

NATIONAL Assessment Centre Services, [1st/1st/21] **SN0821880001**

Date In: **08/10/2021 12:35**
 Ref No: **NBA/11621010374/1**
 Veh No: **SKG 88407**
 D.O.A: **07/10/2021 08:08**

(1) **TP** Reporting Only

TP Insurer:

Preferred Wkup / INO Application Wkup / QW:

TP Insured/Driver: **VE 570TG**

Owner / Driver:

Policy No:

Confirmed by:

Insured/Driver Liability: (%) [Note: Est. Slows (WO): N: 0-20%, P: 21-79%, P: 80-100%]

Year of Registration:

Warranty: YES () / NO ()

Losses: (\$) Loading: \$1,000 () / \$2,000 ()

() Will-In Customer: Customer's Information Privately Confidential & Strictly NO Referral of Repolar

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

Driver-In () / Towed-In () / Involves VRS () / NO () / Towing Cost ()

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

2) QO Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3,000) ()

Injury:

1102104078

Driver/Owner:

Continous No:

Continued Portion:

QC Checked by (Engr-In-Charge):

Job description	Date & Time Completed	Done by
SAS e-Milling	<input checked="" type="checkbox"/>	
E-mail (by date sent, A/C date)		
1-Motor Claim Form		
1-Motor W/O (Within 60 days, TP 4hrs)		
1-Photo Uploaded		
Assessment Survey Report		
Assessment Report by Fax / Hand to Owner/Driver		

Toll Fax

INC () / Non-INC ()

Toll

Cover Type ()

Date

Year

Warranty YES () / NO ()

Loading: \$1,000 () / \$2,000 ()

() Will-In Customer: Customer's Information Privately Confidential & Strictly NO Referral of Repolar

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

Driver-In () / Towed-In () / Involves VRS () / NO () / Towing Cost ()

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

2) QO Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3,000) ()

Injury:

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	08/10/2021 12:35 (SGT)
Date of Accident	07/10/2021 08:08 (SGT)
Exact Location of Accident	19 Toh Tuck PI, Singapore 596794
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG8440T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BEH CHOI CHUA
NRIC No	SXXXX538H
Email Address	aylwinkng@gmail.com
Mobile Phone No	(Phone) +65-97229801
Alternative Phone No	+65-96755593

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Rx350
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	2987

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100318406-08
Cover Note Number	-

DRIVER

Name of Driver	BEH WAN TING HILARY
NRIC No	SXXXX539G

Date Of Birth	08/11/1993
Occupation	Indoor
Date Of Driving Pass	18/07/2012
Driving experience	9 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96755593
Alt. Phone Number	-
Email Address	aylwinkng@gmail.com
Address	19 TOH TUCK PLACE
Address complement	-
Postcode	596794
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	Hit and run / Vandalism / Damaged whilst parked
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)	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	XE5705G
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

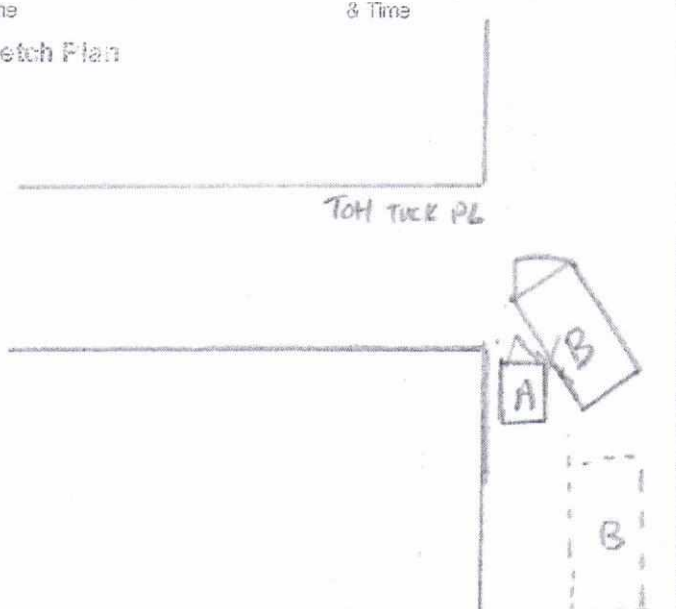
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies 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 outside 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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SKG 8440T

B = XE 5705G

19 TOH TUCK PLACE

Description of the Accident

ON THE STATED TIME AND DATE, MY CAR WAS PARKED
OUTSIDE OF MY HOUSE ALONG 19 TH TUCK PLACE. OUT OF A
SUDDEN VEHICLE B'S DRIVER RANG MY DOOR BELL INFORMING ME THAT
HE HIT ONTO MY VEHICLE.

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- SKG 8440 T

MAKE & MODEL : LEXUS RX 350

AUTOMATIC

DATE OF ACCIDENT	07 / 10 / 2021	CC 3-0
TIME OF ACCIDENT	8.08	AM / PM
LOCATION OF ACCIDENT	19 TOH TUCK PLACE	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT	PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	BEH CHOI CHUA	
EMAIL	AYLWIN KING @ GMAIL.COM	Office: / MOBILE 97229801
NRIC	S2563538H	
CLAIM TYPE	OD /	THIRD PARTY / REPORTING ONLY
FLEET POLICY	YES / NO?	
INSURANCE CO.	AIG	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	2100318406 -08	
NAME OF DRIVER	AS ABOVE / IF NO:	BEH WAN TING HILARY
NRIC	S93435396	
DATE OF BIRTH	08 / 11 / 1993	
ANY PASSENGER	YES / NO?	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	18 / 07 / 2012	
GENDER	Male / Female	
CONTACT NO.	Mobile: 96755593 Office: / Home: /	
EMAIL		
ADDRESS	19 TOH TUCK PLACE (596794)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: / TYPE:	
RELATIONSHIP	Employee / If N/A:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who?	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	XE 57056 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) /



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Beh Choi Chua
Period of Insurance : 13 Oct 2020 To 12 Oct 2021
Engine No. : 2GRJ568166
Chassis No. : JTJBK11A302450016

Vehicle No. : SKG8440T
Policy No. : 2100318406-08
Endorsement No. :
Issued Date : 12 Oct 2020

ABOUT THE COVER

Make/Model : LEXUS NEW RX350

Engine Capacity/Tonnage : 3,456.00 CC

Driver Restriction : NA

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.

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2012

Insuring with COE/PAFF : Yes

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.

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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Beh Choi Chua - \$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 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

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).

0308002000

LEE PENG KOON LIONEL

AIG Asia Pacific Insurance Pte. Ltd.

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