

NATIONAL Assessment Centre Services

Date In: 27/06/22	Job description	Date & Time Completed	Done by
Ref No: NAM/A1922006091/AT3	SAS e-filing		
Veh No: 58Q333B	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 25/06/22 1045	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: CB62380D	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
	MOBILE REPORTING (ADRIAN)
	(clearly CI)
	YSK AUTO WORKSHOP
	1 KARI BURIT AUG 6
	#01-71 AUTOBAY (47883)

Claimant's Particulars :-	Invoice Preparation Checklist	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) FT : 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) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 Charge	

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	27/06/2022 16:18 (SGT)
Reported by	Both
Date of Accident	25/06/2022 10:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS CITY SLIP RD OF STEVEN RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBQ333B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FONG YOKE CHIN
NRIC No	SXXXX724D
Email Address	mfyc333b@gmail.com
Mobile Phone No	(Phone) +65-90061199
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	XV 1.6I-S AWD CVT
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.
Policy Number / Cover Note Number	1700042035-04

DRIVER

Name of Driver	FONG YOKE CHIN
NRIC No	SXXXX724D
Date Of Birth	26/10/1960
Occupation	Indoor

Date Of Driving Pass	30/03/1982
Driving experience	40 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90061199
Alt. Phone Number	-
Email Address	mfyc333b@gmail.com
Address	BLK 273B JURONG WEST AVE 3
Address complement	#12-23
Postcode	642273
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG2380D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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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.

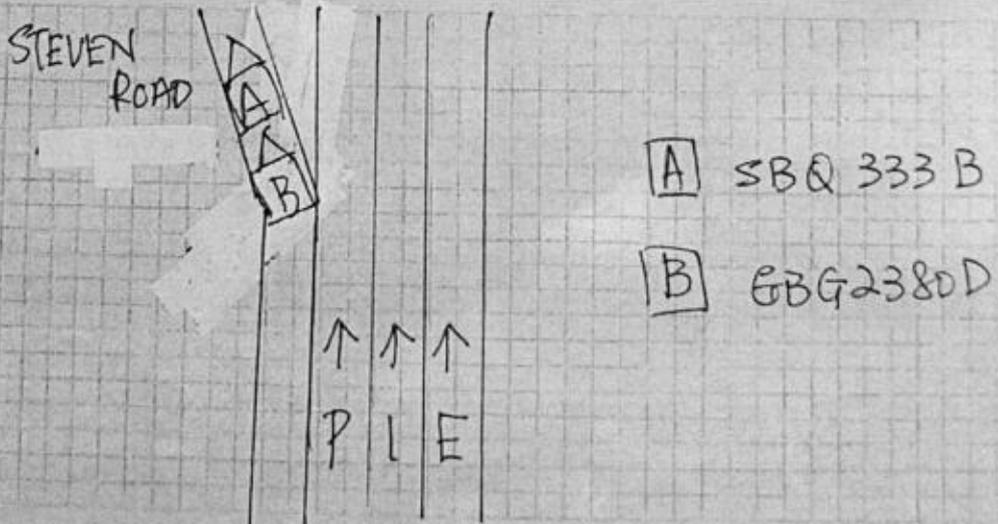
Policyholder's Signature / Date & Time

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

ROSLINDA BINTE A. WAHAB

Witnessed by Reporting Centre Personnel

Sketch Plan

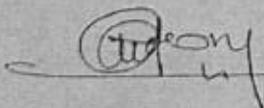


Describe Circumstances of the Accident

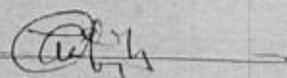
My vehicle was stationary at the slip rd of Stevens Road (P1-E Towards Jurong)
to give way to traffic on the main road.
Suddenly vehicle B collided onto the rear of my vehicle.

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

ROSINDA AINTE AWANG
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 06 / 2022 (DD/MM/YYYY), TIME: 10.45 AM
LOCATION: PIE TOWARDS CITI SLIP ROAD OF STEVEN ROAD

- 1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: SBQ 333 B
 - b) INSURANCE COMPANY: AIG
 - c) POLICY NUMBER: 1700042035-04
 - d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 - e) MAKE & MODEL: SUBARU
 - 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: FONG YOKE CHIN
 - b) NRIC/FIN/PASSPORT: S1442724D CONTACT: 90061199
 - c) ADDRESS: B1K 273B JUEONG WEST AVE 3 #12-23 SINGAPORE 642273

- * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
- DRIVER
 - a) NAME: AS ABOVE
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: 90061199
 - c) ADDRESS: _____

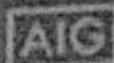
- d) DATE OF BIRTH: 26 / 10 / 1960 (DD/MM/YYYY)
- e) OCCUPATION: INDOOR / OUTDOOR
- f) YEARS OF DRIVING EXPERIENCE: 30 MAR 1982, 40 YEARS
- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? YES / NO
- IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
- 5. a) WEATHER CONDITION: CLEAR / RAINING / 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: GBG 2380 D MODEL: _____
 - 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: _____

Email = mfy333b@gmail.com

fax =

video =



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Fong Yoke Chun
 Period of Insurance : 18 Aug 2021 To 17 Aug 2022
 Engine No. : FB16YA50420
 Chassis No. : JF1GT3KCSJG017041

Vehicle No. : 158Q3338
 Policy No. : 1700042035-04
 Endorsement No. : 1
 Issued Date : 109 Jul 2021

ABOUT THE COVER

Make/Model	SUBARU XV 1.6	Sum Insured	Market Value	First Year of Registration	2017
Engine Capacity/Tonnage	1,600.00 CC	Off Peak Car	No	Insuring with COE/PAPF	Yes
Driver Restriction	NA				
Person or Classes of Persons Entitled to Drive*					

* The Policyholder
 is any other person who is driving in the Policyholder's stead or with his/her permission.
 This Policy will indemnify the Policyholder for any subsequent third party claims arising from the specified date condition.
 This Policy will indemnify up to a maximum sum of \$5,000,000 "Comprehensive (Other Classes)" (COE/PAPF) if you are or your Authorized Driver (named or unnamed) has over 2 years' driving experience.

Age Condition : 40 years old and above
 Mileage Condition : Unlimited Mileage

Limitation as to use*
 This cover for road, off-road, and pleasure purposes and for the Policyholder's business.
 This Policy does not cover use for hire or reward, driving school, driving test, racing, sports racing, including trial or trials driving. The carriage of goods other than samples is restricted and any trials or business is not for any purpose in connection with Motor Trials.

Limit of Use: 1500cc - 1600cc
 * Conditions covered inoperative by Section 8 of the Motor Vehicles (Third Party Risk and Compensation) Act (Cap. 149), Section 31 of the Road Transport Act, 1987 (Singapore) and Road Transport (Amendment) Act 2018, are not to be included under Motor Trials.

EXCESS

Section 1
 Fire - \$0; Over Damage - \$50; Theft - \$0; Flood Cover - \$500
 Section 2
 Property Damage - \$0
 Windscreen - \$100

Named Driver and Excess (where applicable)
 Fong Yoke Chun - \$500 (Over Damage), \$500 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Motor Works Enterprise Pte Ltd, Add: 19 Loring R, The Pavillion Singapore, 275225 041 77120
 For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 4338 8200. Alternatively, you may refer to AIG website www.aig.sg or AIG 3G Mobile App. Search email and download "AIG 3G" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

This certificate is valid for the period of 12 months from the date of issue. It is subject to conditions with the provisions of the Motor Vehicles (Third Party Risk and Compensation) Act (Cap. 149), Road Transport Act, 1987 (Singapore), Road Transport (Amendment) Act 2018 and Motor Vehicles (Third Party Risk) Rules, 1970 (Malaysia).

900015010
 TAN CHONG CREDIT SUBARU AMM
 111 BLAUNT TRENCH ROAD
 SINGAPORE 506222
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 This computer generated document does not require a signature.



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Fong Yoke Chen
 Period of Insurance : 18 Aug 2021 To 17 Aug 2022
 Engine No. : FB18VA50M20
 Chassis No. : JF1GT3KCSJ0017041

Vehicle No. : 590333B
 Policy No. : 1700042035-04
 Endorsement No. :
 Issued Date : 09 Jul 2021

ABOUT THE COVER

Make/Model : SUBARU XV 1.6
 Engine Capacity/Tonnage : 1,600 (cc)
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured :
 Market Value :
 First Year of Registration : 2017
 Insuring with COE/PART : Yes
 DR Park Car : No

* If the Policyholder
 is any other person (not including the Policyholder's wife or wife-in-law),
 the Policy will automatically terminate if any of the above conditions are not met.
 The Policy will automatically terminate if any of the above conditions are not met.

Age Condition : 40 years old and above
 Mileage Condition : Unlimited Mileage

Limitation as to use* :
Use only for work, business and pleasure purposes and for the Policyholder's business.
 The Policy does not cover use for hire or reward, driving for hire, driving for reward, racing, or any other use that is prohibited by law or regulation. The coverage of goods in the car is confined to the risk of
 loss or damage to any goods in the car while it is being used.

Loss of Use (TATU) : Nil
* Conditions imposed by Section 8 of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 180), Section 20 of the Road Transport Act, 1987 (Singapore) and Road Transport
 (Amendment) Act, 2015, and 2019, the Motor Vehicle (Third Party Risk and Compensation) Regulations, 2015, 2019 and 2020.

EXCESS

Section 1
 Fire - \$0 (Self-Damage) - \$500 (Theft) - \$0 (First Cover) - \$200

Section 2
 Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Fong Yoke Chen - \$500 (Self-Damage), \$500 (First Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

(Main Image) Empress Pte Ltd, 401, 10 Leong Keng Road, Singapore 210201, 6470108
 For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour helpline emergency hotline at +65 6236 8232. Alternatively, you may refer to our website www.aig.com.sg or
 AIG Singapore app. Email: claims@sig.com.sg from 9am to 6pm.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan : Maybank

We hereby certify that the policy is issued in accordance with the provisions of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 180), Part 10 of
 the Road Transport Act, 1987 (Singapore), Road Transport (Amendment) Act 2015 and Motor Vehicle (Third Party Risk and Compensation) Regulations, 2015 (Singapore).

390616245
 SAN CHENG CREDIT SUBURU-00N
 311 BUNY TRIMM ROAD
 SINGAPORE 169227

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 This computer-generated document does not require a signature.

10/07/2021 09:07