

NATIONAL Assessment Centre Services

Date In 14/12/2022	Job description	Date & Time Completed	Done by
Ref NO NA/AG22012504/W	SAS e-filing		
Veh NO SMP 9288 P	E-mail (within 8hrs. AP 2hrs)		
DOA 13/12/2022	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: GBC 4185 J	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

NA2203466	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) 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) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	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			
Cat 1:	Invoice date:	Fee Charged		
Cat 2/3:	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	14/12/2022 16:31 (SGT)
Reported by	Both
Date of Accident	13/12/2022 18:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along AYE towards Tuas before Clementi Road exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP9288P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lim Kang Soon (Lin Jiangshun)
NRIC No	SXXXX728I
Email Address	bryan_920@yahoo.com.sg
Mobile Phone No	(Phone) +65-98319505
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900150764-03

DRIVER

Name of Driver	Lim Kang Soon (Lin Jiangshun)
NRIC No	SXXXX728I
Date Of Birth	20/09/1978
Occupation	Indoor

Date Of Driving Pass	11/11/2005
Driving experience	17 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98319505
Alt. Phone Number	-
Email Address	bryan_920@yahoo.com.sg
Address	Blk 461C Bukit Batok West Avenue 8
Address complement	#02-734
Postcode	653461
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	Drizzling
Road Surface	Wet

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

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	GBC4185J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	Lim Kang Soon
Gender	Male
Phone No	(Phone) +65-98319505
Address	Blk 461C Bukit Batok West Avenue 8
Address Complement	#02-734
Post Code	653461
Approximate Age Years Old	44
Injuries Sustained	Back and Neck pain
Injured person in which vehicle?	SMP9288P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SINGAPORE ACCIDENT STATEMENT

Accident Date: 13/12/2022		Time: 1815		(hh:mm) 24 hr format	
Location ALONG AYE TOWARDS TWAS BEFORE CLEMENTI ROAD EXIT					
Vehicle Number SMP 9288P					
Insured Name LIM KANH SOON					
NRIC / FIN S 78277281		Contact Number 9831 9505			
Make TOYOTA		Model SIENTA 1.5			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (/) Third Party () Reporting					
Insurance Company AIG					
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number 1900150764-03					
Name of Driver LIM KANH SOON (/) Same as Insured					
NRIC / FIN S 78277281		Contact Number 9831 9505			
Date of Birth 20/09/1978					
Driving Pass Date 11/11/2005					
Occupation (/) Indoor () Outdoor					
Gender (/) Male () Female					
Email Address bryan_920@yahoo.com.sg () NO EMAIL					
Address of Driver BLK 461C BUKIT BATOK WEST AVE 8					
#02-734 S(653461)					
Was driver an employee of the Insured's Company? () Yes (/) No					
If No, Relationship of the Driver with the Insured					
(/) Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes (/) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions () Clear () Raining (/) Others DRIZZLING					
Road Surface () Dry (/) Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (/) No					
Was anybody injured in the accident? (/) Yes () No					
If yes, injured detail DRIVER BACK & NECK PAIN					
Was there any video captured by Car Camera? () Yes (/) No					
Was the Accident reported to the Police? () Yes (/) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B		GBC 4185J			
Veh C					
Veh D					
Veh E					
Veh F					

including driver 1 pax.

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

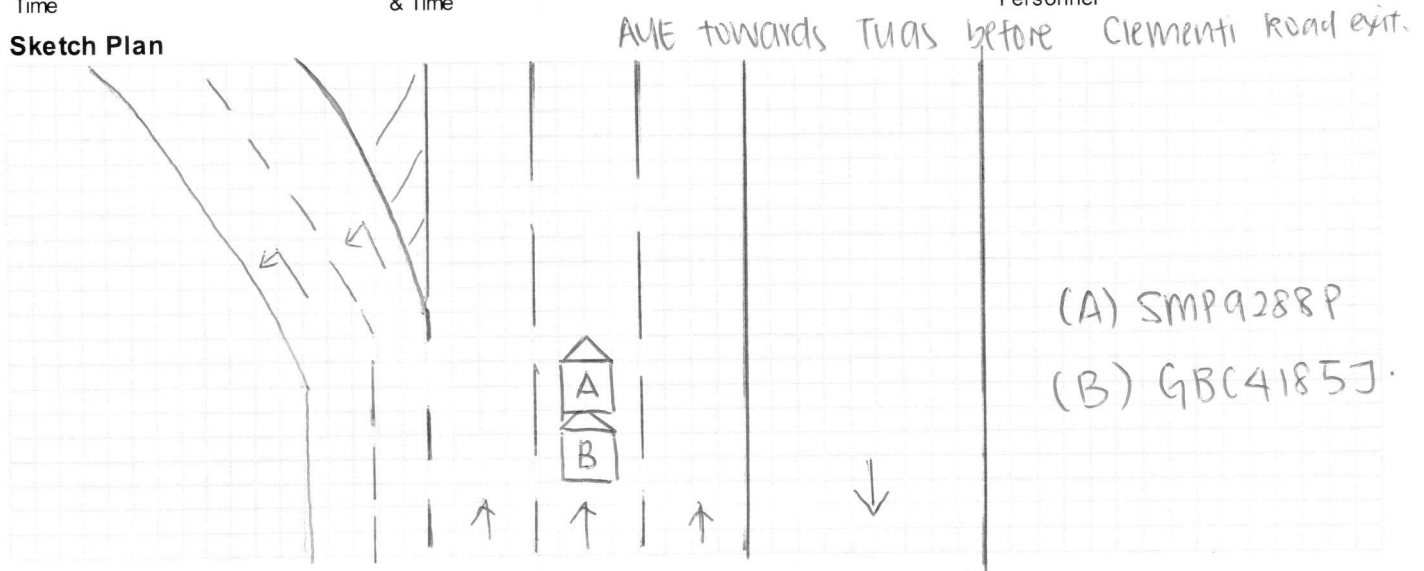


Driver's Signature (If driver is not the policyholder) / Date
& Time

 14/12/2012

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

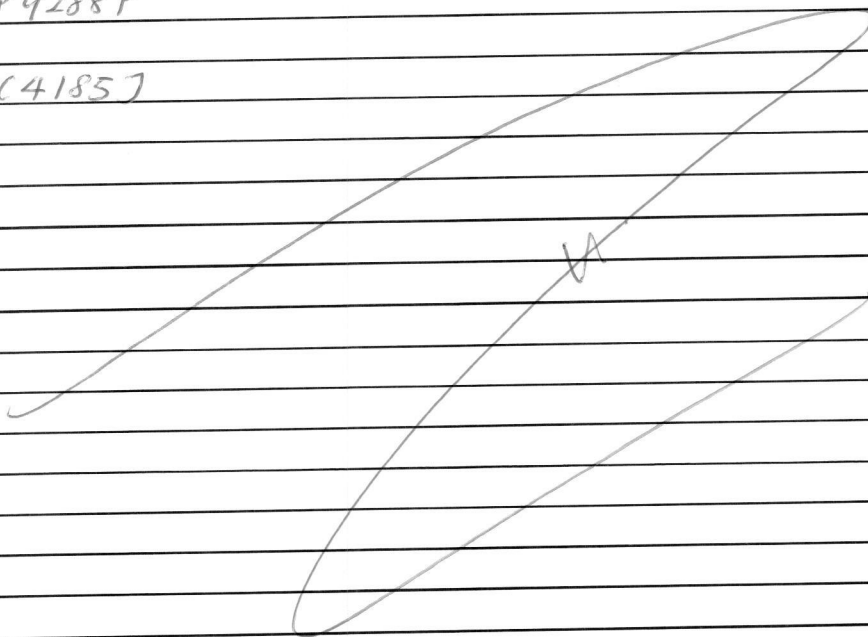
On 13/12/2022 at about 1815hrs at along A91 towards T1915 before Clementi Road exit. I was travelling on lane 2 on the above mentioned road and when my front vehicle slow down and stop due to heavy traffic, hence I follow suit.

Suddenly, I felt a great impact from the rear and when I alight, I realise it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle.

After the accident, I went to consult a doctor and was given 2 days MC for my injury.

(A) SMP 9288 P


(B) GBC 4185 J





Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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


14/12/2022
Witnessed by Reporting Centre Personnel



ProHealth Medical Group@Bukit Batok

4 Bukit Batok Street 41 #01-76 Le Quest Singapore 657991

Tel: 6970 8330 Fax: 6970 8332

GST Reg. No. 202026915C
RCB No. 202026915C



MEDICAL CERTIFICATE

MC No: OD-BB0000104609

NAME: LIM KANG SOON(LIN JIANGHUN)

PID: BB06864

NRIC: S7827728I

This is to certify that the above patient name is Unfit for Duty for a period of 2 day/s from 14-12-2022 to 15-12-2022 inclusive.

Patient is advised to stay at home for the duration of the MC, unless seeking medical attention.

Note: This certificate is not valid for absence from court or other judicial proceedings.

Dr Andy Lo M10068D

Issued by

Signature

13/12/2022

Date

Printed on 13/12/2022 07:46 PM

DR LO ANDY
罗安德医生
Senior Family Physician 高级家庭医生
MCR: M10068D
M.B.B.S. (S'pore)
MMed (Family Medicine, S'pore)
PROHEALTH MEDICAL GROUP



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LIM KANG SOON (LIN JIANGSHUN)
Period of Insurance : 19 Aug 2022 To 18 Aug 2023
Engine No. : 2NRX479060
Chassis No. : MHFZ28H3500064490

Vehicle No. : SMP9288P
Policy No. : 1900150764-03
Endorsement No. :
Issued Date : 15 Aug 2022 9:49

ABOUT THE COVER

Make/Model : TOYOTA SIENTA 1.5

Engine Capacity/Tonnage : 1,496.00 CC

Driver Restriction : NA

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 : 40 years old and above

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)

LIM KANG SOON (LIN JIANGSHUN) - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188

2. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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: DBS BANK LTD

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).

0504667211

INCHCAPE AUTO TOYOTA - BSTL024

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

1005910366/AC4

SSPDAC