..... +65-94550151

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 730li  
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 ..... 2996

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 7210080700  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... JUSTIN PECK KAI SOON  
NRIC No ..... SXXXX370Z

Date Of Birth .....	20/02/1995
Occupation .....	Indoor
Date Of Driving Pass .....	26/03/2014
Driving experience .....	7 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94550151
Alt. Phone Number .....	+65-94550151
Email Address .....	scotchhere123@gmail.com
Address .....	BLK 523 HOUGANG AVENUE 6 #04-117
Address complement .....	-
Postcode .....	530523
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	0
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? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YQ28K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) ..... -

## 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)**

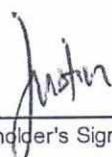
I understand, acknowledge, agree and consent that :

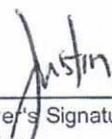
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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

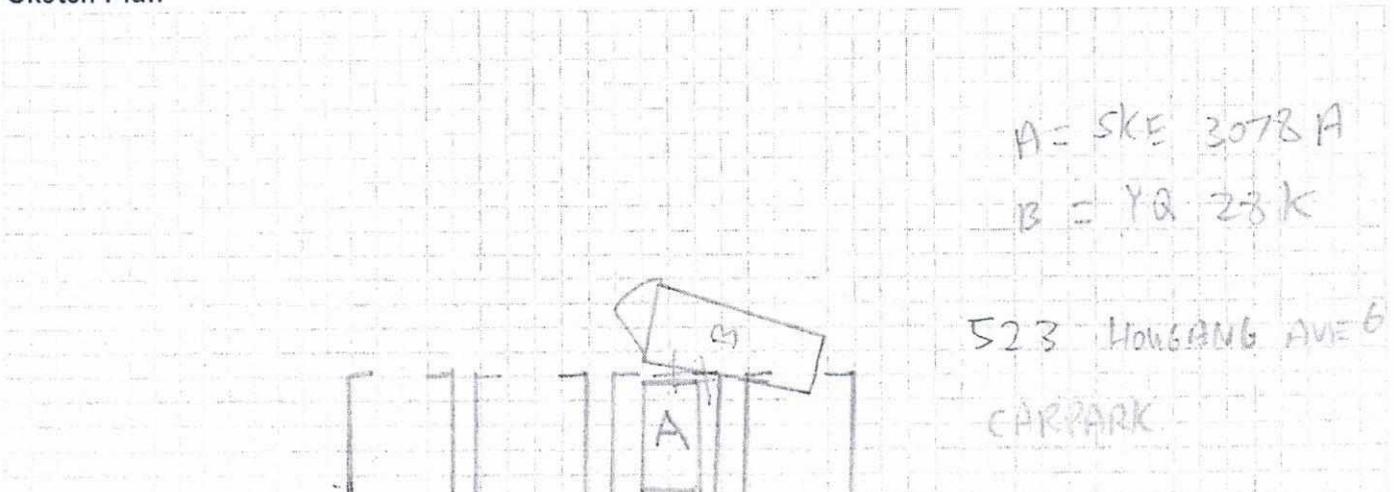
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

 25/08/2021  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

### **Sketch Plan**

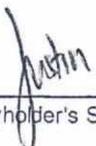


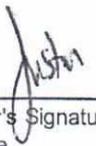
Describe Circumstances of the Accident

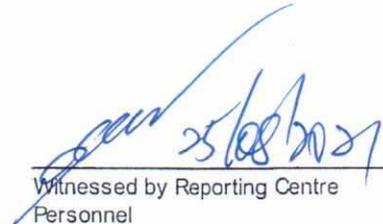
ON THE STATED DATE AND TIME, MY VEHICLE  
WAS PARKED IN A PARKING LOT. ON THE MORNING, I SAW  
A NOTE ON MY FRONT WIND SCREEN STATING THAT VEHICLE B  
COLLIDED INTO MY VEHICLE WHILE MOVING OUT FROM HIS LOT.

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

VEHICLE NO: SKE 3078 A

MAKE & MODEL BMW 730 LI

AUTO / MANUAL

DATE OF ACCIDENT	24 / 08 / 2021	2.996.CC.
TIME OF ACCIDENT	06.00	(AM) / PM
LOCATION OF ACCIDENT	523 Hougang Ave 6 Carpark	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Justin Peck Kai Soon	
EMAIL:	scotchhere 123 @ Gmail.com	Office: / MOBILE: 9455 0151
NRIC	S95055702	
CLAIM TYPE	OD / THIRDPARTY / REPORTING ONLY	
FLEET POLICY:	YES / (NO) ?	
INSURANCE CO.	AIG	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	7210080700	
NAME OF DRIVER	AS ABOVE / IF NO.	
NRIC	/	
DATE OF BIRTH	20 / 02 / 1995	
ANY PASSENGER	YES / (NO) :	
NAME OF PASSENGER	/	
GENDER OF PASSENGER	MALE / FEMALE /	
OCCUPATION	Outdoor / Indoor /	
DATE OF DRIVING PASS	26 / 03 / 2014	
GENDER	(Male) / Female	
CONTACT NO.	Mobile: /	Office: / Home: /
EMAIL:	/	
ADDRESS	Blk 523 Hougang Ave 6 #04-117 / S/530523	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No.	INSURER:
RELATIONSHIP	Employee / If No:	SELF
WEATHER CONDITION	Clear / (Raining) / Other:	
ROAD SURFACE	Dry / (Wet) / Other:	
ANY INJURIES	(No) / If yes: Who?	
CONTACT NO.	/ X	
POLICE REPORT	(No) / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	YQ 28 K	Any Passenger: -
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / (NO)	
WAS THERE ANY AUDIO RECORDED?	YES / (NO)	
SCENE ACCIDENT PHOTOS TAKEN?	YES / (NO)	
**WORKSHOP:	REVOLUTION AUTOMOTIVE	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / (NO)	



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Justin Peck Kai Soon  
Period of Insurance : 26 Jul 2021 To 25 Jul 2022  
Engine No. : 10108008N52B30AF  
Chassis No. : WBAKB22010C951606

Vehicle No. : SKE3078A  
Policy No. : 7210080700  
Endorsement No. :  
Issued Date : 25 Jul 2021

### ABOUT THE COVER

Make/Model : BMW 730 LI  
Engine Capacity/Tonnage : 2,996.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2012  
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.

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)

Justin Peck Kai Soon - \$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: NA

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).