

NATIONAL Assessment Centre Services

SMC 232A0001

Date In: 10/07/2023 14:38	Job description	Date & Time Completed	Done by
Ref No: N/A 146230014624	SAS e-filing		
Yeh No: SA 10 1114	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 10/07/2023 08:27	1-Motor Claim Form		
OD (TP) Reporting Only	1-Motor W/O (within 2hrs, A/C 2hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars: Yeh No: SML 2655E	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: () (Note: Hst Status (WO): N: 0-30%, R: 21-70%, F: 30-100%)		
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 10188-0018	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: ()
 Action: ()

NA2300424	Invoice Preparation Checklist	AMT / Add Bill
1) AR: Accident Reporting (\$200)		
2) DA: Damage Assessment (\$1000) INC (\$50)		
3) TP: Towing Fee (\$100/\$40)		
4) FT: Follow-Through Survey (\$100)		
5) FT: Follow-Through Survey (Heavy) (\$200)		
6) TR: Refinement (\$70)		
7) NI: New DA, SMART Survey (\$140)		
8) NIUC Additional Services		
GR:		
*NI: Courtesy Car / Tot Allowance	\$5	
*NI: Repair Coordination	\$10	
*NI: Post Repair Inspection	\$20	
*NI: DY / Collect Excess Coordination	\$5	
*TP (1st): TP (Non-INC) against INC	\$10	
*TP (2nd): 1st Move	10	
Invoice Total		
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	10/02/2023 14:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/02/2023 08:23 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS JURONG PORT ROAD (BEFORE SHELL)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND1111U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KANG DAVID
NRIC No	SXXXX581J
Email Address	davekang1977@gmail.com
Mobile Phone No	(Phone) +65-91183556
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1595

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070146388-02

DRIVER

Name of Driver	KANG DAVID
NRIC No	SXXXX581J
Date Of Birth	13/04/1977
Occupation	Indoor

Date Of Driving Pass	02/01/1998
Driving experience	25 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91183556
Alt. Phone Number	-
Email Address	davekang1977@gmail.com
Address	BLK 86 TELOK BLANGAH HEIGHTS #12-375
Address complement	-
Postcode	100086
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	RACHEL TAN HWEE CHIN
Gender	Female

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
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML2655E
Vehicle Manufacturer	-
Vehicle Model	-


SKETCH PLAN

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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.
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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

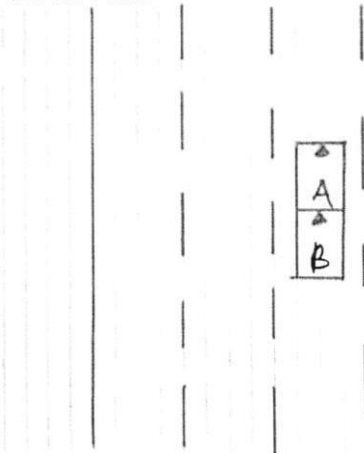


Driver's Signature (If driver is not the policyholder) / Date & Time

 10/02/2023

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SND 1111 U

B = SML 2655 E

Date of Accident : 10.02.2022 Accident Time : 0823hrs (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : AYE toward Jurong port road (before Shell)

Vehicle No (Car Plate No) : SND 11114 Make/Model: Honda Civic VT1 1.6

Insurance Company : AIG Policy No: 2070146388-02

Fleet Policy : YES / NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : Kang David (S7709581J)

Owner Contact No : 91183556 Owner's Hp - Company Tel -

Driver Name / IC No : As above

Driver's Date of Birth : 13.04.1977 Driver's License Pass Date: 02 Jan 1998

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: Owner

Driver's Address : Apt Blk 86 Telok Blangah Heights #12-375
S 100086

Driver's Contact No : 1) 91183556 2) -

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : davekang 1977 @ gmail.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 2 person (1 Driver, 1 Passenger)

Was there any video footage? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : Yes, 2 person

Other Party Driver's Particular (if any)

VEH B : <u>SML 2655E</u>	Name & Contact No: <u>Chue Heng Yong (S7233621F)</u>
VEH C : _____	Name & Contact No: <u>9690 4038</u>
VEH D : _____	Name & Contact No: _____
VEH E : _____	Name & Contact No: _____

***NEW - Passenger's Name & Gender:**

F : Rachel Tan Hwee Chin





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Kang David
Period of Insurance : 06 Dec 2022 To 05 Dec 2023
Engine No. : R16B25511379
Chassis No. : MRHFC5650KT001200

Vehicle No. : SND1111U
Policy No. : 2070146388-02
Endorsement No. :
Issued Date : 09 Nov 2022 15:21

ABOUT THE COVER

Make/Model : HONDA CIVIC VTI 1.6

Engine Capacity/Tonnage : 1,595.00 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 "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* :

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 1960, Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2019

Insuring with COE/PAFF : Yes

Mileage Condition : Unlimited Mileage

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)

Kang David - \$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 Apple App Store or Google Play Store.

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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504594000

TEO XING MEI HEATHER

BLK 710 BEDOK RESERVOIR ROAD #03-3120

SINGAPORE 470710

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

heatherteo@outlook.com