

NATIONAL Assessment Centre Services

(Part 1 of 2)

SA0823260008

Date In: 06/03/2023 17:04	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/Big 2300/2214	E-mail (within 3hrs, A/C 2hrs)		
Veh No: STP 6816Y	i-Motor Claim Form		
D.O.A: 05/01/2023 19:21	i-Motor W/O (within 3hrs, A/C 2hrs)		
QC / TP / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars: Veh No: YN 4865A INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

95) (Note: 1st Status (WO): 10-0-2014, P: 21-79%, P: 80-100%)

Year of Registration: (

Warranty: YES () / NO ()

Excess: (\$

Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Supply NO refer of repeler.

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

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

Remarks: () INC Non-Inc 678816016

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Turn:

Actions:

NIA2300373

Invoice Preparation Checklist

Insured's Particulars:

1) AR: Accident Reporting (\$20)

2) DA: Damage Assessment (\$100) INC (\$50)

3) TF: Towing Fee \$10/\$40

4) PT: Follow-Through Survey \$120

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

Excluding excess from daily cost (1st 2023)

6) TR: Re-inspection \$70

7) NI: New DA, P-SMRT Survey \$140

8) NTC Additional Services

9) DP

*NI: Courtesy Car / Tot Allowance \$5

*NI: Repair Coordination \$12

*NI: Post Repair Inspection \$20

*NI: DV / Collect Excess Coordination \$1

*TP (NI): TP (Non-INC) against INC \$20

*TP (NI) Mobile \$10

(Include Value) Fee Charged

(Include Value) Fee Charged

Checked by (Engi-In-Charge):

Comments:

12/3

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	06/02/2023 17:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/02/2023 19:21 (SGT)
Exact Location of Accident	161 Woodlands Street 13, Block 161, Singapore 730161
Additional Location Information	OPEN SPACE CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP6816Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN LAI YING
NRIC No	SXXXX065G
Email Address	edward@8paragon.com
Mobile Phone No	(Phone) +65-96779506
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jade
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	7210047277-01

DRIVER

Name of Driver	WONG POH HIM
NRIC No	SXXXX801H
Date Of Birth	21/06/1949
Occupation	Indoor

Date Of Driving Pass	17/04/1985
Driving experience	37 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96779506
Alt. Phone Number	-
Email Address	edward@8paragon.com
Address	BLK 226C COMPASSVALE WALK #08-363
Address complement	-
Postcode	543226
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	Hit and run / Vandalism / Damaged whilst parked
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?	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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN4865A
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)	-

SKETCH PLAN

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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' 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.

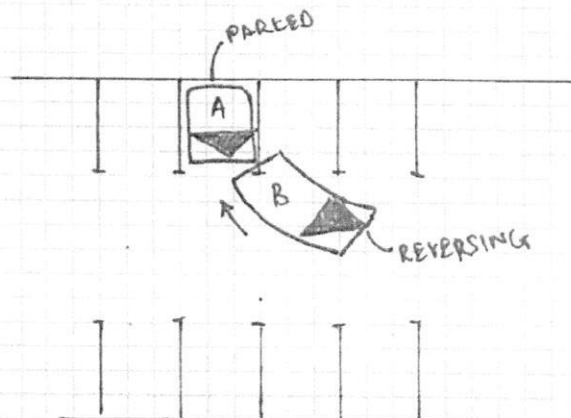
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BIK 161 WOODLANDS ST 13 OPEN SPARK CARPARK



A = SLP6816Y

B = YN4865A

Describe Circumstances of the Accident

AT THE STATED DATE AND TIME, I PARKED MY VEHICLE AND LEAVED
WITHOUT ANY VISIBLE DAMAGED. WHEN I CAME BACK, I SAW VEHICLE
B (YN4865A) HAS COLLIDED ONTO MY VEHICLE WHICH IS IN PARKED
CONDITION. VEHICLE B REVERSED AND HIT MY VEHICLE. WE EXCHANGE
PARTICULAR AND I HAVE IN-CAR CAMERA THAT RECORDED THE WHOLE SCENE.

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

Tel no: 6555 6888 Fax no: 6454 3279



Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 05 / 02 / 2023 (dd/mm/yy) Time of Accident: 19 : 21 (24-HR-FORMAT)
Vehicle No.: SLP6816Y Vehicle Make & Model: HONDA JADE 1.5 TURBO (A)
Exact location of Accident: BLK 161 WOODLAND ST 13 OPEN SPACE CAR PARK.
Policyholder's Name / IC No.: CHAN LAI YING / S1100065G
Driver's Name / IC No.: WONG POH HIM / S0095801H (As Above) ☐
Driver's Contact No.: 9677 9506 Company Contact No.: 9677 9506
Driver's Address: APT BLK 226C COMPASSVALE WALK # 08-363 (S) S43226
Email address (if any): edward@8paragon.com Insurance Company: AIG

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?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (Including Driver): 0

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.: RAHIM BIN ABDUL KADER (S1645362E) Vehicle No.: YN4865A

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No.: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : CHAN LAI YING
Period of Insurance : 14 Jun 2022 To 13 Jun 2023
Engine No. : L15B3250293
Chassis No. : JHMFR5860FC200289

Vehicle No. : SLP6816Y
Policy No. : 7210047277-01
Endorsement No. :
Issued Date : 19 May 2022 13:55

ABOUT THE COVER

Make/Model : HONDA Jade Hybrid 1.5 X (A)
Engine Capacity/Tonnage : 1,496.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PAFF : 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
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)

CHAN LAI YING - \$600 (Own Damage), \$600 (Flood Cover), WONG POH HIN - \$600 (Own Damage), \$600 (Flood Cover), WONG WAI HOE - \$600 (Own Damage), \$600 (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: OCBC 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).

0503982000
KHC HOLDINGS PTE. LTD.

389A BALESTIER ROAD
SINGAPORE 329796

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
This computer generated document does not require a signature.

Cha Ying Lim