

VALIATION & ASSESSMENT CENTRE SERVICES

SN/0871CM0003

Date: 23/12/2021 16:51	Job Description: SAS e-filing	How & How Completed: Done by
Ref No: NBA/ATG 21013069/Y	E-mail (submitter): Mr. Tan	
Veh No: SMC 9419K	i-Motor Claim Form	
Doc No: 22/12/2021 19:45	i-Motor W/O (within 14 days of 2011-2012)	
TP Reporting Out	i-Photo Uploaded	
TP Insurer	Assessment/Survey Report	
	Ass't Report by Fax / Hand to Owner/Wksp	

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SLV 9105P	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 or 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

<p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Cat 1:</p> <p>Cat 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$10)</p> <p>2) DA: Damage Assessment (\$100), INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$10</p> <p>For claiming against INC Only (wef 10 Jan 2015)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTU: Additional Services:</p> <p>Q12:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Coordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>*N9: (11) TP ch. 4 (N9) against INC \$20</p> <p>9) N12: Idac Mobile \$0</p> <p>Invoice dated: _____ See Charges</p> <p>Survey dated: _____ See Charges</p>	<p>And (\$)</p> <p>1st Bill</p> <p>And (\$)</p> <p>Add Bill</p>
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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	23/12/2021 16:51 (SGT)
Date of Accident	22/12/2021 19:45 (SGT)
Exact Location of Accident	20 Craig Rd, Singapore 089692
Additional Location Information	MULTI STOREY CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC9419K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM JIN HONG, ELTON
NRIC No	SXXXX852J
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-96171264
Alternative Phone No	+65-96171264

VEHICLE PARTICULARS

Manufacturer	Mini
Model	Cooper
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	1499

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210108717
Cover Note Number	-

DRIVER

Name of Driver	CHIA HONG CHAN
NRIC No	SXXXX864E

Date Of Birth	03/09/1991
Occupation	Indoor
Date Of Driving Pass	13/02/2010
Driving experience	11 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96171264
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	BLK 359 TAMPINES STREET 34 #03-437
Address complement	-
Postcode	520359
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211223/2002

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 OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV9105P
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)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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(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

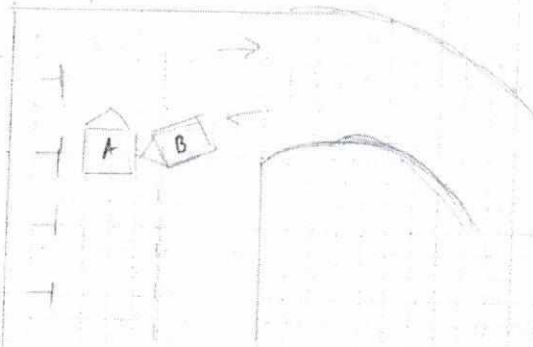
Driver's Signature (If driver is not the policyholder) / Date & Time

23/12/2007

Witnessed by Reporting Centre Personnel

Sketch Plan

20 CRAIG ROAD MSCP



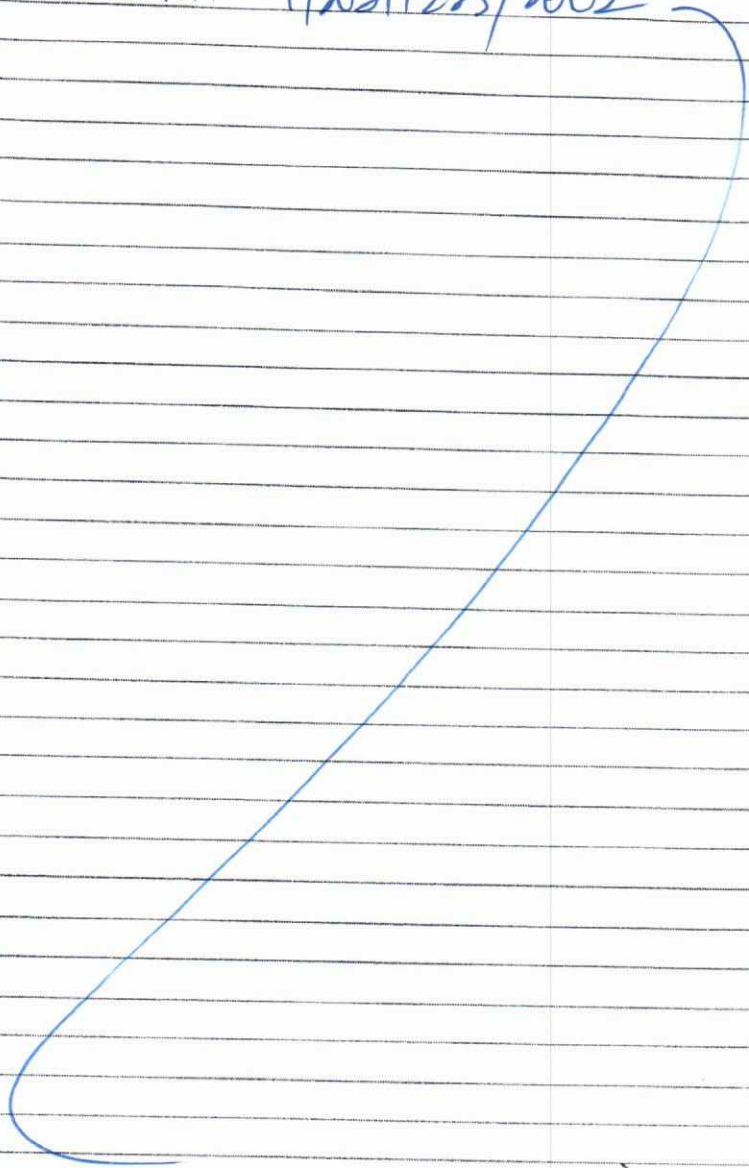
A = SNC9419K

B = SLV9105P

Describe Circumstances of the Accident

REFER TO POLICE REPORT

T/2021/223/2002



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

23/12/2021

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.

Date of Accident: 22 / 12 / 2021 (dd/mm/yy)

Time of Accident: 19 : 45 (24-HR-FORMAT)

Vehicle No.: SNC9419K Vehicle Make & Model / Engine (cc): HINI COOPER ONE Private Hire: (Y / N)

Exact location of Accident: MSCP 20 CRAIG ROAD SINGAPORE 089692

Policyholder's Name / IC No.: 4M JIN HONG, ELTON ROC/UEN (Company): S8804852J

Driver's Name / IC No.: CHIA HONG CHAN S9133864E (As Above) ☐

Driver's Contact No.: 9617 1264 Company Contact No / Owner Contact No: _____

Driver's Address: BLK 359 TAMPINES STREET 34 #03-437 SINGAPORE 520359

Owner Email address: CS8558CS@GMAIL.COM Insurance Company: AIG

Driver Email address: _____

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?

Occupation (nature of job) ☐ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 1

*Passenger Name: _____ Gender: Male / Female x()

*Passenger Name: _____ Gender: Male / Female x()

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 Remarks: WITH TRAFFIC POLICE

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: HOUGANG NPC

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SLV9105P

Driver's Contact No: _____ 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: _____



SINGAPORE POLICE FORCE



T/20211223/2002

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20211223/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2021 02:16		Vide Report No.:		Station Diary No.: 20
Informant's Particulars				
Name of Informant: CHIA HONG CHAN		Address: APT BLK 359 TAMPINES STREET 34 #03-437 SINGAPORE 520359		
ID Type / ID No.: NRIC NO / S9133864E		Contact No.: Home/Office: Mobile: 96171264		
Nationality: SINGAPORE CITIZEN		Email: hongchanchia@gmail.com		
Sex: Male	Age: 30	Date of Birth: 03/09/1991	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Information technology project manager		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/12/2021 19:45	Type of Location: Car Park
Location: CRAIG ROAD				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV9105P	Car				Slightly Damaged	0
SNC9419K	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211223/2002

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20211223/2002

CONTINUATION OF REPORT

Driver				
Name	CHIA HONG CHAN		ID No.	S9133864E
Related Vehicle	NIL		Contact No.	96171264
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 22/12/2021 at about 1945hrs, I was driving my brother's in law car, a cream colour Mini Cooper One (SNC9419K) along the Multi-story carpark (MSCP) at 20 Craig Road, Singapore 089692.

As I was driving inside Deck 2 of the MSCP, a silver Audi Q3 drove by a female driver side sweep the right side of my Mini Cooper One. I stopped my car afterwards, thinking that she might do the same so that both parties are able to exchange our personal particulars. I then seek help from my colleagues and a few came back to the MSCP to assist me.

The Audi Q3 did not do so and drove off after side swept my car. I believed that she was driving at a relatively high speed where it is deemed to be too fast in a MSCP environment.

I then called '999' for assistance.

Few minutes later, a TP male officer (TP398G) attended to me and went to search for the Audi Q3 vehicle in the MSCP.

One of my colleague managed to locate the Audi Q3 at Deck 4 of the MSCP. I then directed the TP officer to Deck 4 of the MSCP where he discovered that it was not locked nor secured in any way.

I was issued a case card, report number A/20211222/0119 by the TP male officer, TP IO In-Charge Roizman instructed me to lodge a Police Report for my safekeep.

I saw the Audi Q3 being towed away in my presence.

I did not suffered any injury and no medical attention was required at scene.

That is all.



**SINGAPORE
POLICE FORCE**



T/20211223/2002

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20211223/2002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report
F /
Other MUHAMMAD FIRDAUS
BIN AYUB

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
DSP (2) YIP YEW SENG NELSON
Contact No.: 65476182

Authentication Stamp
NP168



Signature Of Informant:

Date/Time:
23/12/2021 02:16

Classification Of Case:

SN 77



CERTIFICATE OF INSURANCE

MINI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LIM JIN HONG, ELTON
Period of Insurance : 08 Sep 2021 To 07 Sep 2023
Engine No. : H105K842B38A15A
Chassis No. : WMW22DK0802R30351

Vehicle No. : SNC9419K
Policy No. : 7210108717
Endorsement No. :
Issued Date : 08 Sep 2021

ABOUT THE COVER

Make/Model : MINI One 1.5 F55

Engine Capacity/Tonnage : 1,499.00 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" ("YIDFE") 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

* Limitations rendered inoperative by Section 6 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)

LIM JIN HONG, ELTON - \$600 (Own Damage), \$600 (Flood Cover)

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

1 Eurokars Habitat Pte Ltd Add Eurokars Centre, 12 Sungei Kadut Ave, Singapore 729648 63633003

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: HL Bank

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).

0504690204

EUROKARS HABITAT PTE LTD - TRH

23 LENG KEE ROAD

SINGAPORE 159095

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
This computer generated document does not require a signature.

Ai Leng Tan

78 Shenton Way #05-16 AIG Building 8075120 | T: +65 6478 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.

24-HOUR AIG AUTO HOTLINE: +65 6338 6200