

# NATION 17 Assessment Centre Services **SM0822430001**

Date In <b>11/04/2022 11:41</b>	Job description	Date & Time Completed	Done by
Ref No <b>NBA/014920032854</b>	SAS e-filing		
Veh No <b>SLR 4748M</b>	E-mail (within 2hrs. After 2hrs.)		
DOA <b>07/04/2022 14:55</b>	i-Motor Claim Form		
DD <b>IP</b> Reporting Only	i-Motor W/O (within 24 hrs. IP 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:	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

<b>*A2200963</b>	<b>Invoice Preparation Checklist</b>		Am't (\$) 1st Bill	Am't (\$) 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)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) N12 : Idac Mobile			
	10) N13 : Courtesy Car / Tpt Allowance \$5			
	11) N14 : Repair Co-ordination \$10			
	12) N15 : Post Repair Inspection \$25			
	13) N16 : DV / Collect Excess Coordination \$5			
	14) N17 : TP (N11) : TP (N11) against INC \$20			
	15) N18 : 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	11/04/2022 11:41 (SGT)
Date of Accident	07/04/2022 14:55 (SGT)
Exact Location of Accident	1 Jurong West Central 2, Singapore 648886
Additional Location Information	B2 CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4748M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH CHIN HOON
NRIC No	SXXXX236F
Email Address	supersonicrun123@gmail.com
Mobile Phone No	(Phone) +65-96837533
Alternative Phone No	+65-96837533

## VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	72100072057
Cover Note Number	-

## DRIVER

Name of Driver	KOH CHIN HOON
NRIC No	SXXXX236F





Date Of Birth	23/12/1960
Occupation	Outdoor
Date Of Driving Pass	15/09/1980
Driving experience	41 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96837533
Alt. Phone Number	+65-96837533
Email Address	supersonicrun123@gmail.com
Address	BLK 80 LORONG 4 TOA PAYOH #03-472
Address complement	-
Postcode	310080
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	Collision - Head to Rear
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

#### 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	SKX7472T
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)	-----	-

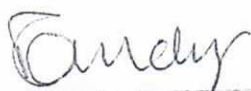
## SKETCH PLAN

### IMPORTANT NOTICE

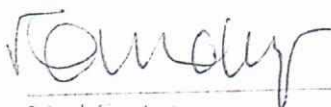
1. Please report correctly the details of the accident to speed up the claims process
2. This form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 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 lodgment 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:

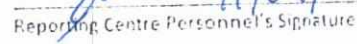
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

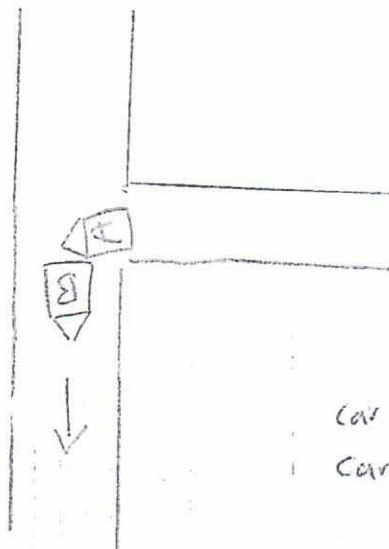


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

Jawing Point (curb) B2



Car A: SLR 4748 M.  
Car B: SKX 74727

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was traveling along the  
stated place. I stopped to look out from the right hand  
on-coming car. Suddenly, Car B reversed and collided onto  
the front left portion of my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*Ramely Ramely*  
Policyholder's Signature  
Date & Time

*Ramely*  
Driver's Signature  
(If Driver is not the policyholder)  
Date & Time

*11/04/2022*  
Reporting Centre Personnel's Signature  
Name  
NRIC/ID No.



Personal Particulars

Date of Accident: 7/4/22 (dd/mm/yy) Time of Accident: 14:55 (24 Hrs)

Vehicle No: SLR4748M Vehicle Make/Model: Mazda 3 Auto

Exact Location of Accident: Jurong Point Carpark B2

Owner's Name / IC No: Koh Chin Hoon S1409236F

Owner's Contact No: 96837533 Owner's Email\*: SUPERSONIC RUN 123@GMAIL.COM

Driver's Name / IC No: Koh Chin Hoon S1409236F

Driver's Contact No: 96837533 Driver's Email\*: \_\_\_\_\_

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/

Others please specify: Owner Insurance Company & Policy No: AIG

Does the driver own any other vehicle?

Yes / No If Yes, Vehicle no. \_\_\_\_\_ & Insurance Company & Policy No: \_\_\_\_\_

What do you wish to claim? (Please circle one only) \*Number of passengers (Including Driver): 1

Own Insurance / Third Party / Reporting Only

Exact purpose for which the vehicle was being used at the time of accident?

Private use / Work purpose

Weather condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Any Witness?

\*Any Video?

Indoor Outdoor

Yes / No If Yes, please specify \_\_\_\_\_

Yes / No

Any Injuries? (Police report is required if mc is above 3 days)

\*Seat Belt?

Yes / No If Yes, which police station, which part? \_\_\_\_\_

Yes / No

Third Party (Vehicle B) details:

Driver's Name/IC No: \_\_\_\_\_ Vehicle No: SKX7472T

Third Party Insurance: \_\_\_\_\_ Driver's Contact No: \_\_\_\_\_

Other's Vehicle Involved (If applicable)

Vehicle C: \_\_\_\_\_ Vehicle D: \_\_\_\_\_ Vehicle E: \_\_\_\_\_

Was any foreign vehicle involved in this accident?

If yes, Foreign Vehicle Registration Number: \_\_\_\_\_



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Koh Chin Hoon  
**Period of Insurance** : 16 Aug 2021 To 15 Aug 2022  
**Engine No.** : P520444512  
**Chassis No.** : JM6BN22A8H0152859

**Vehicle No.** : SLR4748M  
**Policy No.** : 7210072057  
**Endorsement No.** :  
**Issued Date** : 13 Jul 2021

### ABOUT THE COVER

**Make/Model** : MAZDA 3 1.5 SKYACTIV  
**Engine Capacity/Tonnage** : 1.496.00 CC  
**Driver Restriction** : NA

**Sum Insured** : Market Value  
**Off Peak Car** : No

**First Year of Registration** : 2017  
**Insuring with COE/PARE** : 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 authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" (IDRE) if You are or Your Authorized Driver (named or unnamed) has less than 2 years' driving experience.

**Age Condition** : 40 years old and above

**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** : 1500hrs - 1600hrs 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)

Koh Chin Hoon - \$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 6335 8200. 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 App Store or Google Play.

### IMPORTANT NOTES

**Hire Purchase Company/Employer's Loan:** TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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).

0502263000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

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