

# NATIONAL Assessment Centre Services

(M1 1/2/22)

SNIC 22830002

Date In: 03/11/2022 17:16

Ref No: N/A/016220/1103/Y

Veh No: SMG 15634

D.O.A: 02/11/2022 10:00

QC: TP Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Owner / Driver: (

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Insured/Driver Liability: (

Year of Registration: (

Excess: (\$

Loading: \$1,000 (

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 Toll-free: 6788 0016)

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date / Time: ( )

Actions: ( )

Customer's Particulars:

Owner: ( )

Contact No: ( )

Damaged Portion: ( )

C. Checked by (Sngl-In-Charge): ( )

Comments: ( )

Signature: ( )

Date: ( )

Page: ( )

Page: ( )

Page: ( )

Page: ( )

Page: ( )

Job description

SAS e-filing

E-mail (within 3hrs, A/C 2hrs)

I-Motor Claim Form

I-Motor W/O (Within 24 hrs, TP 1hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/WRAP

Date & Time Completed

Done by

Tel:

Fax:

INC ( ) / Non-INC ( )

Tel:

Cover Type: ( )

Date:

Time:

Insured/Driver Liability: ( )

Year of Registration: ( )

Excess: (\$

Loading: \$1,000 (

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Comments: ( )

Signature: ( )

Date: ( )

Page: ( )

Page: ( )

Page: ( )

Page: ( )

## Invoice Preparation Checklist

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100)

3) TP: Towing Fee (\$40/\$45)

4) PT: Follow-Through Survey (\$150)

5) FT: Follow-Through Survey (Resurvey) (\$30)

6) TR: Re-Survey (\$75)

7) NI: NI & DA + SMRT Survey (\$140)

8) NTUC Additional Services

9) NI: NI & DA + SMRT Survey (\$140)

10) NI: NI & DA + SMRT Survey (\$140)

11) NI: NI & DA + SMRT Survey (\$140)

12) NI: NI & DA + SMRT Survey (\$140)

13) NI: NI & DA + SMRT Survey (\$140)

Invoice No: ( )

Invoice Date: ( )

Invoice Time: ( )

Invoice Location: ( )

Invoice Status: ( )

Invoice Type: ( )

Invoice Category: ( )

Invoice Sub-Category: ( )

Invoice Item: ( )

Invoice Amount: ( )

Invoice Total: ( )

Invoice Balance: ( )

Invoice Paid: ( )

Invoice Received: ( )



## 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	03/11/2022 17:16 (SGT)
Reported by	Driver
Date of Accident	02/11/2022 10:00 (SGT)
Exact Location of Accident	2 International Business Park, Singapore 609930
Additional Location Information	THE STRATEGY CAR PARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG1563U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HONG SEH MOTORS PTE. LTD.
Company Reg No	1XXXXX320D
Email Address	kenlow@hongsehmotors.com
Mobile Phone No	(Phone) +65-62030303
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Is300
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	7990000073/1220001044

### DRIVER

Name of Driver	MIOW CHIN HWA JEFFERY (MIAO QINGHUA)
NRIC No	SXXXX869F
Date Of Birth	09/04/1982
Occupation	Indoor

Date Of Driving Pass	08/02/2003
Driving experience	19 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81638329
Alt. Phone Number	-
Email Address	kenlow@hongsehmotors.com
Address	BLK 884 TAMPINES STREET 83 #07-67
Address complement	-
Postcode	520884
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC3909C
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. Rease 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.

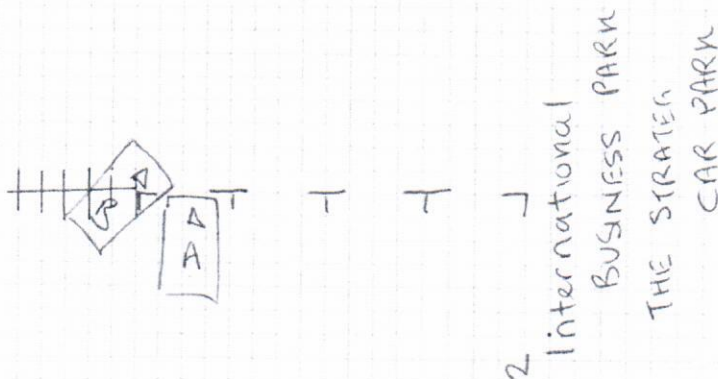


Policyholder's Signature / Date & Time

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

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

### Sketch Plan



A - SMH 1563U

B - SNC 3909C

### Describe Circumstances of the Accident

on the stated dates, times and location  
at around 930am I parked my vehicle SM6 1563U at -2  
international business park, The Strategy Car Park, at 11am  
I went back to pick up stuff from my vehicle and realise  
that there is damages at the front left side of my  
vehicle and also a note on my windscreen stating  
that they have collided onto my stationary vehicle  
I then called and confirmed the accident. that all

### Declaration

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



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: 02/11/22 (dd/mm/yy) Time of Accident: 10:00 (24-HR-FORMAT)  
Vehicle No.: SMG 1563 U Vehicle Make & Model / Engine (cc): Lexus IS300 Private Hire: (Y/N) (N)  
Exact location of Accident: 2 International Business Park, The Strategy Car Park  
Policyholder's Name / IC No.: HONG SEH MOTORS PTE. LTD. 198203320D  
Driver's Name / IC No.: Miow Chin Hwa, Jeffery (Miao QingHua) S8210869F (As Above) ☐  
Driver's Contact No.: 81638329 Company Contact No / Owner Contact No: 62030303  
Driver's Address: 884 Tampines Street 83 #07-67 S520884  
Owner Email address: kenlow@hongsehmotors.com Insurance Company: AIG ☐  
Driver Email address: kenlow@hongsehmotors.com

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): 0

\*Passanger Name: \_\_\_\_\_  
\*Passanger Name: \_\_\_\_\_

Gender: \_\_\_\_\_  
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: SNC 3909 C

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

## COMMERCIAL AUTO COMPREHENSIVE

Name of Individual Policyholder : HONG SEH MOTORS PTE LTD

Master Policy No./Policy No. : 7990000073 / 1220001044

Period of Insurance : 28 Jan 2022 To 27 Jan 2023

Engine No. : 8ARZ130548

Chassis No. : JTHBA1D2905082643

Vehicle No. : SMG1563U

Endorsement No. :

Issued Date : 15 Feb 2022 00:03

### ABOUT THE COVER

Make/Model : LEXUS IS300H

Engine Capacity/Tonnage : 2494 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2018

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 Policyholders

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

Use for any purpose in connection with Motor Trade

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](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play

### IMPORTANT NOTES

This policy covers drivers 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: 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)

0000064000

DIRECT CLIENTS 014 95

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.