

# NATIONAL Assessment Centre Services (Ref: J-10)

|                                   |  |                       |         |
|-----------------------------------|--|-----------------------|---------|
| Date In: <b>17/05/2022</b>        | Job description  | Date & Time Completed | Done by |
| Ref No: <b>NA/AIG 22004567/m4</b> | SAS e-filing   |                       |         |
| Veh No: <b>SND 3228D</b>          | E-mail (within 8hrs, AIC 2hrs)                         |                       |         |
| D.O.A: <b>14/05/2022 13:30</b>    | i-Motor Claim Form                                     |                       |         |
| OD <b>(TP)</b> Reporting Only     | i-Motor W/O (Within: OD 2hrs, TP 4hrs)                 |                       |         |
|                                   | i-Photo Uploaded                                       |                       |         |
| TP Insurer:                       | Assessment/Survey Report                               |                       |         |
|                                   | Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u> |                       |         |

|  |                          |                       |           |
|--|--------------------------|-----------------------|-----------|
| Preferred Wksp / INC Assign Wksp / QW: ( )   |                          | Tel: ( )              | Fax: ( )  |
| TP Particulars:  | Veh No: <b>Smu 9161U</b> | 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>NA2201318</b>                       | <b>Invoice Preparation Checklist</b>            |             | Ant (\$)<br>1st Bill | Ant (\$)<br>Add Bill |
| <b>Claimant's Particulars :-</b>       | 1) AR : Accident Reporting (\$30);              |             |                      |                      |
|  | 2) DA : Damage Assessment (\$100); INC (\$80)   |             |                      |                      |
| <b>Driver/Owner:</b>                   | 3) TF : Towing Fee \$40/\$45                    |             |                      |                      |
|  | 4) FT : Follow-Through Survey \$120             |             |                      |                      |
| <b>Contact No:</b>                     | 5) FT : Follow-Through Survey (Resurvey) \$30   |             |                      |                      |
|  | For claiming against INC Only (wef 10 Jan 2005) |             |                      |                      |
| <b>Damaged Portion:</b>                | 6) TR : Re-inspection \$75                      |             |                      |                      |
|  | 7) N1 : Idac DA + SMRT Survey \$160             |             |                      |                      |
|  | 8) NTUC Additional Services:-                   |             |                      |                      |
|  | OD*   |             |                      |                      |
| <b>QC Checked by (Engr-In-Charge):</b> | *N5: Courtesy Car / Tpt Allowance \$5           |             |                      |                      |
|  | *N6: Repair Co-ordination \$10                  |             |                      |                      |
|  | *N7: Post Repair Inspection \$25                |             |                      |                      |
| <b>Auditors' Comments :-</b>           | *N8: DV / Collect Excess Coordination \$5       |             |                      |                      |
|  | TP (N11) : TP (Non INC) against INC \$20        |             |                      |                      |
| <b>Cat. 1:</b>                         | 9) N12: Idac Mobile 30                          |             |                      |                      |
| <b>Cat. 2 / 3:</b>                     | 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 14:40 (SGT)                |
| Date of Accident                | 14/05/2022 13:30 (SGT)                |
| Exact Location of Accident      | Yishun Industrial Street 1, Singapore |
| Additional Location Information | NEARBY WIN 5                          |
| Country/State of Loss           | Singapore                             |

## DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SND3228D |
|-----------------------------|----------|

### INSURED/POLICYHOLDER

|                          |                           |
|--------------------------|---------------------------|
| Is company?              | No                        |
| Name Of Registered Owner | FERRY SANJAYA             |
| NRIC No                  | SXXXX857I                 |
| Email Address            | daniellee231@yahoo.com.sg |
| Mobile Phone No          | (Phone) +65-98763221      |
| Alternative Phone No     | +65-98763221              |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Toyota                    |
| Model  | Estima                    |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Employment                |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category   | Private car               |
| Transmission   | Auto                      |
| CC   | 2362                      |

### INSURANCE COMPANY

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage          | Comprehensive                        |
| Fleet Policy              | No                                   |
| Policy Number             | 7210054881                           |
| Cover Note Number         | -                                    |

### DRIVER

|                |                         |
|----------------|-------------------------|
| Name of Driver | ANG BAN LI (HONG WANLI) |
| NRIC No        | SXXXX119D               |



|  |                           |
|--|---------------------------|
| Date Of Birth  | 27/09/1974                |
| Occupation   | Indoor                    |
| Date Of Driving Pass   | 21/05/2004                |
| Driving experience   | 18 YEARS                  |
| Gender   | Male                      |
| Mobile Number  | (Phone) +65-98763221      |
| Alt. Phone Number  | -                         |
| Email Address  | daniellee231@yahoo.com.sg |
| Address  | BLK 155 YISHUN STREET 11  |
| Address complement   | #06-92                    |
| Postcode   | 760155                    |
| Is the driver the policyholder?                              | No                        |
| If No, Relationship of the Driver with the Insured           | Relative                  |
| 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?   | Yes |
| Was there any audio recorded?                 | Yes |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SMU9161U    |
| Vehicle Manufacturer        | Audi        |
| Vehicle Model               | S4          |
| 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                              | ANG BAN LI (HONG WANLI) |
| Gender  | Male                    |
| Phone No  | (Phone) +65-98763221    |
| Address   | -                       |
| Address Complement                                  | -                       |
| Post Code   | -                       |
| Approximate Age Years Old                           | -                       |
| Injuries Sustained                                  | -                       |
| Injured person in which vehicle?                    | SND3228D                |
| Were seat belts worn?                               | Yes                     |
| Was this injured conveyed to hospital by ambulance? | No                      |



## SKETCH PLAN

### IMPORTANT NOTICE

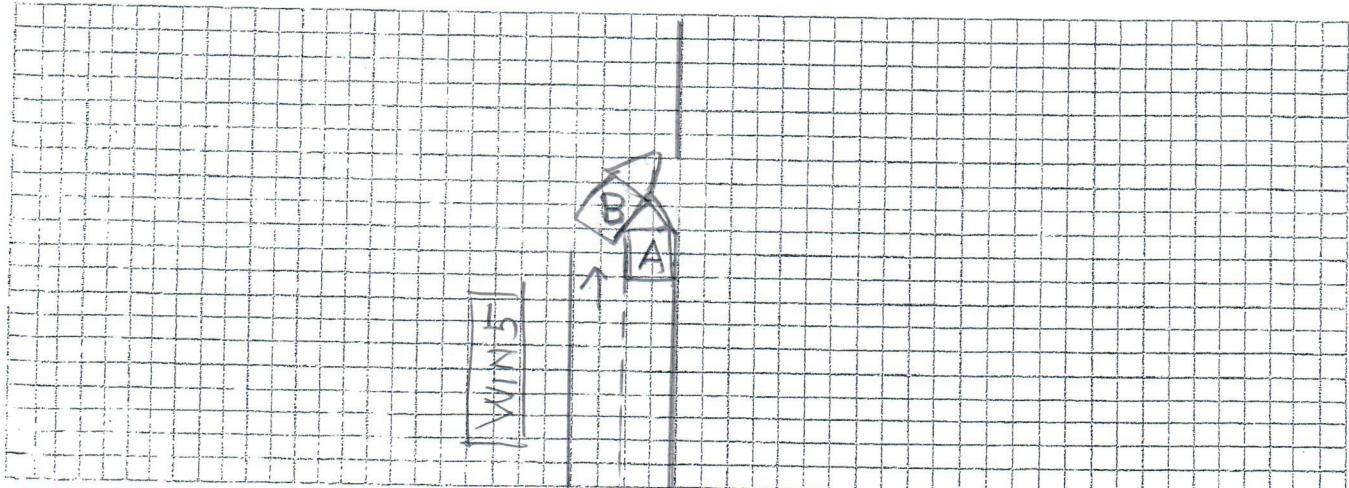
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



YISHUN INDUSTRIAL ST 1  
(NEARBY WIN 5)

[A] SMD 3228P

[B] SMU 911U




Describe Circumstances of the Accident

I WAS DRIVING ALONG KISHAN INDUSTRIAL STREET 1  
NEARBY WIN 5, IN FRONT VEHICLE NO. SMU 91614  
WAS MAKING AN ILLEGALLY U-TURN AND IMPACT  
TO MY VEHICLE NO. SND 3228D BADLY DAMAGED.  
I WAS SHOCKED & FEEL UNCOMFORTABLE MY BODY.

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

 17/5/22  
Witnessed by Reporting Centre  
Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 05 / 2022 (DD/MM/YYYY), TIME: 13 : 30 (HH:MM)

LOCATION: YISHUN INDUSTRIAL ST 1 (NEARBY WIN 5)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SND3228D  
 b) INSURANCE COMPANY: AIG  
 c) POLICY NUMBER: T210054881  
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: TOYOTA ESTIMA AERAS 2.4 (A) (2362cc)  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: FERRY SANJAYA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9077857I CONTACT: 98763221  
 c) ADDRESS: BIK 336B YISHUN STREET 31 #03-17  
SINGAPORE 762336

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: ANG BAN LI (HONG WAN LI) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7432119D CONTACT: 98763221  
 c) ADDRESS: BIK 155 YISHUN STREET 11 #06-92  
SINGAPORE 760155

- \*d) DATE OF BIRTH: 27 / 09 / 1972 (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 18 YEARS (21/5/2004)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: RELATIVE

5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS  
 b) ROAD SURFACE: (DRY) WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMU9161U MODEL: Audi S4  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
( )

Email = daniellee231@yahoo.com.sg

Fax =

VIDEO = NO Yes





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : FERRY SANJAYA  
Period of Insurance : 11 Jul 2021 To 10 Jul 2022  
Engine No. : 2AZ4A81208  
Chassis No. : ACR507147805

Vehicle No. : SND3228D  
Policy No. : 7210054881  
Endorsement No. : 000000000429703  
Issued Date : 17 Jan 2022

### ABOUT THE COVER

Make/Model : TOYOTA ESTIMA AERAS 2.4 [Sedan]  
Engine Capacity/Tonnage : 2,362.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2017  
Insuring with COE/PAF : Yes  
Person or Classes of Persons Entitled to Drive\* :  
Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission.  
This Policy will indemnify any authorised driver other than the Policyholder 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

Limitation as to use\* :

Mileage Condition : Unlimited Mileage

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)

Ang Ban Li (Hong WanLi) - \$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](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: TECK WEI CREDIT 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).

0149015000

LEE KUAN SENG IVAN

BLK 537 BUKIT PANJANG RING ROAD #05-835

SINGAPORE 670537 ANSP-LAWRENCE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCZSS

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