

NATIONAL Assessment Centre Services: [wef 1 Jan 08] **5108226100002**

Date In: 27/06/2012 10:22	Job description	Date & Time Completed	Done by
Ref No: NA2201717	SAS e-filing		
Veh No: SGS 3886H	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 18/06/2012 09:40	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: Fax: ()

TP Particulars: Vch No: **FBF 639C** INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: () Date: Time: ()

Confirmed by: ()

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

NA2201717

Claimant's Particulars:

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

C Checked by (Engr-In-Charge): _____

Invoice Preparation Checklist:

1) AR: Accident Reporting (\$30);	
2) DA: Damage Assessment (\$100);	INC (\$80)
3) TF: Towing Fee	\$40/\$45
4) FT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (wef 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) N1: Idao DA + SMRT Survey	\$160
8) NTUC Additional Services:-	
OD*	
*N3: 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: Idao Mobile	\$0
Invoice dated	Fee Charged
Invoice dated	Fee Charged

1. 1: _____

1. 2 / 3: _____

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	22/06/2022 10:22 (SGT)
Date of Accident	18/06/2022 09:40 (SGT)
Exact Location of Accident	Jln Kelulut, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS3886H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOK PEI JIUN (MO PEIJUN)
NRIC No	SXXXX643E
Email Address	peijiun@hotmail.com
Mobile Phone No	(Phone) +65-97273202
Alternative Phone No	+65-97273202

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	SPACE STAR
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	1193

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700050205-04
Cover Note Number	-

DRIVER

Name of Driver	MOK PEI JIUN (MO PEIJUN)
NRIC No	SXXXX643E

Date Of Birth	26/05/1972
Occupation	Indoor
Date Of Driving Pass	28/05/1998
Driving experience	24 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97273202
Alt. Phone Number	+65-97273202
Email Address	peijiun@hotmail.com
Address	BLK 529 SERANGOON NORTH AVENUE 4 #07-26
Address complement	-
Postcode	550529
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEE AH HOE
Gender	Female

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	FBF639C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	MANI GANESAN
Passport No/FIN	GXXXX498M
Contact Number	(Phone) +65-94455901
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	MOK PEI JIUN (MO PEIJUN)
Gender	Female
Phone No	(Phone) +65-97273202
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGS3886H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LEE AH HOE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGS3886H
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:

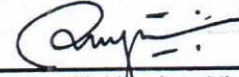
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

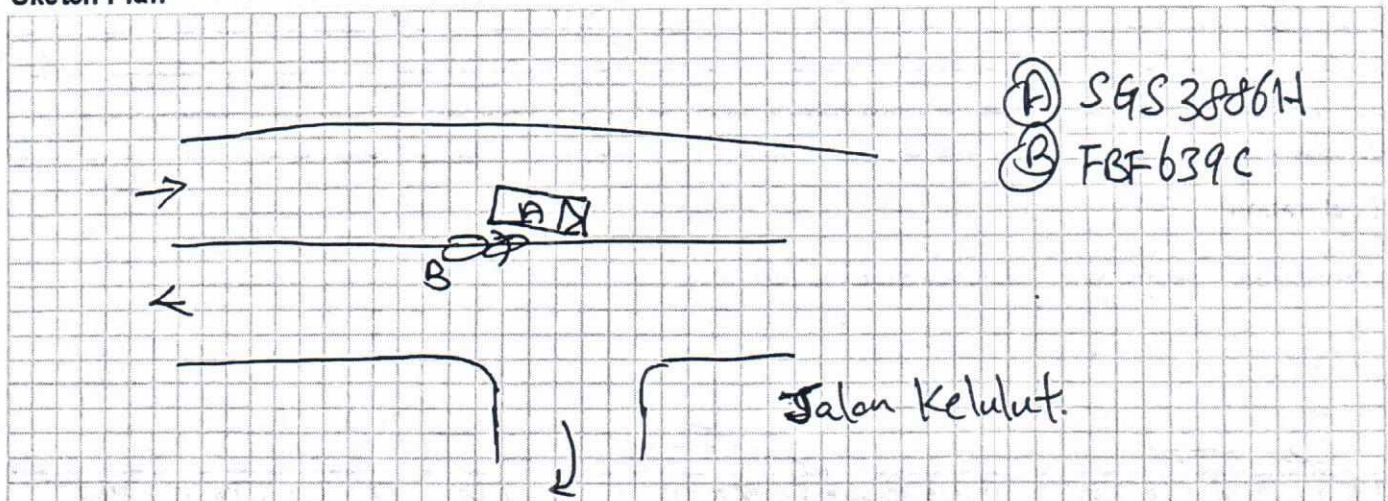
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X 
Policyholder's Signature / Date & Time

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

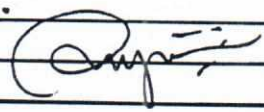
 28/06/2022
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

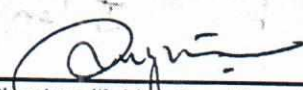
On mentioned date and time, my vehicle was stopped at the junction turning right into the shop house along Jalan Kelulut, while ensuring clearance for the oncoming traffic, suddenly a motorcycle over collided onto my vehicle right portion while overtaking my vehicle from my right despite it was ~~it was~~ a two-way single carriage traffic road.




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

 22/06/2022
Witnessed by Reporting Centre Personnel



Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 18/06/2022 (dd/mm/yy) Time of Accident: 09:40 hrs (24-HR-FORMAT)

Vehicle No.: SGS3886H Vehicle Make & Model / Engine (cc): Mitsubishi Space Star Private Hire: (Y/N)

Exact location of Accident: Jalan Kelulut.

Policyholder's Name / IC No.: Wok Pei Jun / 57218643E ROC/UEN (Company)

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 97273202 Company Contact No / Owner Contact No: _____

Driver's Address: Blk 529 Serangoon North Ave 4 #07-26 S (550529)

Owner Email address: peijun@hotmail.com. Insurance Company: _____

Driver Email address: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

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

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

***No. of Passengers (Including Driver):** 2

***Passenger Name:** Lee Ah Hoe

Gender: Male / ☒ Female x ()

***Passenger Name:** _____ **Gender:** Male / Female x ()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes ☒ No Remarks: _____

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Wok Pei Jun and Lee Ah Hoe

Injuries Sustain: 2 days each. Injured Person in Which Vehicle: SGS3886H

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: Mani Ganesan / G6723498M Vehicle No: FBF639C

Driver's Contact No: 94455901 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Mok Pei Jiun (Mo PeiJun)
Period of Insurance : 15 Sep 2021 To 14 Sep 2022
Engine No. : 3A92UDT5909
Chassis No. : MMCXTA03AGH035755

Vehicle No. : SGS3886H
Policy No. : 1700050205-04
Endorsement No. : 000000000449794
Issued Date : 21 Jun 2022 10:12

ABOUT THE COVER

Make/Model : MITSUBISHI Space Star 1.2 CVT
Engine Capacity/Tonnage : 1,193.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PARF : 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 authorised driver 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

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)

Mok Pei Jiun (Mo PeiJun) - \$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: 20 Leng Kee Rd Singapore 159094 64708688
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 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

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).

0500722713

C&C FULCO-EPNG(MIT)

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPSLD