

NATIONAL Assessment Centre Services		Job #	Done by
Date In: 09/01/2023 17:20	Job description	Date & Time Completed	Done by
Ref No: X/38/01628000208/4	SAS e-filing		
Vehicle: SMX 2946R	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 07/01/2023 09:22	1-Motor Claim Form		
	1-Motor W/O (within: 30 mins, TP 1hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

General Remarks: _____
 () Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repeller.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

DATE: _____

Invoice Preparation Checklist			
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3) PT: Fellow-Through Survey	\$170
4) PT: Fellow-Through Survey	\$170
5) PT: Fellow-Through Survey (Resurvey)	\$30

7) NIUC Additional Form(s):	
8) NIUC Additional Remarks:	

*NT: Post Repair Inspection	\$3
*NT: DV / Collect Excess Coordination	\$20
*NT: DV / Collect Excess Coordination	\$20

3/8

Invoice Preparation Checklist		DATE	TIME
1) AR: Accident Reporting (\$350)			
2) DA: Damage Assessment (\$1000)	INC (\$50)		
3) TP: Towing Fee	\$50/\$45		
4) PF: Follow-Through Survey	\$150		
5) PF: Follow-Through Survey (Resurvey)	\$50		
Excluding system INC Daily (Nov 10 to 2023)			
6) TR: Re-inspection	\$75		
7) N1: 1st DA, 1st PF Survey	\$140		
8) N1: Additional Services:			
QD*			
*N1: Courtesy Car / Tot Allowance	\$5		
*N1: Repair Coordination	\$15		
*N1: Post Repair Inspection	\$25		
*N1: DV / Collect Excess Coordination	\$5		
*N1: DV / Collect Excess Coordination	\$5		
*P(N1): TP (Inc in INC) against INC	\$0		
9) N1: 1st DA Mobile			
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	09/01/2023 17:20 (SGT)
Reported by	Both
Date of Accident	07/01/2023 09:22 (SGT)
Exact Location of Accident	21 Sengkang West Ave, Fernvale Community Club, Singapore 797650
Additional Location Information	BASEMENT CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN8946R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOW SOON CHAI (LIU SHUNCAI)
NRIC No	SXXXX801J
Email Address	scswiow@hotmail.com
Mobile Phone No	(Phone) +65-91819083
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	1993

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	190015207-03

DRIVER

Name of Driver	LOW SOON CHAI (LIU SHUNCAI)
NRIC No	SXXXX801J
Date Of Birth	21/11/1984



Occupation	Indoor
Date Of Driving Pass	18/03/2009
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91819083
Alt. Phone Number	-
Email Address	scswiow@hotmail.com
Address	128 PUNGGOL WALK #12-11
Address complement	-
Postcode	828775
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	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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230107/7020

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	SNA4465U
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.
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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 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 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

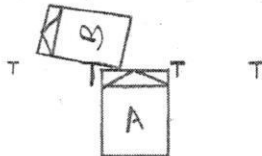
Sketch Plan

FEEL YOUR COMMUNITY CLUB

BOSTONIAN CROCK

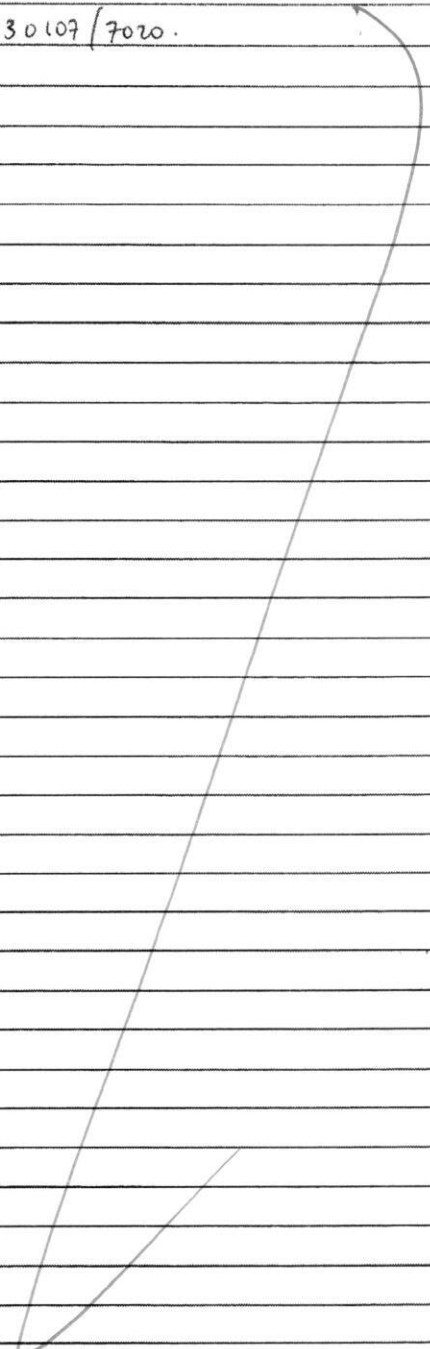
VEH A: SNN 8946R

VEH B: SNA 4465U



Describe Circumstances of the Accident

Refer to police Report. T/20230107/7020.



Declaration

We declare the foregoing particulars are true in every respect.

le
Policyholder's Signature / Date &
Time

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

am 09/01/2023
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20230107/7020

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230107/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2023 14:35		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOW SOON CHAI			Address: 128 PUNGGOL WALK #12-11 SINGAPORE 828775		
ID Type / ID No.: NRIC NO / S8435801J			Contact No.: Home/Office: Mobile: 91819083		
Nationality: SINGAPORE CITIZEN			Email: scswlow@hotmail.com		
Sex: Male	Age: 38	Date of Birth: 21/11/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/01/2023 09:25	Type of Location: Car Park
Location: SENGKANG WEST AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 10 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMN8946R	Car	HONDA	ODYSSEY HYBRID ABSOLUTE 7-SEATER 2.0 CVT	White		0
SNA4465U	Car					0



**SINGAPORE
POLICE FORCE**



T/20230107/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230107/7020

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN8946R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900152078-03	30/08/2022	29/08/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW SOON CHAI		ID No. S8435801J
Related Vehicle	SMN8946R (Car)		Contact No. 91819083
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the stated date and time , my vehicle number SMN8946R Was stationary at Carpark LOT 30 (B1) .
When I went back retrieve my car , I found out my car front left portion was damaged . I retrieved out my camera footage and realised that vehicle NUMBER SNA4465U Collided onto my car front left portion .
Driver did not stop and leave any note .



**SINGAPORE
POLICE FORCE**



T/20230107/7020

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230107/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
07/01/2023 14:35

Classification Of Case:

Jul

Date of Accident : 7/01/2023. Accident Time: 09:22AM. (24-HR-FORMAT)
Accident Place : FERNVALE Community club Basement Carpark.
Vehicle Reg. No (Car plate No.) : SMN89462. Vehicle Make/Model: HONDA ODYSSEY HYBRID 2.0
Insurance Company : AIG. Policy No. 1900152078-03
Name of Registered Owner : Company Individual LOW SOON CHAI (LIU SHUNCAI).
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S8435801 J.
: Co Contact No: - Owner's Contact No: 9181 9083.
DRIVER'S Name : - DRIVER'S NRIC No: -
DRIVER'S Date of Birth : 21/11/1989 DRIVER'S License Pass Date 18/03/2009
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -
DRIVER'S Address : 128 Punggol walk #12-11 S(828 775).
DRIVER'S Contact No./ Alt No. : 1) 9181 9083. 2) -
DRIVER'S Occupation : INDOOR ~~OUTDOOR~~ (eg. working inside or outside of an ofc)
Email Address : SESWLOW@hotmail.com.
Weather & Road Surface : CLEAR & DRY ~~RAINING & WET~~ ~~AFTER RAIN & WET~~
Reporting Type : Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (including Driver): 0 Passenger Name: Gender: M/F
Was the accident reported to the police? YES NO Passenger Name: Gender: M/F
Was there any video Captured by car camera? YES NO Any Injuries: YES NO Injured Name: Injured Name:
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SWA4465 U.</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Low Soon Chai (Liu Shuncai)
Period of Insurance : 30 Aug 2022 To 29 Aug 2023
Engine No. : LFA1916200
Chassis No. : RC41166164

Vehicle No. : SMN8946R
Policy No. : 1900152078-03
Endorsement No. :
Issued Date : 17 Aug 2022 11:51

ABOUT THE COVER

Make/Model : HONDA Odyssey Hybrid 2.0
Engine Capacity/Tonnage : 1,993.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
First Year of Registration : 2019
Off Peak Car : No
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 - \$300 Theft - \$0 Flood Cover - \$300

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Soon Chai Low - \$300 (Own Damage), \$300 (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: 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).

0000064000
DIRECT CLIENTS 01.4.95

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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