

# NATIONAL Assessment Centre Services

Date In: 27/04/22	Job description	Date & Time Completed	Done by
Ref No: NA/A1622003937/13	SAS e-filing		
Veh No: SMV3150K	E-mail (within 3hrs. Aft: 2hrs)		
DOA 26/04/22 1915	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: SML4333X	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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 2005)		
Cat. 2/3:	6) TR : Re-inspection \$75		
	7) NI : 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 \$0		
	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 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. 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	27/04/2022 17:26 (SGT)
Date of Accident	26/04/2022 19:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP RD FROM WEST COAST RD TWDS PASIR PANJANG TURNING TO CLEMENTI AVE 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV3150K
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JADEN LIM SHI YOU
NRIC No	SXXXX280B
Email Address	jaden-lim@live.com.sg
Mobile Phone No	(Phone) +65-86120838
Alternative Phone No	+65-86120838

#### 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	998

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070136198
Cover Note Number	-

#### DRIVER

Name of Driver	SHARLENE LIM YONG TING
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NRIC No	SXXXX436F
Date Of Birth	12/07/1991
Occupation	Outdoor
Date Of Driving Pass	13/05/2016
Driving experience	5 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86120838
Alt. Phone Number	-
Email Address	jaden-lim@live.com.sg
Address	BLK 104A CANBERRA STREET
Address complement	#14-489
Postcode	751104
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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

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	SML4333X
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) ..... -

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person .....	SHARLENE LIM YONG TING
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMV3150K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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 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.

X *Ahr*

Policyholder's Signature / Date & Time

X *Shanku*

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

*27/04/22*

Witnessed by Reporting Centre Personnel

### Sketch Plan



VEHICLE (A) SMV 3150K.

(B) SML 4333X

**Describe Circumstances of the Accident**

ON THE STATED DATE & TIME, I'M DRIVING MY VEHICLE (A).  
SMV 3150 K, TRAVELLING ALONG SLIP RD FROM WEST COAST RD (TWD'S  
PASIR PANJANG) TURNING TO CLEMENTI AVE 2, ALONG LEFT LANE OF  
THE 2 LANE SLIP RD. SUDDENLY, VEHICLE (B) S/MC 4333X TRAVELLING  
ON LANE 2 ALONG THE MAIN RD FILTERED TO THE RIGHT LANE OF THE  
SLIP RD & COLLIDED ONTO MY VEHICLE RIGHT SIDE PORTION. MY VEHICLE  
WAS DAMAGED.

VEHICLE (A) SMV 3150 K .  
(B) S/MC 4333X .

**Declaration**

We declare the foregoing particulars are true in every respect.

X   
Policyholder's Signature / Date &  
Time

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

 27/04/22  
Witnessed by Reporting Centre  
Personnel

VEHICLE NO: SMV 3150K

MAKE &amp; MODEL: KIA STONIC 1.0

AUTO / MANUAL

DATE OF ACCIDENT	26, 04, 2022	*C.C.
TIME OF ACCIDENT	1915 HRS.	AM / <input checked="" type="radio"/> PM
LOCATION OF ACCIDENT	SLIP RD FROM WEST COAST RD (TUNDS PASIR PAHAJANG) TURNING TO CLEMENTI AVE 2.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / PRIVATE HIRE	
<b>NAME OF OWNER</b>	JADEN LIM SHI YOU	
EMAIL:	JADEN-LIM@LIVE.COM.SG	Office: — MOBILE: 8612 0838
NRIC	S9119280B.	
CLAIM TYPE	OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="radio"/> NO?	
INSURANCE CO.	AIG	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	2070136198.	
<b>NAME OF DRIVER</b>	AS ABOVE / <input checked="" type="radio"/> IF NO: CHARLENE, LIM YONG TING.	
NRIC	(S9126436E).	
DATE OF BIRTH	12 / 07 / 1991	
ANY PASSENGER	<input checked="" type="radio"/> YES / <input type="radio"/> NO:	
NAME OF PASSENGER	—	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	13 / 05 / 2016	
GENDER	Male / <input checked="" type="radio"/> Female	
CONTACT NO.	Mobile: 8612 0838 Office: — Home: —	
EMAIL:	JADEN-LIM@LIVE.COM.SG	
ADDRESS	BLK 104A CANBERA JT #14-UB9 S' 751104	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="radio"/> NO / If yes, Reg No. INSURER.	
RELATIONSHIP	Employee / If No: SPUNNE	
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Other.	
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Other.	
ANY INJURIES	No / If yes, Who? DRIVER, CHARLENE, LIM YONG TING.	
CONTACT NO.	8612 0838.	
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?	
VEHICLE B NO.	<input checked="" type="radio"/> B SML 4333 X 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?	YES / <input checked="" type="radio"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	<input checked="" type="radio"/> YES / <input type="radio"/> NO	
<b>**WORKSHOP:</b>		
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** : JADEN LIM SHI YOU  
**Period of Insurance** : 25 Sep 2020 To 24 Sep 2022  
**Engine No.** : G3LCKP165699  
**Chassis No.** : KNAD6811VL6382850

**Vehicle No.** : SMV3150K  
**Policy No.** : 2070136198  
**Endorsement No.** :  
**Issued Date** : 21 Oct 2020

### ABOUT THE COVER

**Make/Model** : KIA Stonic  
**Engine Capacity/Tonnage** : 998.00 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

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

**First Year of Registration** : 2020  
**Insuring with COE/PARF** : Yes

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):

JADEN LIM SHI YOU - \$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:** HL Bank

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).

0504671231  
 CYCLE & CARRIAGE - CINDY  
 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.

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