

TIONAL Assessment Centre Services: SUC8229K0002

Ref No: 20/09/2022 1242	Job description: SAS e-filing	Date & Time Completed:	Done by:
Alt No: N/A/AIG 22092224	E-mail (within 2hrs, AIG 3hrs)		
Q.A: 19/09/2022 M/K	1-Motor Claim Form		
	1-Motor W/O (within 24hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Referral Wksp / INC Assign Wksp / QW:	Tel:	Fax:
P Particulars: Yeh No: SEA 1259D	INC () / Non-INC ()	
Owner / Driver:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: ()	% (Note: Est. Status (WO): N/O-20%; P-21-79%; P-80-100%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: 1 to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks: () No line 6788 6616

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check/ Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3,000) ()

Injury: ()

Other: ()

<p>NA2202575</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C Checked by (Dngn-In-Charge):</p> <p>and (Co-ordinator):</p> <p>1/1</p> <p>1/2/3:</p>	Invoice Preparation Checklist	
	1) AR: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100)	INC (\$10)
	3) TP: Towing Fee	\$100/\$150
	4) FT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Post-survey)	\$30
	Per claimant against TNC Only (over 10 Jan 2023)	
	6) TR: Re-inspection	\$75
	7) NI: NI: DA + SMART Survey	\$160
	8) NT: Additional Services	
<p>OR:</p> <p>1) NI: Courtesy Car / Tpl Allowance</p> <p>2) NI: Repair Coordination</p> <p>3) NI: Post Repair Inspection</p> <p>4) NI: DV / Delivery Excess Coordination</p> <p>TP (Nil) : TP (Over INC) against INC</p> <p>9) NI: NI: NI: NI</p>		
Invoice dated	Per Charged	
Invoice dated	Per 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 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	20/09/2022 12:42 (SGT)
Reported by	Both
Date of Accident	19/09/2022 17:15 (SGT)
Exact Location of Accident	Xilin Ave, Singapore
Additional Location Information	SLIP ROAD TO UPPER CHANGI ROAD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB364Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHUA SOK NGOR
NRIC No	SXXXX848J
Email Address	s4042000@yahoo.com.sg
Mobile Phone No	(Phone) +65-96796539
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	7210078592

DRIVER

Name of Driver	CHUA SOK NGOR
NRIC No	SXXXX848J
Date Of Birth	25/03/1978
Occupation	Outdoor

Date Of Driving Pass	10/04/2002
Driving experience	20 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96796539
Alt. Phone Number	-
Email Address	s4042000@yahoo.com.sg
Address	BLK 518 BEDOK NORTH AVENUE 2 #09-173
Address complement	-
Postcode	460518
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)	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

PLEASE REFER TO SKETCH PLAN

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 OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA1259D
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA SOK NGOR
Gender	Female
Phone No	(Phone) +65-96796539
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNB364Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN


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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.


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)

Sketch Plan

Sketch Plan									
A sketch plan of the accident scene is drawn on a grid. The sketch shows a road layout with labels: 'SLIP RD. OE. KELIN', 'AVE TO UPPER CHANGA', and 'RD. EAST'. A curved arrow indicates a vehicle's path from the intersection area towards the bottom right. Two points are marked with triangles and labeled 'A' and 'B'. To the right of the grid, there are handwritten labels: 'A: SN 8364 Z' and 'B: SKIA 125A D'.									

Describe Circumstance of the Accident

I was travelling on the stated location at the slip road waiting for clearance on the main flow of traffic when I suddenly felt an impact on my rear. I retrieved my video footage of the accident & lodged an accident report on this said matter.

Declaration

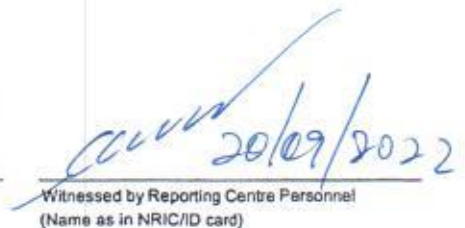
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



20/09/2022

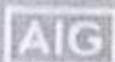
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Date of Accident : 19/09/2022 Accident Time: 1715HRS (24-HR-Format)
 Accident Place : SLIP RD OF XI LIN AVE TO UPPER CHANGAT RD EAST
 Vehicle No. (Car Plate No.) : SNB 3642 Make/Model: MAZDA 3
 Insurance Company : AIA Policy No: 7216078592
 Owner or Company Name /IC No. : HUA SOK NGOR (573078487)
 Owner or Company Contact No. : 9679 6539 Owner's Hp : — Company Tel : —
 DRIVER'S Name / IC No. : AS ABOVE
 DRIVER'S Date Of Birth : 25/03/1978 DRIVER'S License Pass Date 10/04/2002
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: OTHER
 DRIVER'S Address : 518 BEDOK NORTH AVE 2, #09-173 S' 460518
 DRIVER'S Contact No./ Alt No. : 1) 9679 6539 2) —
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : S4042000@YAHOO.COM.SG
 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
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): YES

Other Party Driver's Particular (if any)

Vehicle, No: <u>(B) SKA 1259D</u>	Vehicle, No: _____
Vehicle Make \Model: <u>BMW</u>	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

- NEW – Passenger's name & gender:



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHUA GOK NGOR
 Period of Insurance : 28 Jul 2021 To 27 Jul 2023
 Engine No. : P520749890
 Chassis No. : JM6BP2SAAM1108158

Vehicle No. : SNB364Z
 Policy No. : 7210078592
 Endorsement No. :
 Issued Date : 29 Jul 2021

ABOUT THE COVER

Make/Model	MAZDA 3 1.5 SKYACTIV		
Engine Capacity/Tonnage	1,498.00 CC	Sum Insured	Market Value
Driver Restriction	NA	Off Peak Car	No
Person or Classes of Persons Entitled to Drive*	First Year of Registration : 2021 Insuring with COE/PAF : 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 authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" (IDR) if You are or Your Authorized 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 - 1800cc Optional

* Limitations mentioned hereafter by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 185), 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 (Fixed Cover) - \$000

Section 2
 Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

CHUA GOK NGOR - \$600 (Own Damage), \$600 (Fixed Cover)

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

* Trans Eurokars Pte Ltd, Add: 27A Tanjong Pagar, Singapore 069042 63310808

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG 80 Mobile App. Simply search and download "AIG 80" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE 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. 185), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1993 (Malaysia).)