

# NATIONAL Assessment Centre Services

Date In: 30/06/22	Job description	Date & Time Completed	Done by
Ref No: NM/A1632006357/AMS	SAS e-filing		
Veh No: 51CQ71A	E-mail (within 3hrs, A/C 2hrs)		
DOA 30/06/22 1150	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: 4P81144 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)

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)

14 PERFECT AUTOWORK PTE LTD

8 KARI BURIT AVE 4

H08-09 PREMIER @ KARI BURIT

415875

NA2201795 NA2201796

Claimant's Particulars:- + MOBILE

Driver/Owner: REPORTING

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2/3:

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
1st Bill	Add Bill		
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) RT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection \$75			
7) N1: Idac DA + SMRT Survey \$160			
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			
TP (N11): TP (Non INC) against INC \$20			
9) N12: Idac Mobile 30			
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	30/06/2022 15:32 (SGT)
Reported by	Both
Date of Accident	30/06/2022 11:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OPEN CARPARK OF QUEEN ST CARPARK NO SDWCB
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ71A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOE KWEE ENG HILDA
NRIC No	SXXXX035J
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-90033223
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Macan
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	2894

## INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220041557

## DRIVER

Name of Driver	LOE KWEE ENG HILDA
NRIC No	SXXXX035J
Date Of Birth	19/08/1963
Occupation	Indoor

Date Of Driving Pass	06/10/1988
Driving experience	33 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90033223
Alt. Phone Number	-
Email Address	abc8627e@gmail.com
Address	7A JALAN ANGIN LAUT
Address complement	-
Postcode	489180
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	BARKES ABDUL FAZIL
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP8114Y
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
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	LOE KWEE ENG HILDA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	BODY
Were seat belts worn?	SKQ71A
Was this injured conveyed to hospital by ambulance?	Yes
	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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

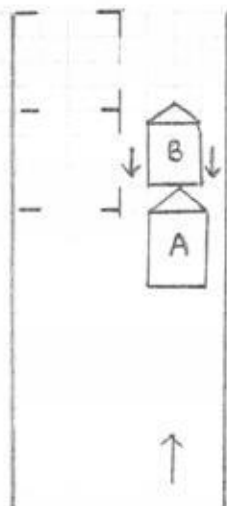
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel 30/06/22

#### Sketch Plan



A = SKQ71A

B = YP8114Y


Open Carpark of Queen  
Street (Car Park No. SDWCB)


Describe Circumstances of the Accident

Refer to Attached

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

ROSLINDA BINTI A. WAHAB  
Witnessed by Reporting Centre  
Personnel 30/06/22

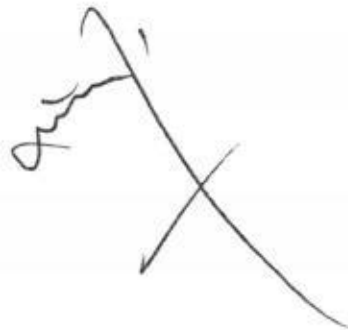
On 30.06.2022 at about 11:50 hours at Open Carpark of Queen Street (Car Park No. SDWCB), I was travelling straight on my lane and when the front vehicle (B) slowed down and stopped, I also followed suit.

Suddenly, the front vehicle (B) reversed without checking on the oncoming traffic condition. I immediately horned to alert the driver of vehicle (B) but the vehicle (B) still collided onto the front portion of my vehicle (A).

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): SKQ 71A

Vehicle (B): YP 8114Y

A handwritten signature in black ink, consisting of a stylized 'S' followed by a large 'X'.



# SINGAPORE ACCIDENT STATEMENT

Accident Date: 30/06/2022		Time: 11:50		(hh:mm) 24 hr format	
Location Open Carpark of Queen Street (Car Park No. SDWCB)					
Vehicle Number SKQ 71A					
Insured Name Loe Kwee Eng Hilcla					
NRIC/FIN 515900357			Contact Number 90033223		
Make Porsche		Model Macan			
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting					
Insurance Company AIG					
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only					
Policy Number 7220041557					
Name of Driver ( <input checked="" type="checkbox"/> ) Same as Insured					
NRIC / FIN			Contact Number		
Date of Birth 19/08/1963					
Driving Pass Date 06/10/1988					
Occupation ( <input checked="" type="checkbox"/> ) Indoor ( ) Outdoor					
Gender ( ) Male ( <input checked="" type="checkbox"/> ) Female					
Email Address abc8627e@gmail.com ( ) NO EMAIL					
Address of Driver 7A Jalan Angin Laut Singapore 489180					
Was driver an employee of the Insured's Company? ( ) Yes ( ) No					
If No, Relationship of the Driver with the Insured					
( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling					
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others					
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others					
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No					
Was anybody injured in the accident? ( <input checked="" type="checkbox"/> ) Yes ( ) No					
If yes, injured detail Loe Kwee Eng Hilcla (body pain)					
Was there any video captured by Car Camera? ( <input checked="" type="checkbox"/> ) Yes ( ) No					
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report					
DETAILS OF 3 <sup>rd</sup> party		Name / Nric		Contact	
Veh B YP81147					
Veh C					
Veh D					
Veh E					
Veh F					

Passenger : Barkes Abdul Fazil (Female)





# CERTIFICATE OF INSURANCE

## ELITE AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Loe Kwee Eng Hilda  
Period of Insurance : 29 Apr 2022 To 28 Apr 2023  
Engine No. : DLZ127910  
Chassis No. : WP1ZZZ95ZMLB34656

Vehicle No. : SKQ71A  
Policy No. : 7220041557  
Endorsement No. :  
Issued Date : 29 Apr 2022

### ABOUT THE COVER

Make/Model : PORSCHE MACAN S

Engine Capacity/Tonnage : 2,997.00 CC

Driver Restriction : NA

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 \$553,000 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 1800cc - 2000cc 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 - \$2000 Theft - \$0 Theft Outside Singapore Cover - \$4000 Flood Cover - \$2000

#### Section 2

Property Damage - \$0

Windscreen : \$500

Named Driver and Excess (where applicable)

Loe Kwee Eng Hilda - \$2000 (Own Damage) \$4000 (Theft Outside Singapore Cover), \$2000 (Flood Cover)

### APPROVED REPORTING CENTRES/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](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: OCBC Bank 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).

0030305650

G&M PTE LTD - CDC (TRF)

20 ANSON ROAD #07-01 TWENTY ANSON

SINGAPORE 079912

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Ming Hui Lee