

NATIONAL Assessment Centre Services

Date In: 16/02/22	Job description	Date & Time Completed	Done by
Ref No: NA/A1622001497/13	SAS e-filing		
Veh No: SML 90465	E-mail (within: Mon, AM 2hrs)		
D.O.A: 15/02/22 1840	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: XE1119A	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

NA 2200448	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OH*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	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	16/02/2022 12:08 (SGT)
Date of Accident	15/02/2022 18:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS CHANGI EXITING KALLANG TWDS SIMS WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML9046S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GAO RONGLIANG
NRIC No	SXXXX937I
Email Address	rongliang_90@hotmail.com
Mobile Phone No	(Phone) +65-90121398
Alternative Phone No	+65-90121398

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Stonic
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	1900104360-01
Cover Note Number	-

DRIVER

Name of Driver	GAO RONGLIANG
NRIC No	SXXXX937I



Date Of Birth	26/05/1990
Occupation	Indoor
Date Of Driving Pass	14/12/2010
Driving experience	11 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90121398
Alt. Phone Number	+65-90121398
Email Address	rongliang_90@hotmail.com
Address	BLK 183A WOODLANDS ST 13
Address complement	#14-635
Postcode	731183
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	XE1119A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SUN JIANLI
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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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.

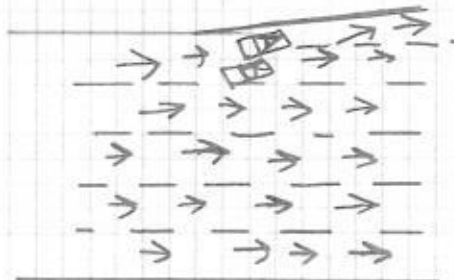

Policyholder's Signature / Date &
Time


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

 16/02/22
Witnessed by Reporting Centre
Personnel

Sketch Plan

PIE TWO'S CHANGI EXITING KALLANG TWO'S SIA'S WAY



A: SML 9046S
B: XE 1119A.

Describe Circumstances of the Accident


At the stated time and date, 15/02/2022, 6:40pm, I was travelling along PIE towards Changi exiting Kallang towards Sims Way on the way to fetch my wife on lane 5.

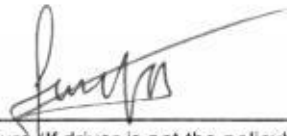
As I was exiting Kallang towards Sims Way on lane 5, I was queuing up to exit. Suddenly I felt a huge impact on my rear right side. I got out of my vehicle, then realised vehicle (XE1119A) has collided onto my rear portion of my vehicle.

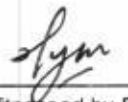
We both exchange particulars and left the scene.

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

 16/02/22
Witnessed by Reporting Centre Personnel

VEHICLE NO: SML90465

MAKE & MODEL : Kia Stonic

AUTO/MANUAL

DATE OF ACCIDENT	15 / 02 / 2022	*C.C:
TIME OF ACCIDENT	6:40 AM / (PM)	
LOCATION OF ACCIDENT	PIE towards Changi exiting Kallang towards Sims Way	
Exact Purpose use during accident	EMPLOYMENT / (PRIVATE USE) PRIVATE HIRE	
NAME OF OWNER	Gao RongLiang	
EMAIL	RongLiang - 90@hotmail.com	Office: Mobile: 9012 1398
NRIC	S9073937I	
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.	1900104360-01	
NAME OF DRIVER	(As above) / If No:	
NRIC	S9073937I	
DATE OF BIRTH	26 / May / 1990	
ANY PASSENGER	YES / (NO):	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / (Indoor)	
DATE OF DRIVING PASS	14 / Dec / 2010	
GENDER	(Male) / Female	
CONTAC NO.	Mobile:	Office: Home:
EMAIL		
ADDRESS	Blk 183A Woodlands St 13 #14-635 S(731183)	
DOES DRIVER OWN OTHER VEHICLES?	No / If yes, Reg No:	INSURER:
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	(Clear) / Raining / Other:	
ROAD SURFACE	(Dry) / Wet / Other:	
ANY INJURIES	(No) / If yes: Who?	
CONTAC NO.	9012 1398	
POLICE REPORT	(No) / If yes, Where?	
Notice of Intended Prosecution Given?	(No) / If yes: WHO?	
VEHICLE B NO.	XE 1119 A	Any passenger:
NAME	Sun JianLi	
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:	Teamwork Garage	
Have you been approach by unknown person soliciting (s)		
Offering accident claims assistance?	YES (NO)	



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Gao Rongliang
Period of Insurance : 11 Jun 2021 To 10 Jun 2022
Engine No. : G3LCKP039601
Chassis No. : KNAD6811VK6303541

Vehicle No. : SML9046S
Policy No. : 1900104360-01
Endorsement No. :
Issued Date : 23 Apr 2021

ABOUT THE COVER

Make/Model : KIA Stonic
Engine Capacity/Tonnage : 998.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
Insuring with COE/PAFF : 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

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169), 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)

Gao Rongliang - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800
4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

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: NA

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504624050

FULCOKICP2 - CORPORATE

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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