

NATIONAL Assessment Centre Services: (wef 1 Jan 08)

2008225/1002

Date In: 17/05/2022 12:35	Job description	Date & Time Completed	Done by
Ref No: XBA/AIC220045564	SAS e-filing		
Veh No: 802 1005 X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/05/2022 18:40	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: SKA 6969E 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:	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		Ant (\$)	Est (\$)
	Inc Bill	Inc 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			
	4) FT : Follow-Through Survey \$120			
C Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Auditors' Comments:	6) TR : Re-inspection \$75			
	7) NI : Idac DA + SMRT Survey \$160			
t. 1:	8) NTUC Additional Services:			
	OD*			
t. 2 / 3:	*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	17/05/2022 12:38 (SGT)
Date of Accident	13/05/2022 18:40 (SGT)
Exact Location of Accident	Paya Lebar Rd, Singapore
Additional Location Information	TOWARDS BARTLEY ROAD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDZ1005X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PHOA YEW HUI (PAN YAOHUI)
NRIC No	SXXXX800E
Email Address	yh_phoa@hotmail.com
Mobile Phone No	(Phone) +65-97452660
Alternative Phone No	+65-96690772

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Getz
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	1399

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	0100620684-16
Cover Note Number	-

DRIVER

Name of Driver	LOW SOO CHING (LIU SUJING)
NRIC No	SXXXX700Z

Date Of Birth	05/10/1978
Occupation	Indoor
Date Of Driving Pass	07/11/2001
Driving experience	20 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96690772
Alt. Phone Number	-
Email Address	yh_phoa@hotmail.com
Address	11 TAMPINES AVENUE 8 #12-18
Address complement	-
Postcode	529599
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 - 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?	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

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA6969E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ABDUL HADI BIN RASHID
Contact Number	(Phone) +65-82294138
Address	-

Address complement	-
Postcode	-
Insurance Company Name	Allianz Insurance Singapore Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW SOO CHING (LIU SUJING)
Gender	Male
Phone No	(Phone) +65-96690772
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SDZ1005X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

lsc

17/05/2022
Witnessed by Reporting Centre Personnel

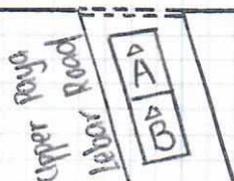
Policyholder's Signature / Date & Time

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

Sketch Plan

Bartley Road East

A: SDZ 1005X
B: SKA 6969E



Describe Circumstances of the Accident

On 13.05.2022 at about 18:40pm. I was travelling along Upper Paya Lebar Road towards
Bartley Road East. I was slowed down and stopped to check incoming vehicle. Suddenly, vehicle B
hit my rear portion of my vehicle.

Declaration

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

Policyholder's Signature / Date &
Time

LSE

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

[Signature] 17/05/2022

Witnessed by Reporting Centre
Personnel

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Date of Accident : 13.05.2022 Accident Time : 18:40PM (24-HR-Format)

Accident Place : Upper Paya Lebar Road towards Bartley Road East

Vehicle No (Car Plate No) : SDZ1005X Make/Model: HYUNDAI GETZ 1.4

Insurance Company : AIG Policy No: 0100620684-16

Fleet Policy : YES NO

Type of Coverage : Comprehensive / Third Party / **Third Party Fire & Theft**

Name of Owner / IC No : PHOA YEW HUI (PAN YAOHUI) S7437800E M

Owner Contact No : 9745 2660 Owner's Hp _____ Company Tel _____

Driver Name / IC No : LOW SOO CHING (LIU SUJING) S7829700Z

Driver's Date of Birth : 05.10.1978 Driver's License Pass Date: 07.11.2001

Relationship of Driver : **Spouse** / Parents / Children / Sibling / Employee / Other: _____

Driver's Address : 11 TAMPINES AVENUE 8 #12-18 SINGAPORE 529599

Driver's Contact No : 1) 9669 0772 2) _____

Driver's Occupation : **INDOOR** / OUTDOOR (e.g. working inside or outside office)

Email Address : yh_phoa@hotmail.com

Weather & Road Surface : **CLEAR & DRY** / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / **Claim Third Party** / Claim Own Insurance

Number of Passenger(include Driver) : 1 Driver

Was ther any video footage ? : **YES** / NO

Exact purpose used at time of accident : **Private Use** / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : Yes (1 Driver)

Other Party Driver's Particular (if any)

Vehicle B No: SKA6969E(ALLIANZ) Name & Contact No: Abdul Hadi Bin Rashid (8229 4138)

Vehicle C No: _____ Name & Contact No: _____

Vehicle D No: _____ Name & Contact No: _____

Vehicle E No: _____ Name & Contact No: _____

*NEW - Passenger's Name & Gender:

LSC



CERTIFICATE OF INSURANCE

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder : Phoa Yew Hui (Pan Yaohui)
 Period of Insurance : 27 Mar 2022 To 26 Mar 2023
 Engine No. : G4EE5305409
 Chassis No. : KMHB�51DR6U487103

Vehicle No. : SDZ1005X
 Policy No. : 0100620684-16
 Endorsement No. :
 Issued Date : 02 Mar 2022

ABOUT THE COVER

Make/Model : HYUNDAI GETZ 1.4
 Engine Capacity/Tonnage : 1,399.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2006
 Insuring with COE/PARF : Yes

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.

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.

* 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 Theft - \$0

Section 2
 Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

Phoa Yew Hui (Pan Yaohui), Low Soo Ching

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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).
 For 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).

0500100022
 DIRECT AGENCY - HYU AP

AGENCY DEPT 78 SHENTON WAY #10-16
 SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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