

NATIONAL Assessment Centre Services:

(wef 1 Jan 08)

SN0822700001

Date In: 12/07/22 11:21	Job description	Date & Time Completed	Done by
Ref No: NA1AIG7200670115	SAS e-filing		
Veh No: SNB8218K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 08/07/2022 1130	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: (	Tel:	Fax:
TP Particulars: Veh No: YK3288m	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	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

NA2201869 / NA 2201902	Invoice Preparation Checklist
Statement Particulars:	1) AR: Accident Reporting (\$30);
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)
Contact No:	3) TF: Towing Fee \$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (wef 10 Jan 2009)
	6) TR: Re-inspection \$75
	7) N1: Idno DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*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 (N11 INC) against INC \$20
	9) N12: Idno Mobile 30
C. Checked by (Engr-In-Charge):	Invoice dated
Auditor's Comments:	Fee Charged
1.1:	Invoice dated
1.2/3:	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	12/07/2022 11:21 (SGT)
Reported by	Both
Date of Accident	08/07/2022 11:30 (SGT)
Exact Location of Accident	Turf Club Rd, Singapore
Additional Location Information	TOWARDS KRANJI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB8218K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN CHONG HOOI
NRIC No	SXXXX584J
Email Address	TCH.JACK@GMAIL.COM
Mobile Phone No	(Phone) +65-92724998
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2498

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210077410

DRIVER

Name of Driver	TAN CHONG HOOI
NRIC No	SXXXX584J
Date Of Birth	08/06/1972
Occupation	Indoor

Date Of Driving Pass	08/05/2006
Driving experience	16 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92724998
Alt. Phone Number	-
Email Address	TCH.JACK@GMAIL.COM
Address	BLK 633 CHOA CHU KANG NORTH 6 #08-315
Address complement	-
Postcode	680633
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

REFER TO REPORT

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	YK3288M
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

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.

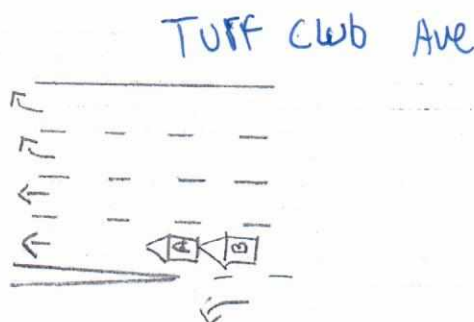
Policyholder's Signature / Date & Time

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

12/07/22

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A = SNB 8218K

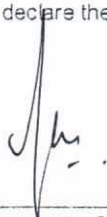
Vehicle B = YK 3288M

Describe Circumstances of the Accident

on the stated time and date I vehicle (SNB 8218K)
was travelling along Tump Club Ave towards Krang. as traffic
light was Red, I stopped my car and suddenly felt an
huge impact from rear, get down from my vehicle and noticed
vehicle (YK 3288M) hit on my rear.

Declaration

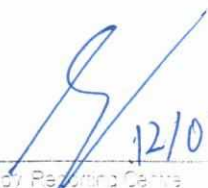
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time



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


12/07/22
Witnessed by Reporting Centre
Personnel

Date of Accident : 08/07/2022 Accident Time: 1130 (24-HR-FORMAT)
 Accident Place : Turf club Ave towards Kranji
 Vehicle Reg. No (Car plate No.) : SNB 8218 K Vehicle Make/Model: Toyota Camry
 Insurance Company : AGI Policy No. 7210077410
 Name of Registered Owner : Company / Individual TAN CHONG HOOI
 ID of Registered Owner : Co Reg No: — Owner's NRIC No: S7272584 J
 : Co Contact No: — Owner's Contact No: 92724998
 DRIVER'S Name : TAN CHONG HOOI DRIVER'S NRIC No: S7272584 J
 DRIVER'S Date of Birth : 08/June/1972 DRIVER'S License Pass Date 08/05/2006
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —
 DRIVER'S Address : Blk 633 CHOA CHO Keng North 6 #08-315 (5680633)
 DRIVER'S Contact No / Alt No. : 1) 92724998 2) —
 DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an etc)
 Email Address : tch.jack@gmail.com
 Weather & Road Surface : CLEAR & DRY ~~RAINING & WET~~ ~~AFTER RAIN & WET~~
 Reporting Type : Reporting Only ~~Claim Other Party~~ ~~Claim Own Insurance~~
 Number of Passengers (including Driver) 1 Passenger Name: — Gender: M/F
 Was the accident reported to the police? YES ~~NO~~ Passenger Name: — Gender: M/F
 Was there any video Captured by car camera: YES ~~NO~~ Any Injuries: YES ~~NO~~ Injured Name: —
 Injured Name: —
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>YK 3288 m</u>	Vehicle Reg No: <u>—</u>
Vehicle Make/Model: <u>—</u>	Vehicle Make/Model: <u>—</u>
Name DRIVER: <u>—</u>	Name DRIVER: <u>—</u>
IC No. DRIVER: <u>—</u>	IC No. DRIVER: <u>—</u>
DRIVER'S Contact & add: <u>—</u>	DRIVER'S Contact & add: <u>—</u>

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>—</u>	Vehicle Reg No: <u>—</u>
Vehicle Make/Model: <u>—</u>	Vehicle Make/Model: <u>—</u>
Name DRIVER: <u>—</u>	Name DRIVER: <u>—</u>
IC No. DRIVER: <u>—</u>	IC No. DRIVER: <u>—</u>
DRIVER'S Contact & add: <u>—</u>	DRIVER'S Contact & add: <u>—</u>



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan Chong Hooi
Period of Insurance : 26 Jul 2021 To 25 Jul 2023
Engine No. : A25A5613726
Chassis No. : JTNB23HK403101255

Vehicle No. : SNB8218K
Policy No. : 7210077410
Endorsement No. : 000000000407915
Issued Date : 05 Aug 2021

ABOUT THE COVER

Make/Model : TOYOTA CAMRY HYBRID 2.5
Engine Capacity/Tonnage : 2,487.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2021
Insuring with COE/PAFF : 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.

You have to pay an additional sum of \$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 - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tan Chong Hooi - \$1000 (Own Damage), \$1000 (Flood Cover)

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

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 408811 Tel: 6631 1588

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: Toyota Financial Services Singapore Pte Ltd

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).

0504687246

INCHCAPE AUTO TOYOTA - BSTU009

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.

SSCSAN