

# NATIONAL Assessment Centre Services

SNQ22A80007

Date: 28/10/2022  
Ref No: XBA/01022010134  
Val No: SKS R41A  
D.O.A: 28/10/2022 07:10

Job description	SAS e-filing
E-mail (with VIN, ACCIDENT)	
i-Motor Claim Form	
i-Motor W/O (with: OD form, ACCIDENT)	
i-Photo Uploaded	
Assessment/Survey Report	
Ass't Report by Fax: Hand to Owner/WIMP	

Preferred Wks / INC Assign Wks / QW:

TP Particulars:	Vehicle No: EE 28E	INC ( ) / Non-INC ( )
Owner / Driver ( )	Period: ( )	Cover Type: ( )
Policy No: ( )	Date: ( )	TOWING: ( )
Confirmed by: ( )		
Insured Driver Liability: ( )	Warranty: YES ( ) / NO ( )	
Year of Registration: ( )		
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 Cost: ( )

Remarks: ( ) INC Referral: 0788 6618

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

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury:

Date: Time: Actions:

NA2203027

Customer Particulars:

Contact No:

Addressed Portion:

Checked by (Engr-In-Charge):

## Invoice Preparation Checklist

1) AR - Accident Report - 24 (1200)	
2) DA - Damage Assessment - 31 (100)	
3) TF - Towing Fee - 112	
4) PT - Follow Through Survey - 112	
5) PT - Follow Through Survey (Repairer) - 112	
6) TR - Repairer - 112	
7) NI - NI/DA - 112	
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## 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	28/10/2022 17:11 (SGT)
Reported by	Both
Date of Accident	28/10/2022 07:10 (SGT)
Exact Location of Accident	Marymount Rd, Singapore
Additional Location Information	TOWARDS ANG MO KIO
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ1841A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM HOCK LENG
NRIC No	SXXXX990B
Email Address	hockleng@me.com
Mobile Phone No	(Phone) +65-96235859
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	Private car
Transmission	Auto
CC	2487

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070075575-02

#### DRIVER

Name of Driver	LIM HOCK LENG
NRIC No	SXXXX990B
Date Of Birth	13/12/1967
Occupation	Indoor

Date Of Driving Pass	20/07/1985
Driving experience	37 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96235859
Alt. Phone Number	-
Email Address	hockleng@me.com
Address	14 JALAN SAPPAN
Address complement	-
Postcode	676017
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 - Change/cross lane
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

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	EE28K
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. 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)

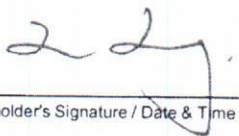
Sketch Plan

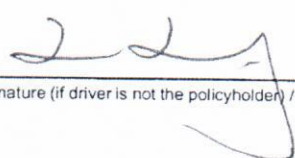
Describe Circumstance of the Accident

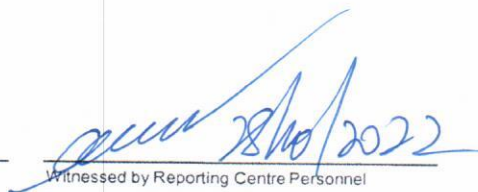
on the stated dates, times and location I vehicle 'A' was travelling along Marymount Road on my designated lane, while travelling I suddenly felt a impact from the left side of my vehicle, I then stop and realized that vehicle 'B' cut into my lane and collided onto the left side of my vehicle. that all

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

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

Email: [sm@idac.com.sg](mailto: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: 28/10/22 (dd/mm/yy) Time of Accident: 07 : 10 (24-HR-FORMAT)  
Vehicle No.: SKJ 1841 A Vehicle Make & Model / Engine (cc): LEXUS ES250 2487cc  
Exact location of Accident: Marymount Rd towards Ang Mo Kio Private Hire: ( Y / ~~N~~ )  
Policyholder's Name / IC No.: LIM HOCK LENG (S1789990B)  
Driver's Name / IC No.: (As Above) ☒  
Driver's Contact No.: 9623 5859 Company Contact No / Owner Contact No:  
Driver's Address: 14 Jalan Sappan S 676917  
Owner Email address: hockleng@me.com Insurance Company: AIG  
Driver Email address:

**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):** 1

\*Passenger Name:

Gender:

\*Passenger 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's 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: EE 28 K

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:



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : LIM HOCK LENG  
Period of Insurance : 17 Jun 2022 To 16 Jun 2023  
Engine No. : A25A5154473  
Chassis No. : JTHB11B1302008985

Vehicle No. : SKJ1841A  
Policy No. : 2070075575-02  
Endorsement No. :  
Issued Date : 19 May 2022 15:09

### ABOUT THE COVER

Make/Model : LEXUS ES250 2.5

Engine Capacity/Tonnage : 2,487.00 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\* :

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 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 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 - \$800 Theft - \$0 Flood Cover - \$800

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LIM HOCK LENG - \$800 (Own Damage), \$800 (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](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: United Overseas Bank Limited

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).

0504650000

ALL INS AGENCY PTE LTD

22 SIN MING LANE #05-78 MIDVIEW CITY

SINGAPORE 573969

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

All Ins Agency Pte Ltd