

# NATIONAL Assessment Centre Services

SM0821A P0000

Date In: 25/10/2021 19:55	Job description	Date & Time Completed	Done by
Ref No: XBA/MG2W109194	SAS e-illing		
Val No: SMC 6210	E-mail (vehicle title, A/C title)		
D.O.A: 25/10/2021 22:50	1-Motor Claim Form		
	1-Motor W/O (Within 30 days TP 4011)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Asset Report by Fax/Hand to Owner/Valuer		

(1) Reporting Only

TP Insurer

Preferred Wksp / INO Available Wksp / QW1

TP Handout/Val

Val No

SAY 95922

INO

/ Non-INO

Tel

Fax

Owner / Driver

Policy No

Period

Cover Type

Completed by

Date

Time

Insured/Driver Liability

%

(Note: Est. 50% (WO) N10-20% P121-79% P180-100%)

Year of Registration

Warranty

YES

NO

Access

\$

Loading

\$1,000

\$2,000

( ) Willing to Surrender / Customers Information Privately Confidential & Subject to No Referral of Repayment

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

Drive-In

/ Towed-In

Involved VNS

NO

Towing Co

1) Apply for Transport Allowance

/ Courtesy Car

2) QO Check / Post Repair Inspection

3) Upload Recovery Photo (Repair Costs > \$3000)

Injury

NA2104203

Driver/Owner

Company No

Designated Portion

QC Checked by (Engin-In-Clurug)

1) All conditions covered (00%)	W/O (H)
2) 24 hours emergency (300%)	300%
3) 24 hours towing	300%
4) 24 hours towing with survey (300%)	300%
5) 24 hours towing with survey (300%)	300%
6) 24 hours towing with survey (300%)	300%
7) 24 hours towing with survey (300%)	300%
8) 24 hours towing with survey (300%)	300%
9) 24 hours towing with survey (300%)	300%
10) 24 hours towing with survey (300%)	300%
11) 24 hours towing with survey (300%)	300%
12) 24 hours towing with survey (300%)	300%
13) 24 hours towing with survey (300%)	300%
14) 24 hours towing with survey (300%)	300%
15) 24 hours towing with survey (300%)	300%
16) 24 hours towing with survey (300%)	300%
17) 24 hours towing with survey (300%)	300%
18) 24 hours towing with survey (300%)	300%
19) 24 hours towing with survey (300%)	300%
20) 24 hours towing with survey (300%)	300%



# 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	25/10/2021 19:55 (SGT)
Date of Accident	22/10/2021 22:50 (SGT)
Exact Location of Accident	River Valley Rd, Singapore
Additional Location Information	TOWARDS CLEMENCEAU AVENUE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC6370Y
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HENG CHIANG HONG
NRIC No	SXXXX235H
Email Address	voideck@mail.com
Mobile Phone No	(Phone) +65-90098710
Alternative Phone No	+65-90098710

### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	999

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900103749-02
Cover Note Number	-

### DRIVER

Name of Driver	HENG CHIANG HONG
NRIC No	SXXXX235H

Date Of Birth	20/12/1969
Occupation	Indoor
Date Of Driving Pass	19/10/1990
Driving experience	31 YEARS
Gender	Male
Mobile Number	(Phone) +65-90098710
Alt. Phone Number	+65-90098710
Email Address	voideck@mail.com
Address	BLK 101 BUKIT PURMEI ROAD #04-04
Address complement	-
Postcode	090101
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	Collision - Head to Rear
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

#### 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	SJY9592Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ARUN S/O KRISHNA
Contact Number	(Phone) +65-90623785
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.

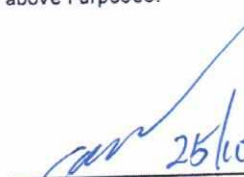
 23/10/21

Policyholder's Signature / Date & Time

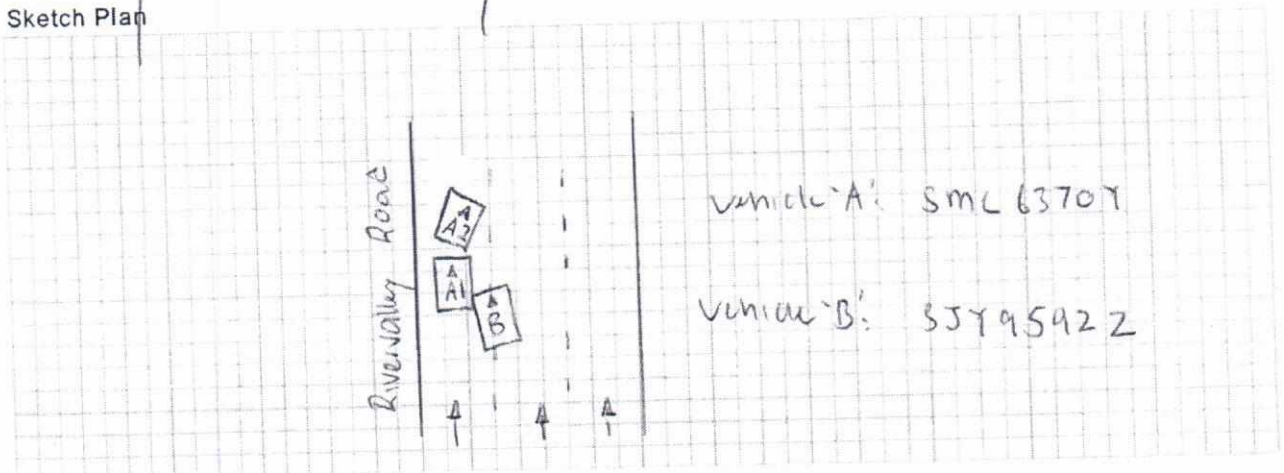
Sketch Plan

 23/10/21

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

 25/10/2021

Witnessed by Reporting Centre Personnel

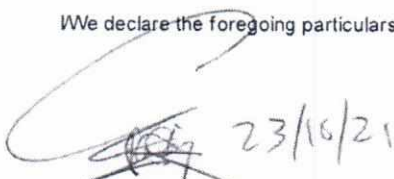


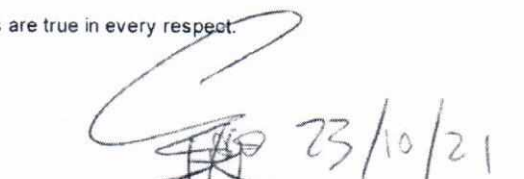
Describe Circumstances of the Accident


on the stated date and time, i vehicle 'A' was travelling along my designated lane along live valley road. The front car slowed down, as such i followed suit. As i was slowing down i suddenly felt a huge impact hitting me on the rear right portion of my vehicle. I got down to realise that vehicle 'B' has collided into me.

Declaration

We declare the foregoing particulars are true in every respect.

  
23/10/21  
Policyholder's Signature / Date & Time

  
23/10/21  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
25/10/2021  
Witnessed by Reporting Centre Personnel



Email: sm@idac.com.sg Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 22/10/2021 (dd/mm/yy) Time of Accident: 22:50 (24-HR-FORMAT)  
Vehicle No.: SMC6370Y Vehicle Make & Model / Engine (cc): Volkswagen GOLF TSI TL Private Hire: (Y/N) (N)  
Exact location of Accident: River valley Road Towards Clemenceau Ave  
Policyholder's Name / IC No.: Heng Chiang Hong S6944235H  
Driver's Name / IC No.: Heng Chiang Hong S6944235H (As Above) ☐  
Driver's Contact No.: 90098710 Company Contact No / Owner Contact No: \_\_\_\_\_  
Driver's Address: APT BLK 101 BUKIT PURMEI ROAD #04-04, SINGAPORE 090101  
Owner Email address: voideck@mail.com Insurance Company: AIG  
Driver Email address: voideck@mail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle  
Was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

\*No. of Passengers (Including Driver): 1

\*Passanger Name: \_\_\_\_\_  
\*Passanger Name: \_\_\_\_\_

Gender: \_\_\_\_\_  
Gender: \_\_\_\_\_

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: ARUN S/O KRISHNA Vehicle No: SJY9592Z (B)

Driver's Contact No: 90623785 Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Heng Chiang Hong  
Period of Insurance : 13 Jul 2021 To 12 Jul 2022  
Engine No. : ChZ979228  
Chassis No. : WVVZZZAUZJW267089

Vehicle No. : SMC6370Y  
Policy No. : 1900103749-02  
Endorsement No. :  
Issued Date : 14 Jun 2021

### ABOUT THE COVER

Make/Model : VOLKSWAGEN Golf 1.0 TSI  
Engine Capacity/Tonnage : 999.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2018  
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)

Heng Chiang Hong - \$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: VOLKSWAGEN FINANCIAL SERVICES SINGAPORE 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).

0315003000

CHEOK MARY

37 JALAN SEMPADAN TOWER 6 #02-07 VILLA MARINA  
SINGAPORE 457406 SP-MARYCHEOK-LEOCHEE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

SSCNMD

78 Shenton Way #09-16 AIG Building S079120 | T +65 6419 3000 | [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.

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