

# NATIONAL Assessment Centre Services [wef 1 Jan 05]

|                                |  |                       |         |
|--------------------------------|--|-----------------------|---------|
| Date In: 01/03/2022 11:08      | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/AIG 22001903/m4     | SAS e-filing                             |                       |         |
| Veh No: SGV 1082H              | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: 27/02/2022 12:50        | i-Motor Claim Form                       |                       |         |
| OP: TP / <u>Reporting Only</u> | 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: SLO 6293A | 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 2200545

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

## Invoice Preparation Checklist

|   | Ant (\$)<br>1st Bill | Ant (\$)<br>Add Bill |
|---|----------------------|----------------------|
| 1) AR: Accident Reporting (\$30);               |                      |                      |
| 2) DA: Damage Assessment (\$100); INC (\$80)    |                      |                      |
| 3) TF: Towing Fee \$40/\$45                     |                      |                      |
| 4) FT: Follow-Through Survey \$120              |                      |                      |
| 5) FT: Follow-Through Survey (Resurvey) \$30    |                      |                      |
| For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
| 6) TR: Re-inspection \$75                       |                      |                      |
| 7) N1: Idac DA + SMRT Survey \$160              |                      |                      |
| 8) NTUC Additional Services:-                   |                      |                      |
| OD*   |                      |                      |
| *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              | 01/03/2022 11:08 (SGT)                  |
| Date of Accident                | 27/02/2022 12:50 (SGT)                  |
| Exact Location of Accident      | Singapore                               |
| Additional Location Information | AYE TOWARDS CHANGI AFTER QUEENTOWN EXIT |
| Country/State of Loss           | Singapore                               |

## DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGV1082H             |
| INSURED/POLICYHOLDER        |                      |
| Is company?                 | No                   |
| Name Of Registered Owner    | CHEW KIM CHOO        |
| NRIC No                     | SXXXX441H            |
| Email Address               | KJUNRUI@HOTMAIL.COM  |
| Mobile Phone No             | (Phone) +65-96488308 |
| Alternative Phone No        | +65-96488308         |

## VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer   | Kia                 |
| Model  | Cerato              |
| 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 - Reporting only |
| Vehicle Category   | Private car         |
| Transmission   | Auto                |
| CC   | 1591                |

## INSURANCE COMPANY

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage          | Comprehensive                        |
| Fleet Policy              | No                                   |
| Policy Number             | 1800127187-02                        |
| Cover Note Number         | -                                    |

## DRIVER

|                |               |
|----------------|---------------|
| Name of Driver | TAN JUN XIANG |
| NRIC No        | SXXXX604F     |



|  |                              |
|--|------------------------------|
| Date Of Birth  | 20/07/1997                   |
| Occupation   | Indoor                       |
| Date Of Driving Pass   | 25/01/2017                   |
| Driving experience   | 5 YEARS AND 1 MONTH          |
| Gender   | Male                         |
| Mobile Number  | (Phone) +65-96488308         |
| Alt. Phone Number  | -                            |
| Email Address  | KJUNRUI@HOTMAIL.COM          |
| Address  | APT BLK 138B YUAN CHING ROAD |
| Address complement   | #19-125                      |
| Postcode   | 612138                       |
| 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   | Collision - Head to Rear |
| Weather Conditions | Raining                  |
| Road Surface       | Wet                      |

#### 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?   | No  |
| Was there any audio recorded?                 | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SLQ6293A    |
| Vehicle Manufacturer        | -           |
| Vehicle Model               | -           |
| Vehicle Variant             | -           |
| Vehicle Colour              | -           |
| Vehicle Category            | Private car |
| Name of Driver              | -           |
| Contact Number              | -           |
| Address                     | -           |
| Address complement          | -           |

## 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.

*Car...*

Policyholder's Signature / Date & Time

*A*

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

*R* 01/03/22

Witnessed by Reporting Centre Personnel

### Sketch Plan

AYE CHANGI

A - SGV108214

B - SLQ 6293A



Aye towards Changi After Queenstown Exit.

**Describe Circumstances of the Accident**

I WAS TRAVELLING ALONG AYE TOWARDS CHANGI AFTER QUEENTOWN EXIT. I  
COULD NOT STOP IN TIME AND HIT ONTO VEHICLE B

**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



Policyholder's Signature / Date &  
Time



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



Witnessed by Reporting Centre  
Personnel



# Accident Reporting Draft

VEHICLE NO: **SGV1082H**

MODEL: **KIA CERATO**

**AUTO/MANUAL**

|  |   |                                |
|--|---|--------------------------------|
| DATE OF ACCIDENT   | 27/2/2022   | C.C: 1591                      |
| TIME OF ACCIDENT   | 1250  | HRS AM/PM                      |
| LOCATION OF ACCIDENT   | AYE TOWARDS CHANGI AFTER QUEENTOWN EXIT   |                                |
| EXACT PURPOSE USE DURING ACCIDENT  | EMPLOYMENT/ <u>PRIVATE USE</u> / PRIVATE HIRE   |                                |
| NAME OF OWNER  | CHEW KIM CHOO   |                                |
| CONTACT NO.  | 96488308  | EMAIL: KJUNRUI@HOTMAIL.COM     |
| NRIC   | S1779441H   |                                |
| CLAIM TYPE   | OD / THIRD PARTY / <u>REPORTING ONLY</u>  |                                |
| INSURANCE CO.  | AIG   |                                |
| TYPE OF COVERAGE   | <u>COMPREHENSIVE</u> / THIRD PARTY/ THIRD PARTY FIRE & THEFT  |                                |
| POLICY NO.   |   |                                |
| NAME OF DRIVER   | AS ABOVE / IF NO: TAN JUN XIANG   |                                |
| NRIC   | S9723604F   | ANY PASSENGER: 0               |
| DATE OF BIRTH  | 20/7/1997   |                                |
| OCCUPATION   | OUTDOOR / <u>INDOOR</u>   |                                |
| DATE OF DRIVING PASS   | 25/1/2017   |                                |
| GENDER   | <u>MALE</u> / FEMALE  |                                |
| CONTACT NO.  | 96488308  | EMAIL: KJUNRUI@HOTMAIL.COM     |
| ADDRESS  | APT BLK 138B YUAN CHING ROAD #19-125 S(612138)  |                                |
| DOES DRIVER OWN OTHER VEHICLES   | <u>NO</u> / IF YES: REG NO.   |                                |
| RELATIONSHIP   | EMPLOYEE/ IF NO: <u>son</u>   |                                |
| WEATHER CONDITION  | CLEAR / <u>RAINY</u> / OTHER:   |                                |
| ROAD SURFACE   | DRY / <u>WET</u> / OTHER:   |                                |
| ANY INJURIES   | NO / IF YES: <u>NO</u>  |                                |
| CONTACT NO.  |   |                                |
| POLICE REPORT  | <u>NO</u> / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?   |                                |
| VIDEO RECORDING  | <u>NO</u> / YES   | NO/IF YES: WHO?                |
| AUDIO RECORDING  | <u>NO</u> / YES   | SCENE PHOTO(S) <u>NO</u> / YES |
| VEHICLE B NO.  | SLQ6293A  | 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.  |   |                                |
| PARTICULAR WORKSHOP  | <div style="text-align: center;"> <br/> <b>Ryder</b> Auto Pte Ltd<br/>                 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,<br/>                 Singapore 417921<br/>                 Email: ryderautoworkshop@gmail.com<br/>                 Tel: 67418277             </div> |                                |
| MOBILE NO.   |   |                                |
| CONTACT PERSON   |   |                                |
| FAX NO.<br>HAVE YOU BEEN APPROACHED BY<br>UNKNOWN PERSON SOLICITING(S)/<br>OFFERING ACCIDENT CLAIMS<br>ASSISTANCE?   |   |                                |
| <div style="display: flex; justify-content: center; align-items: center;"> <span style="border: 1px solid black; border-radius: 50%; padding: 5px; margin-right: 10px;"><u>NO</u></span> <span>/ YES</span> </div> |   |                                |



# CERTIFICATE OF INSURANCE

## KIA AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : CHEW KIM CHOO  
**Period of Insurance** : 15 Nov 2021 To 14 Nov 2022  
**Engine No.** : G4FGJH709060  
**Chassis No.** : KNAF3416MK5017923

**Vehicle No.** : SGV1082H  
**Policy No.** : 1800127187-02  
**Endorsement No.** :  
**Issued Date** : 27 Sep 2021

### ABOUT THE COVER

**Make/Model** : KIA Cerato  
**Engine Capacity/Tonnage** : 1,591.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2018  
**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

\* 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)

CHEW KIM CHOO - \$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](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: United Overseas Bank Limited

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).

0504622226

C&CKICP2 - WILLAU

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.

AIGSGMOBILEAPP