

NATIONAL Assessment Centre Services

Date In: 21/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/A1421009865/13	SAS e-filing		
Veh No: 8MR 4415 L	E-mail (within Mon - Fri 2hrs)		
D.O.A: 20/09/21 1630	i-Motor Claim Form		
OD: (P) Reporting Only	i-Motor W/O (Within: OE 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: GBE3588B 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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) iT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	6) TR: Re-inspection \$75		
	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 (N-a INC) against INC \$20		
	9) N12: Idac Mobile \$10		
	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	21/09/2021 16:29 (SGT)
Date of Accident	20/09/2021 16:30 (SGT)
Exact Location of Accident	Florence Rd, Singapore
Additional Location Information	SIMON LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR4415L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH YONG SENG
NRIC No	SXXXX808C
Email Address	autohub325@gmail.com
Mobile Phone No	(Phone) +65-90999283
Alternative Phone No	+65-90999283

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
Variants	-
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	1998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900260446
Cover Note Number	-

DRIVER

Name of Driver	KOH YONG SENG
NRIC No	SXXXX808C

Date Of Birth	14/08/1978
Occupation	Outdoor
Date Of Driving Pass	08/04/2004
Driving experience	17 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90999283
Alt. Phone Number	+65-90999283
Email Address	autohub325@gmail.com
Address	BLK 646 HOUGANG AVE 8
Address complement	#03-291
Postcode	530646
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	Side Swipe
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

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 WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE3588B
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

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- 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may enable 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 insured or insurers.
- 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 completion of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of this report being made available aforesaid.

3 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 the use 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) My 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

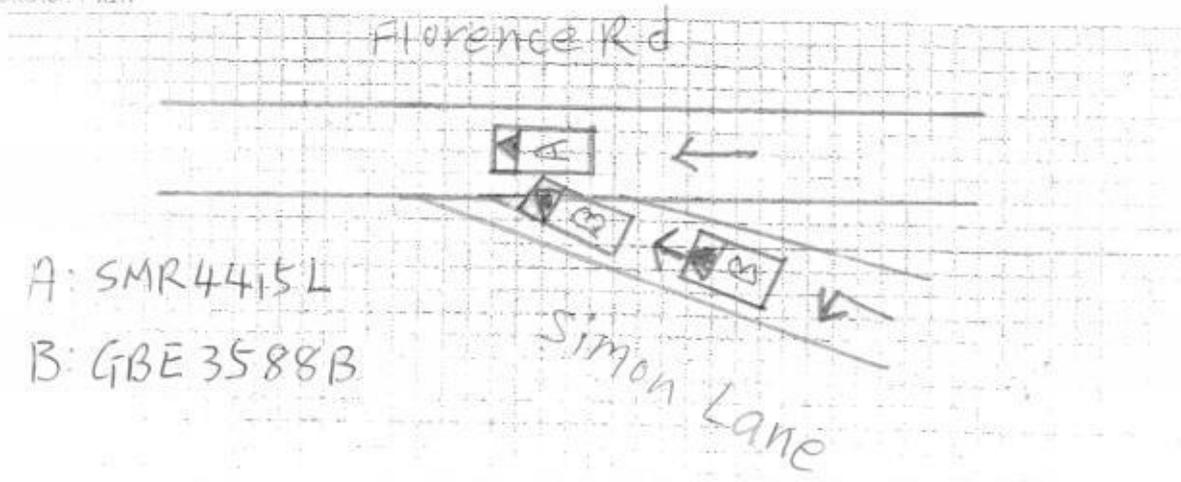
(c) My Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Ch 21 Sep 21
Policyholder's Signature / Date & Time

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

Alym 21/09/21
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling straight along Florence Road towards Hougang. Suddenly veh B from Simon Lane didn't stop at the gateway line and hit onto my front left side portion of my veh.

Declaration

I declare the foregoing particulars are true in every respect.

UF 21 Sep 21

Driver's Signature / Date &

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

Shym 21/09/21

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (20/09/11) (DD/MM/YYYY), TIME: (16:30) (HH:MM)

LOCATION: SIMON LANE ~~BLK 646~~ TO FLORENCE RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMR 4415 L
b) INSURANCE COMPANY: AN
c) POLICY NUMBER: 1900260446
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MITSUBISHI OUTLANDER (A) 1998
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: AS DRIVER (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KOH YONG SENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 57822808C CONTACT: 90999283
c) ADDRESS: BLK 646 HOUGANG AVE 8
#03-291 (530646)

*d) DATE OF BIRTH: (14/08/1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 08/04/2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____
6. WAS ANYBODY INJURED (YES / NO) _____
7. a) REPORTED TO POLICE (YES / NO) _____
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBE 3588B MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = autohub325@gmail.com

fax =

VIDEO = yes, with workshop



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder	: KOH YONG SENG	Vehicle No.	: SMR4415L
Period of Insurance	: 07 Jan 2020 To 06 Jan 2022	Policy No.	: 1900280446
Engine No.	: 4J11BK4497	Endorsement No.	:
Chassis No.	: GF7W0602101	Issued Date	: 20 Jan 2020

ABOUT THE COVER

Make/Model	MITSUBISHI Outlander 2.0 Elegance/Sports				
Engine Capacity/Tonnage	1,998.00 CC	Sum Insured	Market Value	First Year of Registration	2020
Driver Restriction	NA	Off Peak Car	No	Insuring with COE/PARF	Yes

Person or Classes of Persons Entitled to Drive*

is The Policyholder

is Any other person who is driving on the Policyholder's order or with his/her permission

The 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 \$2,000 as "Young Driver Inexperience Driver Excess" ("YIDE") if You are a "New Authorized Driver" (named or unnamed) is under the age of 21 and/or has less than 2 years' driving experience.

Age Condition All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and not for the Policyholder's business.

The Policy does not cover use for hire or reward, driving tuition, driving and racing, race-driving, vehicle hire or speed-testing, the carriage of goods other than vehicles in connection with an business or use for any purpose in connection with Motor Taxis.

Limit of Use 100km - 100km

* Conditions rendered applicable by Section 2 of the Motor Vehicle (Third Party Rules and Compensation) Act (Cap. 195), Section 26 of the Road Transport Act, 1987 (Malaysia) and Road Administration Act 2016, and will to be included under these headings

EXCESS

Section 1

Fire: \$0 (Own Damage), \$500 (Theft), \$0 (Vandal Cover), \$500

Section 2

Property Damage: \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

KOH YONG SENG: \$500 (Own Damage), \$500 (Theft Cover)

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

1 Cycle & Carriage Body & Paint Centre Add: 204 Pandan Gardens Singapore 609204 (Hawker)

2 Cycle & Carriage Authorized Service Centre (For accident reporting & endorsement claim only) Add: 522 Ubi Ave 2 Singapore 408522 (Hawker)

3 Cycle & Carriage Authorized Service Centre (For accident reporting & endorsement claim only) Add: 20 Lanyang Ave Singapore 150204 (Hawker)

4 Cycle & Carriage Authorized Service Centre (For accident reporting & endorsement claim only) Add: 800 Brongly Ave Singapore 151510 (Hawker)

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident/emergency hotline at +65 6228 6800. Alternatively, you may refer to AFI website www.afigroup.com.sg. Simply search and download "AIG 24/7 Road Trip" app on Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan - United Overseas Bank Limited

We hereby certify that the policy is issued in accordance with the provisions of the Motor Vehicle (Third Party Rules and Compensation) Act (Cap. 195) of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2016 and Motor Vehicle (Third Party Rules and Compensation) Act (Cap. 195) (Singapore).

890403225
 CYCLE & CARRIAGE-2AAG
 230 ALEXANDRA ROAD
 SINGAPORE 150930

AIG Asia Pacific Insurance Pte. Ltd.
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Underwritten by AIG Asia Pacific Insurance Pte. Ltd.