

NATIONAL Assessment Centre Services

Date In: 13/07/2022	Job description	Date & Time Completed	Done by
Ref No: NA / AIG 22006608 / m4	SAS e-filing		
Veh No: SLN 6084C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/07/2022 10:25	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: SMN 5833C	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

NA 2201864	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	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: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	ON*			
	*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	13/07/2022 10:08 (SGT)
Reported by	Both
Date of Accident	08/07/2022 10:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT TIMAH RD TOWARD NEWTON
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN6084C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOR YUET NGOR
NRIC No	SXXXX097B
Email Address	hupmotor@gmail.com
Mobile Phone No	(Phone) +65-87773660
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1700008787-05

DRIVER

Name of Driver	NG SU YIN
Passport No/FIN	SXXXX494A
Date Of Birth	11/09/1980
Occupation	Indoor

Date Of Driving Pass	24/02/2003
Driving experience	19 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94554027
Alt. Phone Number	-
Email Address	hupmotor@gmail.com
Address	84 LOYANG RISE
Address complement	-
Postcode	507517
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	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	ZOE SIA
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 STATMENT.

NOTE : GEARS SYSTEM DOWN ON 12/07/2022.

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	SMN5833C
Vehicle Manufacturer	Toyota

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PANIRSILVAM S/O SIDAMBARAM
NRIC No	SXXXX113C
Contact Number	(Phone) +65-93887417
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

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

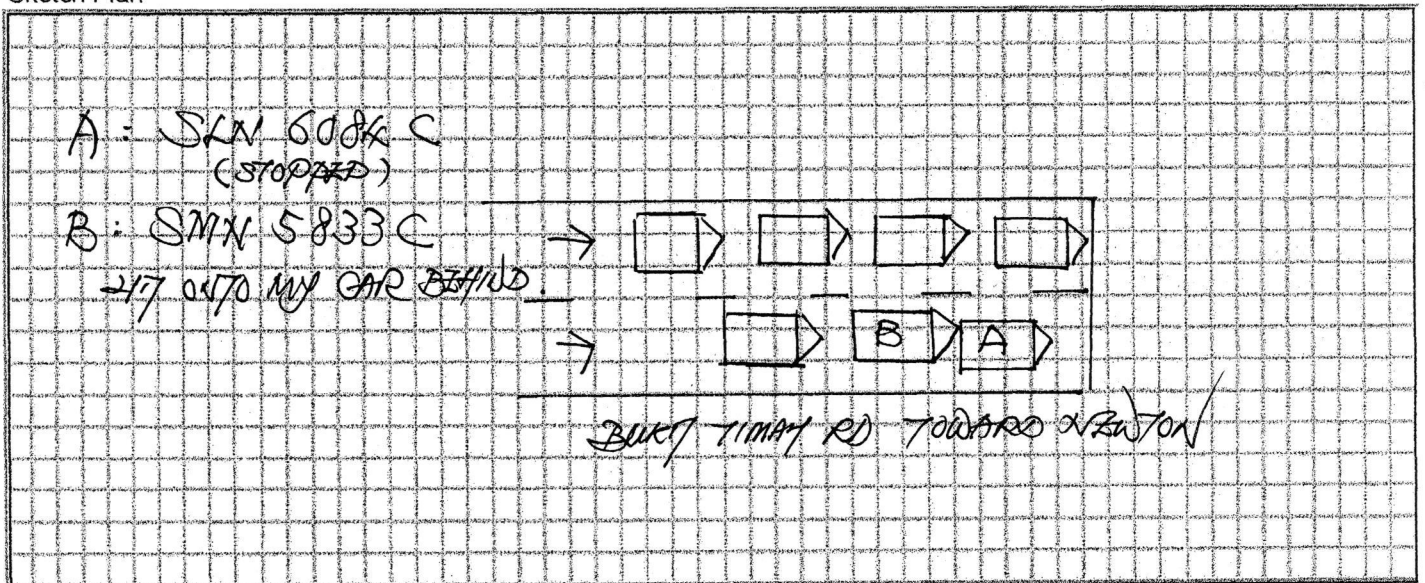
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

John 12/7/22
Policyholder's Signature / Date & Time

[Signature] 12/7/22
Driver's Signature (if driver is not the policyholder) / Date & Time

Ru 13/7/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

I was at a traffic ^{light} on Bukit Timah Rd. I came to a stop. *9/2*
~~waiting for it to turn green~~
 out of a sudden car B (SMN 5833C) hit the rear of my car.
 We exchanged particulars for insurance report purposes. There was
 no injuries for both parties

You had been advised by workshop that in the event that you
 wish to claims against your own policy (OD Claims), there is a
 Fourteen (14) days clause whereby the claim must be made
 within the stipulated time frame from the day of occurrence.

Reporting Only

Claims OD

Claims TP

Claims OD / TP at other Workshop



Declaration

I/We declare the foregoing particulars are true in every respect.

9/2 12/7/22
 Policyholder's Signature / Date & Time

[Signature] 12/7/22
 Driver's Signature (if driver is not the policyholder) / Date
 & Time

R 13/7/22
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

HUP MOTOR TRADING & SERVICE

BLK 9004 TAMPINES STREET 93
#01-120 SINGAPORE 528838
TEL: 67840039 (24 hrs) HP: 98154655
Email: hupmotor@gmail.com

KIA Cerato

1591cc (A)

Accident Information

1 Date of Accident : 08/07/22 Time(base on 24hrs): 10:25 AM
2 Location : BUKIT TIMAH RD TOWARD NEWTON
3 Weather condition : Clear / Rain Road Surface : Dry / Wet
4 Claiming under : Own Damage _____ Third Party YES Reporting Only _____
5 Injuries : Yes / No Type Of Collision : HEAD TO HEAD (TP H7 INJURED)
6 Witness Name / Hp : _____
7 Police Report : Yes / No Which Station : _____

VEHICLE A

Vehicle No : SLN 6084 C Model : KIA CERATO
Policy Holder Name : MRS KOR YUKT NGOR
Policy I/C No. : S2006097B Contact: 87773660
Policy Address : 84 Layang Rise S507517
Policy No. : 1700008787-05 Cover : Comp / 3rd pty / Fire n Theft
Insurance Company: AIG No Of Pax 2 (including Driver)
1) ZOE SIA Sex(Male / Female)
2) _____ Sex(Male / Female)
Email : hupmotor@gmail.com

Driver Particulars

Name : NG JY YIN NIRC S8026496A DOB: 11/9/80
Address : 84, LAYANG RISE, S507517
Pass Date: 26/2/2003 Gender : Male / Female Occupation: Indoor / Outdoor
Contact : HP 94554057 Office _____ Home _____
Email hupmotor@gmail.com Relationship: Spouse/Children/Friend/Relative
Employee/ Hirer/Parent/Sibling

VEHICLE B : SMN5833C Model: TOYOTA Insurance : _____
Driver Name : PANIR SILVAM S/O SIVAMBARAM I/C No. : S1242113C
Contact No. : 93887417

VEHICLE A SIGNATURE : _____



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lor Yuet Ngor
Period of Insurance : 11 May 2022 To 10 May 2023
Engine No. : G4FGGH651245
Chassis No. : KNAFZ411MH5707944

Vehicle No. : SLN6084C
Policy No. : 1700008787-05
Endorsement No. :
Issued Date : 04 May 2022

ABOUT THE COVER

Make/Model : KIA Cerato K3 1.6 SX
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PAF : No

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above
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)

Lor Yuet Ngor - \$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: 241 Alexandra Road Singapore 159931 64278800
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: MayBank

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).

0500709926

CYCLE & CARRIAGE - CINDY

AIG Asia Pacific Insurance Pte. Ltd.

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