

NATIONAL Assessment Centre Services

Date In: 07/10/2022	Job description	Date & Time Completed	Done by
Ref No: NA/22009940/r3	SAS e-filing		
Veh No: SLS 30/67	E-mail (within 8hrs. Aft 2hrs)		
D.O.A: 06/10/2022	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> 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: Vch No: SMZ 2788 G 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

NA2202831

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	Amt (\$) 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) FT : 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:-			
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	\$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	07/10/2022 17:37 (SGT)
Reported by	Driver
Date of Accident	06/10/2022 19:14 (SGT)
Exact Location of Accident	Newton Circus, Singapore
Additional Location Information	ROUNDAABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS3016T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO YUEN KWAN
NRIC No	SXXXX721G
Email Address	freddyho1312@hotmail.com
Mobile Phone No	(Phone) +65-98471312
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Previa
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	1400

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220074355

DRIVER

Name of Driver	HO GI KEI(HE ZHIQI)
NRIC No	TXXXX834E
Date Of Birth	18/08/2000
Occupation	Indoor

Date Of Driving Pass	09/07/2019
Driving experience	3 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83833972
Alt. Phone Number	-
Email Address	freddyho1312@hotmail.com
Address	54 CHANCERY HIL WALK
Address complement	-
Postcode	309616
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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?	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

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	SMZ2788G
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HO GI KEI(HE ZHIQI)
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLS3016T
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

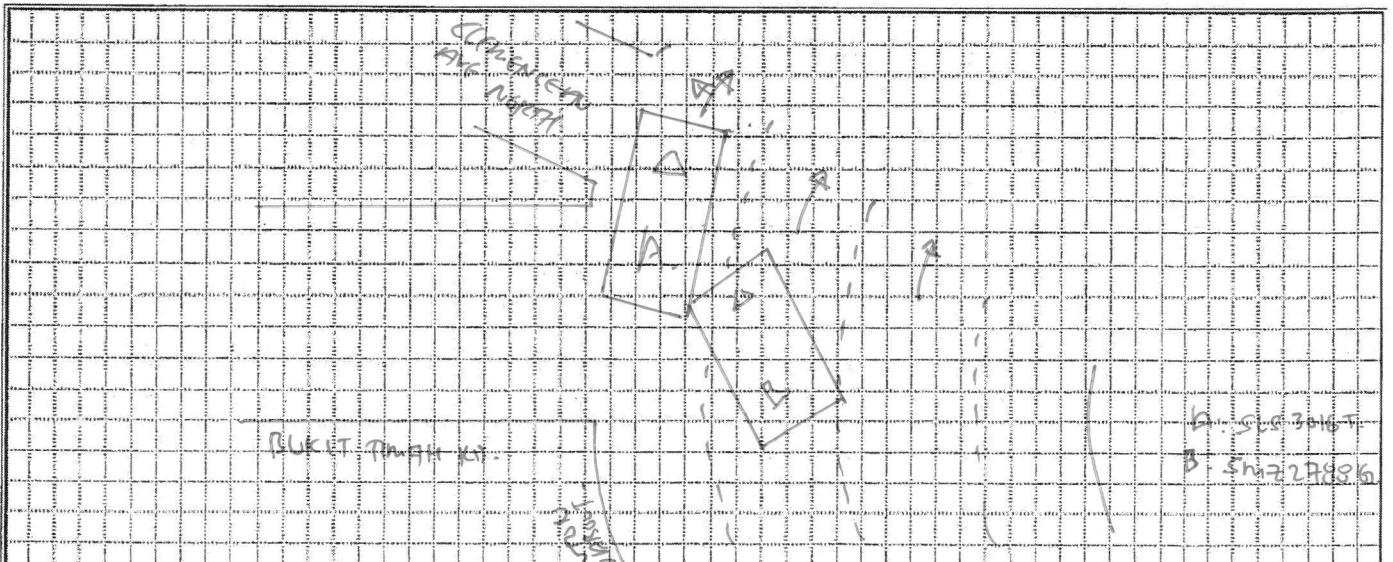
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



Describe Circumstance of the Accident


ON THE STATED DATE AND TIME, I WAS TRAVELLING IN MY
OWN CAR ALONG THE ROUNDABOUT.

OUT OF NOWHERE, I FELT A HUGE IMPACT FROM THE REAR
RIGHT.

Declaration

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

x 
Policyholder's Signature / Date & Time


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

 07/06/22
Witnessed by Reporting Centre Personnel

VEHICLE NO: SCS 3016T.

MAKE & MODEL: TOYOTA PREVIA

AUTO/MANUAL

DATE OF ACCIDENT	06 / 10 / 22.		C.C. 7.4.
TIME OF ACCIDENT	1914. AM/PM		
LOCATION OF ACCIDENT	NEWTON CIRCUS ROUNDABOUT.		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	HO YUEN KWAN CHE YUANGUANG.		
EMAIL	FREDDYHO1312@hotmail.com	OFFICE:	MOBILE: 98471312.
NRIC	S75087216.		
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY		
FLEET POLICY	YES / NO?		
INCURANCE CO.	AIG.		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	2220074355.		
NAME OF DRIVER	AS ABOVE / IF NO: HO GI KEI CHE ZH (Q1).		
NRIC	T60288345.		
DATE OF BIRTH	18 / 08 / 00.		
ANY PASSENGER	YES / NO: private only.		
NAME OF PASSENGER			
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	09 / 07 / 18.		
GENDER	MALE / FEMALE		
CONTACT NO.	Mobile: 83833972 Office: 83833972 Home:		
EMAIL	HOGIKEI@hotmail.com.		
ADDRESS	SA CHANCERY HILL LALIC SC (309616).		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE: -		
RELATIONSHIP	Employee / If No: PARTNER.		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIES	No / If yes, Who? DRIVER - PPTJOW - 17.		
CONTACT NO.			
ROLICE REPORT	No / If yes, Where? TR HQ		
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?		
VEHICLE B NO.	SMT 27886.	Any Passenger:	DRIVER only.
NAME			
CONTACT NO.			
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	YES / NO		
WAS THERE ANY AUDIO RECORDED?	YES / NO		
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO		
WHO IS REPORTING	DRIVER / OWNER / BOTH		
Original Language Used	English / Mandarin / Others:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO		

FREDDYHO1312@hotmail.com

98471312.

HOGIKEI@hotmail.com

83833972.



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : HO YUEN KWAN
Period of Insurance : 19 Sep 2022 To 18 Sep 2023
Engine No. : 2AZ4A99413
Chassis No. : JTEGD56M107153029

Vehicle No. : SLS3016T
Policy No. : 7220074355
Endorsement No. :
Issued Date : 14 Sep 2022 16:52

ABOUT THE COVER

Make/Model : TOYOTA PREVIA AERAS
Engine Capacity/Tonnage : 2,362.00 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 S\$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 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 - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

HO YUEN KWAN - \$1000 (Own Damage), \$1000 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. 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: NA

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).

0504576010

ARK - PT(A)

3 HOY FATT ROAD

SINGAPORE 159504

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Gin Ven Chan