

NATIONAL Assessment Centre Services (part 1 of 2) **NA2300317**

Date In: 31/01/2023 13:27	Job description	Date & Time Completed	Done by
Ref No: NA2300317	SAS e-illing		
Veh No: SMS 6221H	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 30/01/2023 17:50	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (within 24hrs, 24 hrs)		
	i-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/When		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Yeh No: **SMK 517X** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Hst Status (WO): 10-0-30%, P: 21-72%, 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 repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () (INC Hotline: 0788 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: ()

NA2300317

Client's Particulars:	Invoice Preparation Checklist
Client/Owner:	1) AR: Accident Reporting (\$20)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TF: Towing Fee \$50/\$45
	4) FT: Follow-Through Survey \$150
	5) FT: Follow-Through Survey (Barter) \$50
	6) TR: Re-Inspection \$75
	7) NI: New DA, SMPT Survey \$145
	8) NTC Additional Services
	9) QP
	*NI: Courtesy Car / Tot Allowance \$5
	*NI: Repair Coordination \$15
	*NI: Post Repair Inspection \$25
	*NI: DV / Collect Excess Coordination \$5
	*TP (NI): TP (Non-INC) against INC \$10
	TP (NI) Fee \$10
	Invoice Date: () 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	31/01/2023 13:27 (SGT)
Reported by	Both
Date of Accident	30/01/2023 17:50 (SGT)
Exact Location of Accident	Tuas Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS6222H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TENG GER KE
NRIC No	SXXXX128D
Email Address	twtan.90@gmail.com
Mobile Phone No	(Phone) +65-91198171
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Cx-3
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	7220050966

DRIVER

Name of Driver	TAN WEN TING
NRIC No	SXXXX392I
Date Of Birth	31/05/1990
Occupation	Indoor

Date Of Driving Pass	05/09/2019
Driving experience	3 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92727988
Alt. Phone Number	-
Email Address	twtan.90@gmail.com
Address	365 CHOA CHU KANG AVENUE 3 #10-32
Address complement	-
Postcode	689886
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Raining
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?	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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK5717X
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) -

Describe Circumstance of the Accident

On the stated date & time, I was stationary waiting for the traffic to turn green, suddenly I felt a impact on my rear, I got down & realise a car had hit me onto my rear.

Declaration

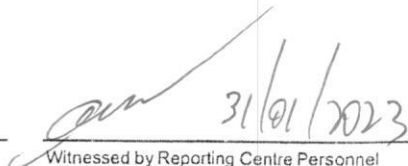
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



31/01/2023

Witnessed by Reporting Centre Personnel

Date of Accident : 30/1/2023 Accident Time: 17:50 (24-HR-FORMAT)
 Accident Place : Along Tuas Ave 2
 Vehicle Reg. No (Car plate No.) : SMS 6222H CC: 1500 Vehicle Make/Model: Maruti CX3
 Insurance Company : AIG Policy No. 7220050966
 Name of Registered Owner : Company / Individual Teng ger ke
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: 58872128D
 OWNER EMAIL ADDRESS: James.gk88@gmail.com Co Contact No: _____ Owner's Contact No: 91198171
 DRIVER'S Name : Tan Wen ting DRIVER'S NRIC No: 590853921
 DRIVER'S Date of Birth : 31-05-1990 DRIVER'S License Pass Date 5/9/2011
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 365 chon chu kang Ave 3 #10-32 S689886
 DRIVER'S Contact No./ Alt No. : 1) 9272 7988 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : twan.90@gmail.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): 1 Name & Gender; _____
 Was the accident reported to the police? YES \ NO
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any injuries, if yes(name of the injured person) Nil

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>Smk 5717x</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: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : TENG GER KE
Period of Insurance : 23 May 2022 To 22 May 2023
Engine No. : P520814767
Chassis No. : JM6DK2WAAN1707129

Vehicle No. : SMS6222H
Policy No. : 7220050966
Endorsement No. :
Issued Date : 17 May 2022 8:57

ABOUT THE COVER

Make/Model : MAZDA CX3 1.5 SkyActiv

Engine Capacity/Tonnage : 1,496.00 CC

Driver Restriction : NA

Person or Classes of Persons Entitled to Drive* :

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2022
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\$53,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 30 years old and above

Limitation as to use* :

Mileage Condition : Unlimited Mileage

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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

TENG GER KE - \$600 (Own Damage), \$600 (Flood Cover)

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

1 Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

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).

0504691225

TRANS EUROKARS PTE LTD - THH

23 LENG KEE RD

SINGAPORE 159095

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Hui Sin Gan