

NATION 11 Assessment Centre Services

SAC 22300002

Date in 24/03/2022 17:11
 Ref No N/A 220027914
 Vch No SVA 7892A
 Date 23/03/2022 15:00
 (1) Reporting Unit
 TP Insurer

Selected description
 SAs e-filing
 E-mail (with date) M. 2000
 i-Motor Claim Form
 i-Motor W/O (with date) 2000 17:40:00
 i-Photo Uploaded
 Assessment/Survey Report
 Ass't Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()
 TP Particulars: Vch No: WC 73420 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 () / Towel-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	And (\$) 1st Bill	And (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$10		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$15		
	7) N1: 1st DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	N5: Courtesy Car / Tpt Allowance \$5		
	N6: Repair Coordination \$10		
	N7: Post Repair Inspection \$25		
	N8: DV / Collect Excess Coordination \$5		
	LP (N11) / TP (N12) against INC \$10		
	9) N12: 1st Bill		
	Invoice dated		

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	24/03/2022 17:11 (SGT)
Date of Accident	23/03/2022 15:00 (SGT)
Exact Location of Accident	233 Choa Chu Kang Central, Block 233, Singapore 680233
Additional Location Information	AFTER ENTRANCE TOWARDS BLK 228-232
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA7892A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TEO HO KHOON
NRIC No	SXXXX754B
Email Address	anggordon.x@gmail.com
Mobile Phone No	(Phone) +65-98506809
Alternative Phone No	+65-98506809

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210084035
Cover Note Number	-

DRIVER

Name of Driver	TEO HO KHOON
NRIC No	SXXXX754B

Date Of Birth	23/01/1953
Occupation	Indoor
Date Of Driving Pass	08/08/1972
Driving experience	49 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98506809
Alt. Phone Number	+65-98506809
Email Address	anggordon.x@gmail.com
Address	BLK 441A CLEMENTI AVENUE 3 #22-03
Address complement	-
Postcode	121441
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 (TYPE OF COLLISION IS HEAD TO SIDE)

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	WC7342D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEO HO KHOON
Gender	Male
Phone No	(Phone) +65-98506809
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNA7892A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

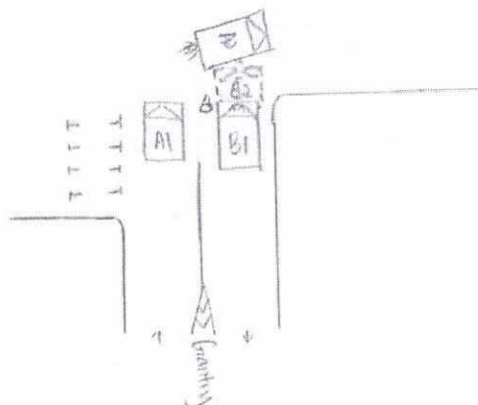
Policyholder's Signature / Date & Time

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

24/03/2022

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: CNA789A

Vehicle B: WJ 7342D

Blk 233 Choa Chukang

Central After

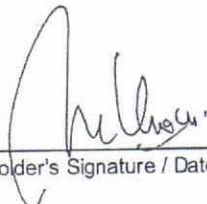
Entrance of Chantry
towards Blk 233-232

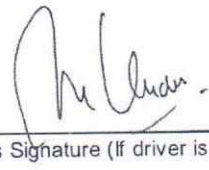
Describe Circumstances of the Accident

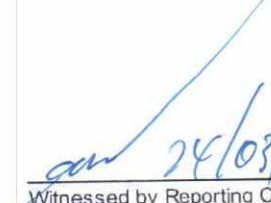
On the stated date & time, I, vehicle A (SIVA7892A) was travelling at the stated location. After enter the gantry I notice that there was a road construction on my right. As I was going to turn to the right, I stop to keep a look up and the road marshal usher indicate me to turn to the right and I check that the cement truck was stationary so I proceed to turn to the right. While I was going to complete my right turn suddenly, I felt an impact from the rear right portion of my vehicle. I alighted & realised vehicle B (WU7342D) move forward and collided onto the rear right portion of my vehicle causing damages.

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

 24/03/2022
Witnessed by Reporting Centre Personnel

23/03/2022

Date of Accident : 23/03/2022 Accident Time: 1500hrs (24-HR-FORMAT)

Accident Place : BLK 233 Choa Chu Kang Central after Entrance of Gantry towards BLK 228-232

Vehicle Reg. No (Car plate No.) : SNA 7892A Vehicle Make/Model: Honda Vezel

Insurance Company : Alfa Policy No. 7210084035

Name of Registered Owner : Company / Individual Teo Ho Khoo

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S0095754B
 : Co Contact No: - Owner's Contact No: 98506809

DRIVER'S Name : Teo Ho Khoo DRIVER'S NRIC No: S0095754B

DRIVER'S Date of Birth : 23 Jan 1953 DRIVER'S License Pass Date 08 Aug 1972

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others owner

DRIVER'S Address : APT BLK 441A Clementi Avenue 3 #22-03 S(121441)

DRIVER'S Contact No./ Alt No. : 1) 98506809 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an oic) Retiree

Email Address : anggordon.x@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 01 Passenger Name: - Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: Teo Ho Khoo
 Injured Name: -

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>WC 7342D</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : TEO HO KHOON
Period of Insurance : 30 Jul 2021 To 04 Aug 2022
Engine No. : L15B3522086
Chassis No. : RU11022053

Vehicle No. : SNA7892A
Policy No. : 7210084035
Endorsement No. :
Issued Date : 29 Jul 2021

ABOUT THE COVER

Make/Model : HONDA VEZEL

Engine Capacity/Tonnage : 1,496.00 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" ("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)

TEO HO KHOON - \$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 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

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).

0500656000

COWELL INSURANCE (AGENCY) P L

8 BURN ROAD #09-09 TRIVEX

SINGAPORE 369977 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Tai Joo Lim