

NATIONAL Assessment Centre Services

Date by 27/09/22	Job description	Date & Time Completed	Done by
Ref No NA/A1622009500/r3	SAS e-filing		
Veh No SLT1119M	E-mail (within 8hrs, APC 2hrs)		
D.O.A 25/09/22 2215	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:

SKZ704IT

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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat 1:

Cat 2 / 3:

Invoice Preparation Checklist

Amt (\$)

1st Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee

\$40/\$45

4) FT: Follow-Through Survey

\$120

5) iT: 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 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 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	27/09/2022 14:34 (SGT)
Reported by	Both
Date of Accident	25/09/2022 22:15 (SGT)
Exact Location of Accident	Johor Bahru, Johor, Malaysia
Additional Location Information	MALAYSIA CUSTOM TWDS 2ND LINK CUSTOMS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT1119M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE POH SOON ALOYSIOUS(LI BAOSHUN ALOYSIOUS)
NRIC No	SXXXX546Z
Email Address	alloysious.lee@gmail.com
Mobile Phone No	(Phone) +65-88867882
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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	2400

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1700060495-04

DRIVER

Name of Driver	LEE POH SOON ALOYSIOUS(LI BAOSHUN ALOYSIOUS)
NRIC No	SXXXX546Z
Date Of Birth	19/11/1974
Occupation	Outdoor



Date Of Driving Pass	17/08/1993
Driving experience	29 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88867882
Alt. Phone Number	-
Email Address	alloysious.lee@gmail.com
Address	44 LENTOR PLACE
Address complement	-
Postcode	789031
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)	6
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	JOEL
Gender	Male

PASSENGER 2

Name	RACHEL
Gender	Female

PASSENGER 3

Name	JOYCE
Gender	Female

PASSENGER 4

Name	JOYCELYN
Gender	Female

PASSENGER 5

Name	KENNETH
Gender	Male

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 STATEMENT.

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	SKZ7041T
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 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' law yers/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' law yers/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 law yers/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

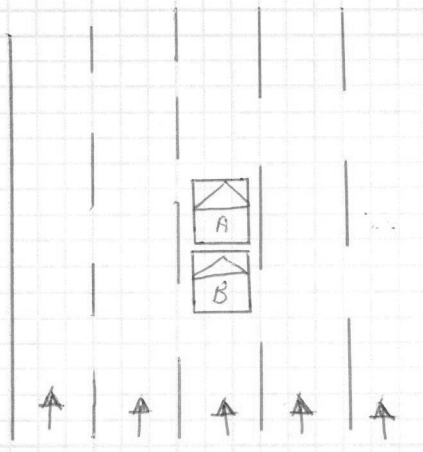
27/09/22

Witnessed by Reporting Centre Personnel

Sketch Plan

MALAYSIA CUSTOM TWD2 AND LINK CUSTOM

Uch A: SLT 1119M
Uch B: SKZ 7041 T



Defor
 to
 the
 Axon

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

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

[Signature]



lyne 27/09/22

Witnessed by Reporting Centre
Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A
(SLT1119M) WAS STATIONARY ON LANE 3 OF
MALAYSIA CUSTOM TOWARDS 2ND LINK CUSTOMS.
SUDDENLY I FELT A HUGE IMPACT FROM THE REAR
PORTION OF MY STATIONARY VEHICLE. AFTER I
ALIGHTED I THEN REALISE THAT IS VEHICLE B
(SKZ7041T) THAT HAD COLLIDED ONTO MY VEHICLE.

VEHICLE A : SLT1119M

VEHICLE B : SKZ7041T

A handwritten signature in black ink, appearing to be 'Mr.' followed by a stylized name.

SINGAPORE ACCIDENT STATEMENT

Accident Date: 25/9/22	Time: 22:15	(hh:mm) 24 hr format
Location Malaysia custom towards 2nd link customs		
Vehicle Number SLT1119M		
Insured Name Lee Poh Soon Aloysious		
NRIC / FIN 574385462	Contact Number 88867882	
Make Mitsubishi	Model Outlander 2.4	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company AIG		
Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number 1700060495-05		
Name of Driver		(<input checked="" type="checkbox"/>) Same as Insured
NRIC / FIN -		Contact Number -
Date of Birth 19/11/1974		
Driving Pass Date 17/8/1993		
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address aloysious.lee@gmail.com		() NO EMAIL
Address of Driver 44 Kentor Place (S) 789031		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? (<input checked="" type="checkbox"/>) Yes () No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B SK27041T		
Veh C		
Veh D		
Veh E		
Veh F		

* 5 passengers

- (1) Joel (M)
- (2) Rachel (F)
- (3) Joyce (F)

- (4) Joycelyn (F)
- (5) Kenneth (M)



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LEE POH SOON ALOYSIOUS (LI BAOSHUN ALOYSIOUS)
Period of Insurance : 04 Oct 2021 To 03 Oct 2022
Engine No. : 4B12TQ6585
Chassis No. : JMYXTGF3WJZ000539

Vehicle No. : SLT1119M
Policy No. : 1700060495-04
Endorsement No. :
Issued Date : 13 Sep 2021

ABOUT THE COVER

Make/Model : MITSUBISHI OUTLANDER 2.4 CVT
Engine Capacity/Tonnage : 2,360.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PARF : 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 "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)

LEE POH SOON ALOYSIOUS (LI BAOSHUN ALOYSIOUS) - \$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: 20 Leng Kee Rd Singapore 159094 64708688

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

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).

0504486217

CYCLE & CARRIAGE - ANNAL

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPDS