...TIONAL Assessment Centre Services: (wef 1 Jan 06) ... SNCA 229 K0003

	Job description	Date & Time Completed	Done by
...ate In: 20/09/2022 17:18	SAS e-filing		
...Ref No: XIBA/AIG 22009240/V	E-mail (within 3hrs, AIG 2hrs)		
...le No: SMK 8166R	I-Motor Claim Form		
D.A.: 20/09/2022 07:45	I-Motor W/O (Within OD, 3hrs, TP 4hrs)		
D: (TP) / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Referred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: SLK 4964C 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: ( )

Services (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

NA2202587

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Invoice Preparation Checklist		Bill / Teall
1) AR: Accident Reporting ($30);		
2) DA: Damage Assessment ($100);	INC ($80)	
3) TF: Towing Fee	$40/$45	
4) FT: Follow-Through Survey	$(30)	
5) FT: Follow-Through Survey (Resurvey)	$30	
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection	$75	
7) NI: Idle DA + SMRT Survey	$160	
8) NTUC Additional Services:		
On:		
*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	$30	
9) N12: Idle Mobile	$0	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

J.J.

(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 witholding 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 17:18 (SGT)
Reported by	Driver
Date of Accident	20/09/2022 07:45 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 6, Singapore
Additional Location Information	TOWARDS LENTOR AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK8166R

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HONG SEH MOTORS PTE LTD
Company Reg No	1XXXXX320D
Email Address	kenlow@hongseh.com.sg
Mobile Phone No	(Phone) +65-96984889
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
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	Commercial vehicle
Transmission	Auto
CC	2494

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7990000073/1220001064

DRIVER

Name of Driver	KEN LOW KIM HWEE
NRIC No	SXXXX604B
Date Of Birth	09/01/1975
Occupation	Indoor

Date Of Driving Pass	12/08/1996
Driving experience	26 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96984889
Alt. Phone Number	-
Email Address	kenlow@hongseh.com.sg
Address	BLK 539 ANG MO KIO AVENUE 10 #06-2577
Address complement	-
Postcode	560539
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	AFTER RAIN
Road Surface	Wet

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

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	SLK4964S
Vehicle Manufacturer	-
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)	-

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. 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 (POPA)**

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.

SEN MOTORS PTE LTD

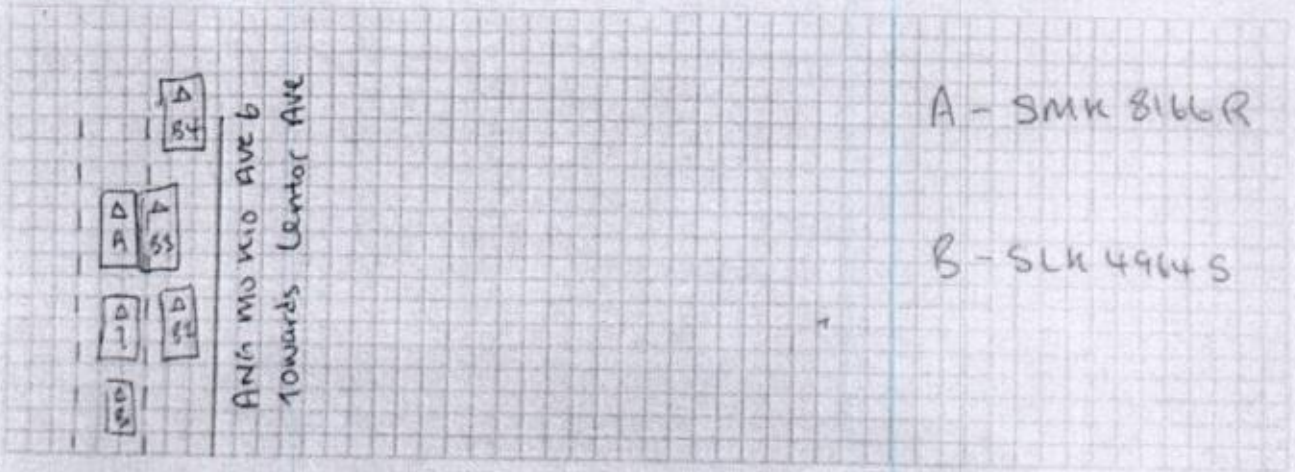
Policyholder's Signature / Date & Time

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)

Sketch Plan



Describe Circumstances of the Accident

on the stated dates, times and location I vehicle 'A' was travelling along Ang mo Kio Ave 6 on my designated lane at normal speed, suddenly I felt a impact from the right side of my vehicle, and I stop my vehicle and realized that vehicle 'B' cut into my lane and collided onto the right side of my vehicle. I later retrieve my in car footage and confirmed that vehicle 'B' drove into my lane and collided onto my car that all

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

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20090722 (dd/mm/yy) Time of Accident: 07 : 45 (24-HR-FORMAT)

Vehicle No.: SMK 8166 R Vehicle Make & Model / Engine (cc): Lexus ES250 Private Hire: (Y / N)

Exact location of Accident: Ang Mo Kio Ave 6 Toward Lentor Ave

Policyholder's Name / IC No.: Hong Seh Motors Pte Ltd 198203320D

Driver's Name / IC No: Ken Low Kim Hwee S7501604B (As Above) ☐

Driver's Contact No: 96984889 Company Contact No / Owner Contact No:

Driver's Address: Apt Blk 539 Ang Mo Kio Ave 10 #06-2577 S560539

Owner Email address: Kenlow@hongseh.com.sg Insurance Company: AIG

Driver Email address: Kenlow@hongseh.com.sg 09/01/1974 12/08/1996

Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / (Employee) / Hirer or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☑ Other Vehicle (*The one you want to claim against*) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle Was being used at time of accident?

☑ Private use / ☐ Work purpose

Occupation (nature of job) ☑ Indoor/ ☐ Outdoor

***No. of Passengers (Including Driver):**

***Passanger Name:** Gender:
***Passanger Name:** Gender:

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☑ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☑ Yes / ☐ No

Any Injuries: ☐ Yes / ☑ No **(If YES)** Injured Person' Name:

Injuries Sustain: Injured Person in Which Vehicle:

Police Report filed: ☐ Yes / ☑ No **(If YES)** Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: SLK 4964 S

Driver's Contact No: Insurance Company :

2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: Insurance Company :

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:

AIG

CERTIFICATE OF INSURANCE

COMMERCIAL AUTO COMPREHENSIVE

Name of Individual Policyholder : HONG SEH MOTORS PTE LTD
Master Policy No./Policy No. : 7990000073 / 1220001064
Period of Insurance : 28 Jan 2022 To 27 Jan 2023
Engine No. : A25A5133130
Chassis No. : JTHB11B1402007621

Vehicle No. : SMK8166R
Endorsement No. :
Issued Date : 15 Feb 2022 00:03

ABOUT THE COVER

Make/Model LEXUS ES250
Engine Capacity/Tonnage : 2494 CC
Driver Restriction NA
Sum Insured Market Value
Off Peak Car : No
First Year of Registration : 2019
Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

Any person who is driving on the Policyholder's order or with their permission
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition

Age Condition Driver Restriction applies-Refer to T&C
Mileage Condition

Limitation as to use*

Use for social, domestic, pleasure purposes and business purposes of the Policyholder
Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired
Use for the carriage of passengers or goods (other than for reward) by any person to whom the Vehicle is hired
This Policy does not cover
1) use for driving tuition, driving test, racing, pace making, reliability trial or speed testing
2) use whilst drawing a trailer
3) use for the towing of any one disabled mechanically propelled vehicle
4) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and
5) use for any purpose in connection with Motor Trade

* 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

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.
For list of 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

This policy covers driver's age who is between 23 to 65 years old with minimum 2 years driving experience.

Excess (All Claims) applies. Refer to Policy Terms and Conditions.

Accident claim repair arising under own damage claim only are allowed to be carried out at Hong Seh Motors Pte Ltd

Hire Purchase Company/Employer's Loan SINGAPURA FINANCE 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)

0000064000
DIRECT CLIENTS 01.4.65

AIG Asia Pacific Insurance Pte. Ltd.
This computer generated document does not require a signature

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.