

NATION 11 Assessment Centre Services **SNR2230002**

Date In: 02/03/2022 16:49	Job Description	Date & Time Completed	Done by
Ref No: X/138/116220019461	SAS e-filing		
Veh No: SMR 79837	E-mail (within State, A/C 2hrs)		
DOA: 01/03/2022 21:09	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (within 01-2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **8CX 26794** 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%, R: 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

Claimant's Particulars :-	Invoice Preparation Checklist	
	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30	
Cat 1:	For claiming against INC Only (wef 10 Jan 2015)	
Cat 2/3:	6) TR: Re-inspection \$75	
	7) N1: idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	Q11:	
	*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: Blue 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	02/03/2022 16:49 (SGT)
Date of Accident	01/03/2022 21:09 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	EXIT TOWARDS DAIRY FARM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR7983T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH YIZHE
NRIC No	SXXXX749A
Email Address	roykoh@navigator.org.sg
Mobile Phone No	(Phone) +65-96517927
Alternative Phone No	+65-98204323

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	1995

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070007977-02
Cover Note Number	-

DRIVER

Name of Driver	KOH BENG WAN
NRIC No	SXXXX258B

Date Of Birth	17/12/1951
Occupation	Indoor
Date Of Driving Pass	09/03/1971
Driving experience	51 YEARS
Gender	Male
Mobile Number	(Phone) +65-98204323
Alt. Phone Number	-
Email Address	roykoh@navigator.org.sg
Address	BLK 129 PENDING ROAD #12-344
Address complement	-
Postcode	670129
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MRS KOH
Gender	Female

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	SKX2679Y
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

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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

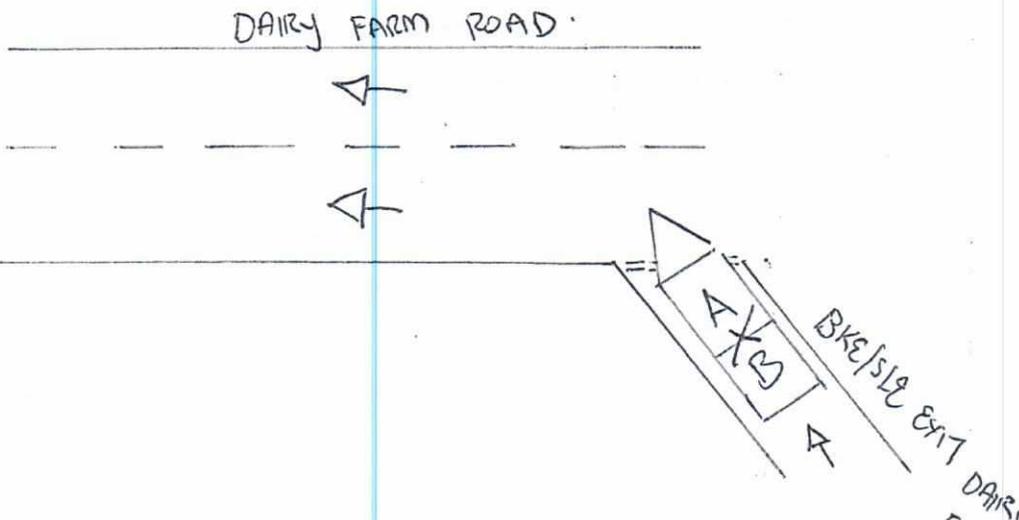
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

02/03/2022
Witnessed by Reporting Centre Personnel

Sketch Plan



VEHICLE
A: SMR7983T
B: SKX2679Y.

Describe Circumstances of the Accident

ON THE STATED DATE, TIME AND LOCATION. I WAS TRAVELING
BACK HOME EXITING BKE/SLE * DAIRY FARM ROAD. I SLOW DOWN
AND CAME TO A STOP TO LOOK OUT ON THE MAIN ROAD
ONCOMING VEHICLE. OUT OF A SUDDEN, THERE WAS A HUGE IMPACT
CAME FROM MY REAR. I ALIGHT AND REALIZE VEHICLE "B" COLLIDED
ONTO MY VEHICLE REAR.

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

02/03/2022
Witnessed by Reporting Centre Personnel

VEHICLE NO: SMR 7983T

MAKE & MODEL : SUBARU FORESTER

AUDIY MANUAL

DATE OF ACCIDENT	01 / 03 / 2022	CC 20
TIME OF ACCIDENT	2104HRS . AM / <input checked="" type="checkbox"/> PM	
LOCATION OF ACCIDENT	BKE / SLE Exit DAIRY FARM ROAD.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<input checked="" type="checkbox"/> EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	KOH VIZHE	
EMAIL	ROYKOH@NAVIGATORS.ORG.SG.	Office: MOBILE: 9651 7927
NRIC	S9125744A.	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="checkbox"/> NO?	
INSURANCE CO.	AIG	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	0070007977-02.	
NAME OF DRIVER	AS ABOVE / IF NO: KOH BENH WAN	
NRIC	S01H1258B.	
DATE OF BIRTH	17 / 12 / 1951	
ANY PASSENGER	YES / NO : 02	
NAME OF PASSENGER	MRS. KOH .	
GENDER OF PASSENGER	MALE / <input checked="" type="checkbox"/> FEMALE	
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor	
DATE OF DRIVING PASS	09 / 03 / 1971	
GENDER	<input checked="" type="checkbox"/> Male / Female	
CONTACT NO.	Mobile: 9820 4323	Office: Home:
EMAIL	ROYKOH@NAVIGATORS.ORG.SG.	
ADDRESS	109 PENDING ROAD #12-344	S670129.
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes . Reg No.	IF COVER.
RELATIONSHIP	Employee / If No: FATHER & SON .	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / Raining / Other.	
ROAD SURFACE	<input checked="" type="checkbox"/> DRY / <input checked="" type="checkbox"/> WET / Other.	
ANY INJURIES	<input checked="" type="checkbox"/> No / If yes . Who?	
CONTACT NO.	-	
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes . Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?		NO/IF YES. WHO?
VEHICLE B NO.	SKV 06794.	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.		
WAS THERE ANY VIDEO CAPTURE?		<input checked="" type="checkbox"/> YES / <input checked="" type="checkbox"/> NO
WAS THERE ANY AUDIO RECORDED?		<input checked="" type="checkbox"/> YES / <input checked="" type="checkbox"/> NO
SCENE ACCIDENT PHOTOS TAKEN?		<input checked="" type="checkbox"/> YES / <input checked="" type="checkbox"/> NO
**WORKSHOP:		

Have you been approach by unknown person collecting (s) /



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Koh YiZhe
Period of Insurance : 22 Jan 2022 To 21 Jan 2023
Engine No. : FB20YH52807
Chassis No. : JF1SK7KL5KG019564

Vehicle No. : SMR7983T
Policy No. : 2070007977-02
Endorsement No. :
Issued Date : 18 Jan 2022

ABOUT THE COVER

Make/Model : SUBARU Forester 2.0i-S Eyesight
Engine Capacity/Tonnage : 1,995.00 CC Sum Insured : Market Value First Year of Registration : 2020
Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : 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 S\$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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Koh YiZhe - \$800 (Own Damage), \$600 (Flood Cover)

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

1. Motor Image Enterprises Pte Ltd Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

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: 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).

0500619235

TAN CHONG CREDIT SUBARU-TGX

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 589623

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPMLU