

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 24/05/22	Job description	Date & Time Completed	Done by:
Ref No: NA/AIG-0004897/13	SAS e-filing		
Veh No: SNE1985J	E-mail (within 8hrs AIC 2hrs)		
D.O.A: 23/05/22 1615	i-Motor Claim Form		
OD: (IP) 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: YM7313L	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

NA0001410		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				1st Bill	Add Bill
Claimant's Particulars:-		1) AR: Accident Reporting (\$30);			
		2) DA: Damage Assessment (\$100); INC (\$80)			
Driver/Owner:		3) TF: Towing Fee \$40/\$45			
		4) FT: Follow-Through Survey \$120			
Contact No:		5) FT: Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:		6) TR: Re-inspection \$75			
		7) N1: Idac DA + SMRT Survey \$160			
QC Checked by (Engr-In-Charge):		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			
Auditors' Comments:-		TP (N11): TP (Non INC) against INC \$20			
Cat 1:		9) N12: Idac Mobile 30			
Cat 2 / 3:		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	24/05/2022 16:37 (SGT)
Date of Accident	23/05/2022 16:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DEFU LANE 9 INFRT OF UNIT 27A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE1985J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW ENG PAU
NRIC No	SXXXX923Z
Email Address	chrisleong_fcs@hotmail.com
Mobile Phone No	(Phone) +65-98565656
Alternative Phone No	+65-98565656

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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	1600

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	7220019837

DRIVER

Name of Driver	LOW ENG PAU
NRIC No	SXXXX923Z

Date Of Birth	10/12/1966
Occupation	Indoor
Date Of Driving Pass	15/12/1986
Driving experience	35 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98565656
Alt. Phone Number	+65-98565656
Email Address	chrisleong_fcs@hotmail.com
Address	305 JOO CHIAT PLACE
Address complement	-
Postcode	427985
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	3
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)	0
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	YM7313L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	IGNASIMUTHU AROCKIA ARUL SEKAR
Passport No/FIN	GXXXX590X
Contact Number	-
Address	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJL3940K
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.
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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.

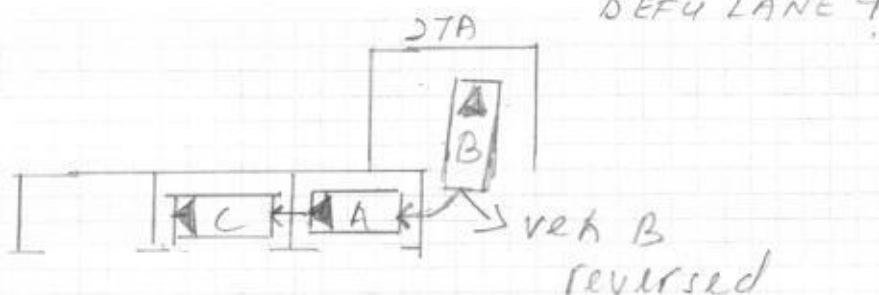
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SNE1985J
B - YM7313L
C - SJL394OK




Describe Circumstances of the Accident


My veh was parked inside the carpark lot at Defer Lane 9 inft of unit 27A. Veh B from the unit of 27A reversed his veh and hit onto my rear portion of my veh. Due to the impact my veh moved forward and hit onto the rear portion of veh C that was parked inft of my veh.

Declaration

We declare the foregoing particulars are true in every respect.

 24/5/22
Policyholder's Signature / Date & Time

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

 24/05/22
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 23/05/22 (DD/MM/YYYY), TIME: 16:15 (HH:MM)

LOCATION: DEBU LANE 9 in front of unit 371

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SNE1985J
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 7220019837 (COVER NOTE)
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA ALTIS 1600 AUTO / MANUAL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: LOW ENG PAU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S17759232 CONTACT: 98565656
 c) ADDRESS: 305 100 CHIAI PLACE
427985

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 10/12/1966 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15/12/1986

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

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: YM 7313L MODEL: _____
 b) DRIVER'S NAME: IGNASIMUTHU ARUCKIA ARUL SEKAR
 c) NRIC/FIN/PASSPORT: 97318590X CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SJL3940K MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(0)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Email = chrisleong-fcs@hotmail.com

fax =

VIDEO = NO



Name of Policyholder : LOW ENG PAU
Period of Insurance : 24 Feb 2022 to 23 Feb 2023
Engine No. : 1ZRDH63687
Chassis No. : 00000000000000000000

Vehicle No. :
Cover Note No. : 7220019837
Endorsement No. :

Make/Model	: TOYOTA COROLLA ALTIS 1.6			
Engine Capacity/Tonnage	: 1.598.00 CC	Sum Insured	: Market Value	First Year of Registration : 2022
Driver's Rating	: N/A	DOB/Place of Birth	: N/A	Shipping with CUE/FARF : 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.

I 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	Mileage Condition	: Unlimited Mileage
Limitation as to use*	:		

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.

1050 J. CLIMATE

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Section 1
File: 01 Two-Samples (2)77.indd 25 Tuesday, 10/2/2008 10:00:00 AM

Section 2
Property Damage - SC

Windscreens - \$100

Wed Dinner and Entree (value approximately
\$10.95) - \$10.95 (Cash Discount), \$10.95 (Food Court)

1. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188
2. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

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 900 Mobile Line. Search "aig.sg" from the search engine.

Hire Purchase Company/Employer's Loan: Toyota Financial Services Singapore Pte Ltd

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately. Please specify policy type and policy number. Please also provide the following information: the policy reference, cover type, dates, and description of the risk. 1001, Post Box 40, The Royal Exchange, London, EC3A 3BP. For Corporate Policies, the Cover Note is valid for 60 days from the commencement date of the period of insurance.

29700574

INCHCAP AUTO TOYOTA - BS7U032

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer-generated document does not require a signature.

Keywords: *perceptions, organizational commitment, organizational citizenship behaviors, turnover intentions, organizational trust*