

NATIONAL ASSESSMENT CENTRE SERVICES

Unit 1/1/1/1/1

SN0821111111

Date In: 14/10/2021 14:18
Ref No: NA2104210/0613/1
Veh No: SR 152G
O.O.A: 13/10/2021 10:32

Job description: SAS e-illing
E-mail (by date time, A/G time)
I-Motor Claim Form
I-Motor W/O (W/Inlet OD sheet, TP 4000)
I-Photo Uploaded
Assessment/Survey Report
Assessment Report by Fax/Hand to Owner/VV/Ins

Date & Time Completed

Done by

(1) TP Reporting Only

TP Insurer

Preferred Wksp / INC Assgn / Wksp / OW:

TP Brand/Type: Vch No: XE 4513A

INC () / Non-INC ()

Tel:

Fax:

Owner / Driver:

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 ()

() Walk-In Customer: Customer's information strictly confidential & strictly NO Referral of repair.

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

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

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

2) QO Check / Post Repair Inspection

3) Upload Repair Photo (Repair Cost > \$5000)

Injury:

NA2104213

Driver/Owner

Contract No:

Damage Portion:

QC Checked by (Engr-In-Charge):

1) All Accident Insurance (QO)	INC ()
2) All Damage Insurance (QO)	INC ()
3) TP Towing Fee	\$100
4) PT Follow-up Survey	\$100
5) PT Follow-up Survey (Survey)	\$100
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PT Check
PT Check

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	14/10/2021 14:18 (SGT)
Date of Accident	13/10/2021 10:32 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE TOH GUAN EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR152G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG KAI MENG
NRIC No	SXXXX730C
Email Address	a6679b@gmail.com
Mobile Phone No	(Phone) +65-92984515
Alternative Phone No	+65-96213806

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100141522-12
Cover Note Number	-

DRIVER

Name of Driver	NG GUAN YANG
NRIC No	SXXXX292E

Date Of Birth	26/10/1991
Occupation	Indoor
Date Of Driving Pass	22/10/2010
Driving experience	11 YEARS
Gender	Male
Mobile Number	(Phone) +65-96213806
Alt. Phone Number	-
Email Address	a6679b@gmail.com
Address	71 JURONG EAST STREET 13 #02-03
Address complement	-
Postcode	609650
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

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	XE4513A
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLJ6705M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMG2533A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG GUAN YANG
Gender	Male
Phone No	(Phone) +65-96213806
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJR152G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

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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 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

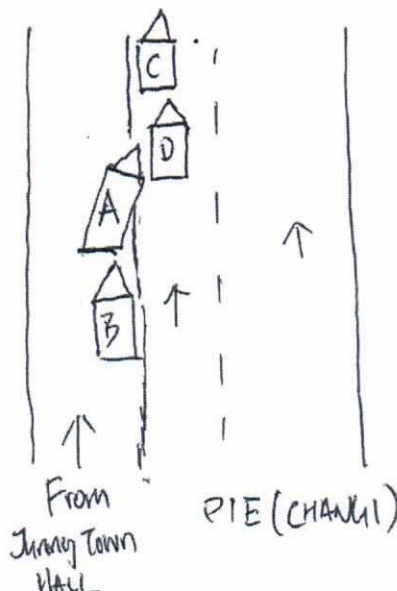
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



(A) SJR 152G

(B) XF 4513A

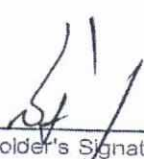
(C) SLJ 6705M


(D) SMG 2533A

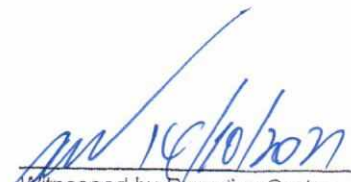
I was travelling along the Entrance to PIE Changi from Jurong Town Hall Rd. Weather was clear, traffic was moderate. When I was about to enter PIE Changi, I felt an great impact from the rear right portion of my vehicle. The impact sent me to the right and collided onto vehicle D which was on the lane at my right. I alighted and realised it was a chain collision involving 4 vehicles. I was the 3rd car in the chain.

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

Date of Accident : 13.10.2021 Accident Time: 1032 (24-HR-Format)
Accident Place : Along PIR towards Changi Before the guard post
Vehicle No. (Car Plate No.) : SJR 152G Make/Model: T. A14's
Insurance Company : AIG Policy No: 2100141522-12
Owner or Company Name / IC No. : Ng Kai Meng S 2548730C
Owner or Company Contact No. : 92984575 Owner's Hp Company Tel
DRIVER'S Name/IC No. : Ng Guan Yung S 9139292E
DRIVER'S Date of Birth : 26.10.1991 DRIVER'S License Pass Date: 22.10.2010
Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: _____
DRIVER'S Address : B11c 71, Jurong East St 13, #02-03, S1609650
DRIVER'S Contact No./ Alt No. : 1) 96213806 2) _____
DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address : A 6679B@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): 01 driver (Ng Guan Yung)

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): yes, Ng Guan Yung

Other Party Driver's Particular (if any)

Vehicle No <u>(B)</u> : XE 4513A	Vehicle No <u>(C)</u> : SLJ 6705M
Vehicle Make/Model : _____	Vehicle Make/Model : _____
Name Driver : _____	Name Driver : _____
IC No. Driver/Contact: : _____	IC No. Driver/Contact: : _____

Passenger's name & gender:

vehicle NO (D) SMG 2533A



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ng Kai Meng
Period of Insurance : 04 Jun 2021 To 03 Jun 2022
Engine No. : 3ZZ4891367
Chassis No. : MR053ZEE106146225

Vehicle No. : SJR152G
Policy No. : 2100141522-12
Endorsement No. :
Issued Date : 24 Apr 2021

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6
Engine Capacity/Tonnage : 1,598.00 CC Sum Insured : Market Value First Year of Registration : 2009
Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : Yes
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.

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

Windscreens : \$100

Named Driver and Excess (where applicable)

Ng Kai Meng - \$600 (Own Damage), \$600 (Flood Cover), Ng Guan Yang - \$600 (Own Damage), \$600 (Flood Cover), Ang Khoo Hwee - \$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 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

(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).

0691291000

WONG SIEW MENG

3 TAMPINES GRANDE #08-50 AIA TAMPINES
SINGAPORE 528799 SP-KONGINGING-MARGARETONG
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP