

NTUC Assessment Centre Services

Date: 28/11/2022	Job Description	Date & Time Completed	Done by:
Ref: NA/AIG22011902/a4	SAs e-filing		
Vehicle: SNA 9150 U	E-mail (SAs, SM, AP, etc)		
Date: 26/11/2022 1130	i-Motor Claim Form		
MP: 0 (Depositing only)	i-Motor W/O (Within 14 Day IP 4 days)		
	i-Photo Uploaded		
IP Insurer:	Assessment Survey Report		
	Ass't Report by Fax / Hand to Owner Wksp		

Preferred Wksp / INC Assign Wksp / QW. ()	Tel: ()	Fax: ()
IP Particulars:	Veh No. FBE 6980 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: 50-100%]		
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 () / Towel-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

NA2203332	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100), INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) rT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 19 Jan 2015)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OT:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	9) N11: TP (Non-INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	28/11/2022 12:03 (SGT)
Reported by	Both
Date of Accident	26/11/2022 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LORONG 6 TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA9150U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM BOO HSIEN, GEORGE
NRIC No	SXXXX041G
Email Address	hyeon629@icloud.com
Mobile Phone No	(Phone) +65-98716855
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1199

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220049868

DRIVER

Name of Driver	LIM BOO HSIEN, GEORGE
NRIC No	SXXXX041G
Date Of Birth	29/06/1980
Occupation	Indoor

Date Of Driving Pass 30/04/2013
 Driving experience 9 YEARS AND 7 MONTHS
 Gender Male
 Mobile Number (Phone) +65-98716855
 Alt. Phone Number -
 Email Address hyeon629@icloud.com
 Address BLK 86 DAWSON ROAD #22-15
 Address complement -
 Postcode 141086
 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 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? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 2
 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 PASSENGER
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Kampong Java Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18002959999
 Alt. Police Station Phone No (Fax) +65-63913442
 Police Station Address 21 Kampong Java Road Singapore 228892
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED REPORT

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	FBE6980G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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.
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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 lodging 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 purposes 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;

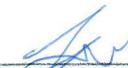
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

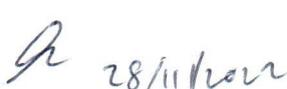
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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

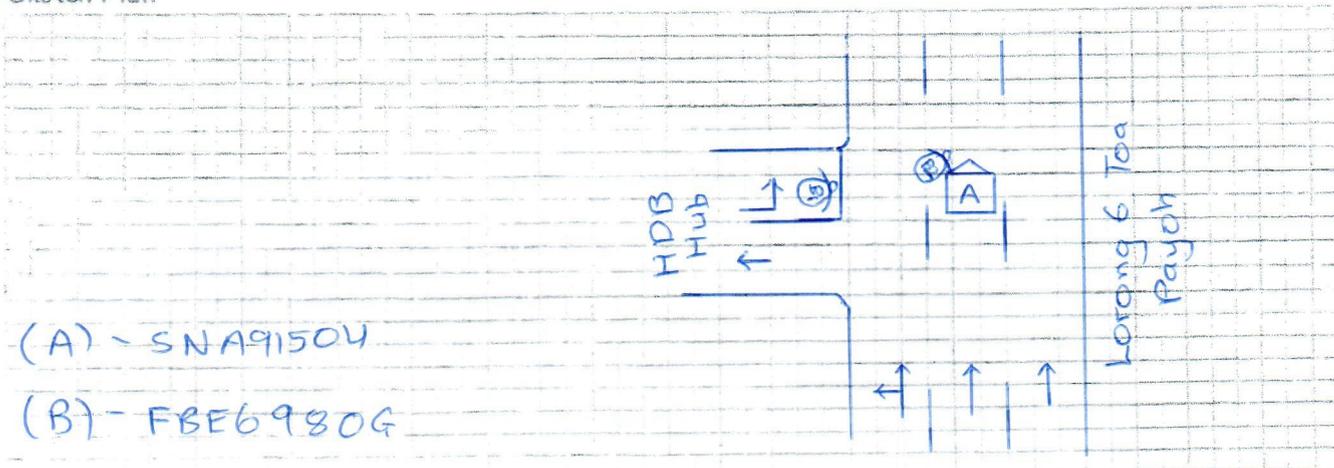
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

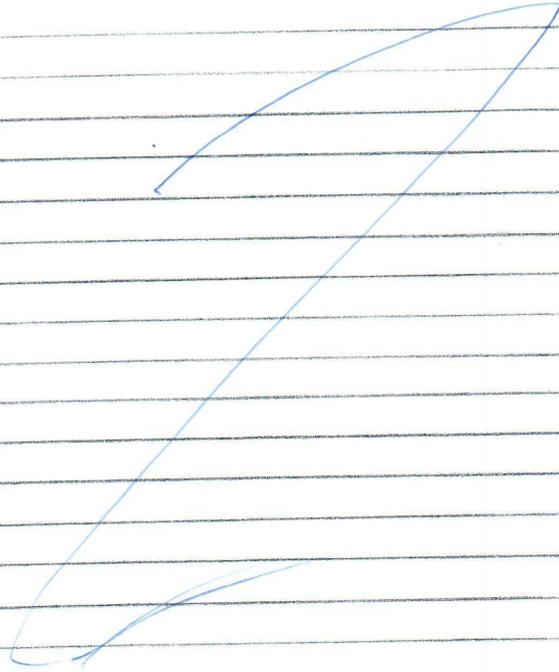
Sketch Plan



Describe Circumstances of the Accident

- Refer to police report attached -

Report No. : T/2022/1126/2070



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

 28/11/2022
Witnessed by Reporting Centre
Personnel



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20221126/2070

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA9150U	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220049868	18/05/2022	17/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	Mohamed As'yrafz Bin Mohamed Ro'hizal	ID No.	S9829727H	
Related Vehicle	FBE6980G (Motorcycle)	Contact No.	86477590	
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL	
Date Treatment	26/11/2022	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	
Driver				
Name	LIM BOON HSIEN, GEORGE	ID No.	S8019041G	
Related Vehicle	SNA9150U (Car)	Contact No.	98716855	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	

Brief Details.

I am the above-mentioned person residing at the above mentioned address.

On 26/11/2022 at about 1130hrs, I was driving my wife to her workplace, and she was seated beside me at the time. Our daughter was in the car with us, seated in the backseat. We were driving along the road of Lor 6 Toa Payoh, and we reached a turn in that lead into a small road entering HDB hub. There was a larger black car ahead of us at the time.

As the car ahead was turning in, I intended to carry on driving straight, and thus I attempted to do so. A motorcyclist deliveryman then dashed out of turn in and I tried to brake in time as he caught me by surprise. My car then collided with his motorcycle, and it fell on its side along with its rider. I immediately got out of my car to make a check on the fallen rider, and another bystander (HP no. 98186878) came over to make a check as well. There was also a driver (HP no. 92761579) driving a mini cooper who was driving on my right who assisted in making a check. My wife then got out of the car to ensure all was okay. Both vehicles suffered minor damage, with my car had slight scratches on left front side, and the



**SINGAPORE
POLICE FORCE**



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Report No. T/20221126/2070

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

CONTINUATION OF REPORT

motorcycle had slight dents and a slightly bent carplate.

The motorcyclist who fell informed that he only sustained bruises on his left shoulder, and that this was not the first time he encountered such an accident. He also did not want for any ambulance conveyance. As I felt he needed to go to a hospital, I offered to bring him to Tan Tock Seng Hospital A&E. The motorcyclist accepted, and I rolled his motorcycle to the HDB hub carpark nearby. I then had him seat in the backseat before resuming bringing my wife to her workplace, then brought him to Tan Tock Seng Hospital at about 1330hrs. I informed him that we both should report the matter to the police. However, he did not wish to go.

As I was worried about the matter, I called my insurance agent, and he recommended that I go to the police for a formal record. I am lodging this report for record purposes and I affirm the above to be true and correct.



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20221126/2070

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:

E /
SCSGT(1) JOEL PRESTON GN
YONG ERN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/11/2022 15:38

Officer In Charge Of Case:

TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168

VEHICLE NO: SNA 9150U	MAKE & MODEL: Honda Jazz	<input checked="" type="radio"/> AUTO / MANUAL
DATE OF ACCIDENT	26 / 11 / 2022	*C.C. 1,500
TIME OF ACCIDENT	11.30	<input checked="" type="radio"/> AM / <input type="radio"/> PM
LOCATION OF ACCIDENT	Lorong 6 Teo Payoh	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Lim Boon Hsien, George	
EMAIL	hyeon629@icloud.com	Office: MOBILE: 9871 6855
NRIC	58019041G	
CLAIM TYPE	OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / <input checked="" type="radio"/> NO?	
INSURANCE CO.	AIG	
TYPE OF COVERAGE	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	7220049868	
NAME OF DRIVER	<input checked="" type="radio"/> AS ABOVE / IF NO:	
NRIC	58019041G	
DATE OF BIRTH	29 / 06 / 1980	
ANY PASSENGER	<input checked="" type="radio"/> YES / <input type="radio"/> NO: 2	
NAME OF PASSENGER	Er Xinyi (F) / Lim Kai En (F)	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <input checked="" type="radio"/> indoor	
DATE OF DRIVING PASS	30 / 04 / 2013	
GENDER	<input checked="" type="radio"/> Male / <input type="radio"/> Female	
CONTACT NO.	Mobile: 9871 6855	
EMAIL		
ADDRESS	Blk 86 Dawson Road #22-15 S(141086)	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="radio"/> NO / If yes, Reg No.	INSURER.
RELATIONSHIP	Employee / If No. <input checked="" type="radio"/> owner	
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Other.	
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Other.	
ANY INJURIES	<input checked="" type="radio"/> No / If yes, Who?	
CONVEYED BY AMBULANCE	<input checked="" type="radio"/> No / If yes, Who?	
POLICE REPORT	<input checked="" type="radio"/> No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?	
VEHICLE B NO	FBE6980G	Any Passenger: —
NAME		
CONTACT NO		Any Passenger:
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 / <input checked="" type="radio"/> NO
WAS THERE ANY AUDIO RECORDED?		YES / <input checked="" type="radio"/> NO
SCENE ACCIDENT PHOTOS TAKEN?		YES / <input checked="" type="radio"/> NO
Who is Reporting	Driver / Owner / <input checked="" type="radio"/> Both	
Original Language Used	English / <input checked="" type="radio"/> Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / <input checked="" type="radio"/> NO

advanceag@hotmail.com

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : LIM BOON HSIEN, GEORGE
 Period of Insurance : 18 May 2022 To 17 May 2023
 Engine No. : L15B31190261
 Chassis No. : JHMGK5850HX200508

Vehicle No. : SNA9150U
 Policy No. : 7220049868
 Endorsement No. :
 Issued Date : 18 May 2022 16:31

ABOUT THE COVER

Make/Model : HONDA Jazz 1.5 RS (A)
 Engine Capacity/Tonnage : 1,498.00 CC Sum Insured : Market Value First Year of Registration : 2016
 Driver Restriction : NA Off Peak Car : No 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 "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 - \$500 Theft - \$0 Flood Cover - \$500

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LIM BOON HSIEN, GEORGE, HOCK GUAN LIM - \$500 (Own Damage), \$500 (Flood Cover), XINYI ER - \$500 (Own Damage), \$500 (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 8200. 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: HONG LEONG FINANCE LTD

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).

Insure Link Pte Ltd
 2 Kallang Avenue #08-16
 CT Hub S(339407)
 Off : 6444 4644
 Fax: 6444 0040

0501295000
 INSURE LINK PTE LTD

2 KALLANG AVE #08-16 CT HUB
 SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.