

# NATIONAL Assessment Centre Services

Date In 14/09/22	Job description	Date & Time Completed	Done by
Ref No NM/A1622009029/A1	SAS e-filing		
Veh No SMC2707L	E-mail (within 3hrs, AP 2hrs)		
DOA 13/09/22 1345	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:

GBJ 9863R

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)

XIN HUA WORKSHOP PTE LTD

NA2202593

NA2202598

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

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 date:

Fee Charged

Invoice dated

Fee Charged

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Cat 1:

Cat 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 Actual 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	14/09/2022 14:11 (SGT)
Reported by	Both
Date of Accident	13/09/2022 13:45 (SGT)
Exact Location of Accident	Foch Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2707L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ARDISUMADHYO TIRTOHANDONO@OEI TJING LIOE
NRIC No	SXXXX075A
Email Address	lukeoei2013@gmail.com
Mobile Phone No	(Phone) +65-96999128
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800076053-03

#### DRIVER

Name of Driver	ARDISUMADHYO TIRTOHANDONO@OEI TJING LIOE
NRIC No	SXXXX075A
Date Of Birth	27/01/1952
Occupation	Indoor

Date Of Driving Pass	14/08/1981
Driving experience	41 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96999128
Alt. Phone Number	-
Email Address	lukeoei2013@gmail.com
Address	22 LORONG PUNTONG
Address complement	#06-03
Postcode	576439
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?	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 REFR 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	FILE TOO LARGE TO UPLOAD WITH WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ9863R
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 Actual 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 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.

*Arduin*

Policyholder's Signature / Date & Time

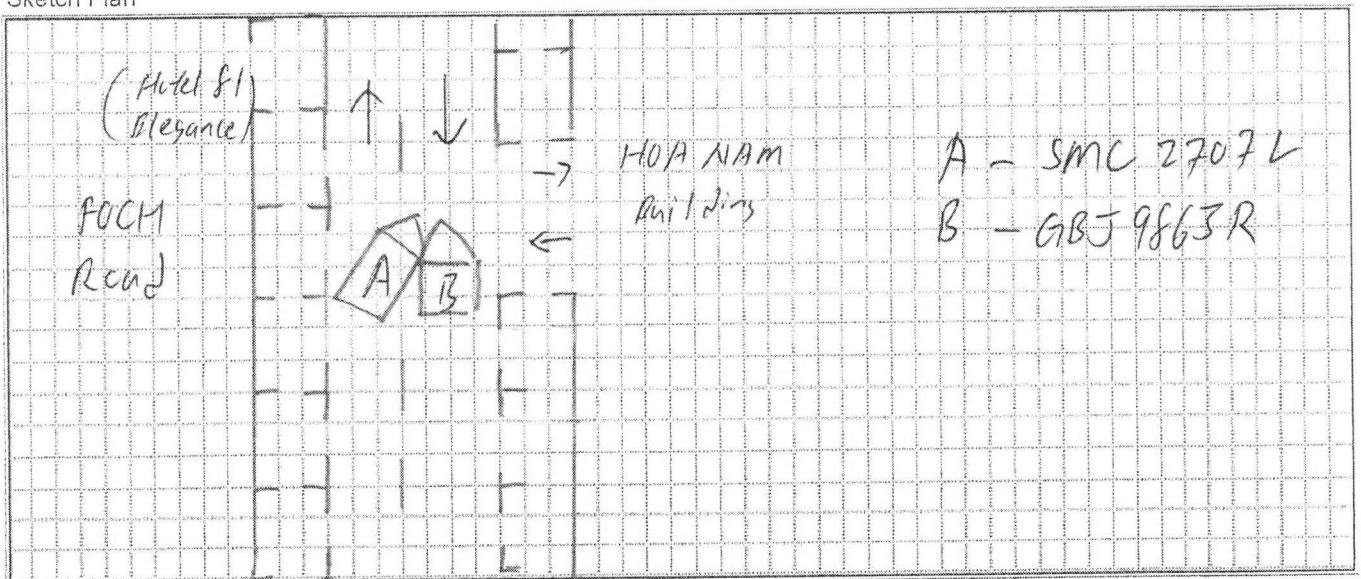
*Arduin*

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

*dym 14/09/22*

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



Describe Circumstance of the Accident

on the stated date and time, I was travelling along Foch Road,  
Upon reaching the HUA NAM Building, I signalled to turn right  
to the carpark. Vehicle B overtake from the right, against the  
flow of traffic, causing the damages to the front right hand portion  
of my vehicle A, the front rim was damaged as well.

Declaration

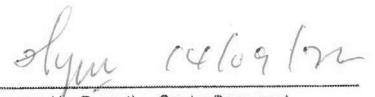
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



Date of Accident : 13.09.2022 Accident Time: 1345 (24-HR-Format)  
Accident Place : Along FOCH ROAD  
Vehicle No. (Car Plate No.) : SMC 2707L Make/Model: Mazda 3  
Insurance Company : AIG Policy No: 1800076053-03  
Owner or Company Name / IC No. : ARDISUMADHYO TIRTOHANDONO@DEI TJING LIOE  
Owner or Company Contact No. : 9699 9128 Owner's Hp : - Company Tel : 52576075A  
DRIVER'S Name/IC No. : same as owner  
DRIVER'S Date of Birth : 27-01-1952 DRIVER'S License Pass Date: 14.08.1981  
Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: owner

DRIVER'S Address : NO 22, Corong Puntong, #06-03, S(576439)  
DRIVER'S Contact No./ Alt No. : 1) 96999128 2) \_\_\_\_\_  
DRIVER'S Occupation : ☒ INDOOR ☐ OUTDOOR (e.g. working inside or outside office)  
Email Address : lukeoei2013@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): 01 Driver

Was there any video Captured by car camera: YES/ NO file too large to upload  
Exact purpose for which vehicle was being used at the time of accident: Private Use / Work Purpose  
Any injury (If YES, Please state): Nil

Other Party Driver's Particular (if any)

Vehicle No	: GBJ 9863R	Vehicle No	: _____
Vehicle Make/Model	: KIA Frontier (Lorry)	Vehicle Make/Model	: _____
Name Driver	: unknown	Name Driver	: _____
IC No. Driver/Contact	: _____	IC No. Driver/Contact	: _____

Passenger's name & gender:



# CERTIFICATE OF INSURANCE

## MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Ardisumadhyo Tirtahandono @ Oei Tjing Lioe  
Period of Insurance : 28 Jun 2022 To 27 Jun 2023  
Engine No. : P520497504  
Chassis No. : JM6BN22A8J0206952

Vehicle No. : SMC2707L  
Policy No. : 1800076053-03  
Endorsement No. :  
Issued Date : 24 May 2022 16:03

### ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV

Engine Capacity/Tonnage : 1,496.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2018

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 authorized driver only if he/she meets the specified age condition

You have to pay an additional sum of S\$53,000 as "Young and/or Inexperienced Driver Excess" ("YIDE") if You are or Your Authorized 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 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 - \$1100 Theft - \$0 Flood Cover - \$1100

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Ardisumadhyo Tirtahandono @ Oei Tjing Lioe - \$1100 (Own Damage), \$1100 (Flood Cover)

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

1 Trans Eurocars Pte Ltd, Add: 27A Tanyong Perum, Singapore 629042 63310668

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at 165 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: NA

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)

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP