

NA Assessment Centre Services

Date: 17/02/2023
 Ref: NA/AG23001805/d4
 Vch: SMN 1288C
 DOA: 16/02/2023 1730
 PD/TP/Reporting Only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 2hrs. Aft 2hrs)		
I-Motor Claim Form		
I-Motor W/O (Within: OD 2hrs. TP 4hrs)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

P Insurer:

Referred Wksp / INC Assign Wksp / QW: (

Particulars: Vch No: SMP 7458D Tel: Fax:
 Owner/ Driver: INC () / Non-INC ()
 Policy No: () Tel: ()
 Confirmed by: () Period: () Cover Type: ()
 Insured/Driver Liability: () Date: Time:
 Year of Registration: () % [Note-Bst Status (WO): N: 0-20%; P: 21-79% P: 80-100%]
 Warranty: YES () / NO ()
 Excess: \$ () Loading: \$1,000 () / \$2,000 ()

Remarks:

Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
 Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks: ON Hotline: 0358 6616

Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
Check / Post Repair Inspection ()		
Upload Resurvey Photo [Repair Cost > \$3000] ()		

Copy:

Time: Actions:

NA2300508

Particulars	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Owner:	1) AR: Accident Reporting (\$30);			
No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Portion:	3) TP: Towing Fee \$40/\$45			
Checked by (Engi-In-Charge):	4) FT: Follow-Through Survey \$120			
Comments:	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OT:			
	* N6: Courtesy Car / Tpt Allowance			
	* N8: Repair Co-ordination			
	* N7: Post Repair Towing			



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	17/02/2023 15:24 (SGT)
Reported by	Driver
Date of Accident	16/02/2023 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	505 ANG MO KIO AVENUE 8 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN1288C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY JUNHAO, ROY
NRIC No	SXXXX279C
Email Address	charmenephang@gmail.com
Mobile Phone No	(Phone) +65-96696055
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	1395

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210134479-01

DRIVER

Name of Driver	PHANG JIAMIN, CHARMENE (FENG JIAMIN, CHARMENE)
NRIC No	SXXXX038G
Date Of Birth	21/12/1984
Occupation	Indoor



Date Of Driving Pass	14/08/2014
Driving experience	8 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98198247
Alt. Phone Number	-
Email Address	charmenephang@gmail.com
Address	11 LEEDON HEIGHTS
Address complement	# 06-30
Postcode	267955
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 on collision
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)	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 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	SMP7458D
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

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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
(Name as in NRIC/ID card)

Sketch Plan

Block 505 AMK Ave 8 Carpark

Blk 505 AMK Ave 8 Carpark

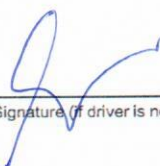
Describe Circumstance of the Accident

On the stated date and time, I was at the stated
carpark. I was stationary and checked for on coming traffic
and it was clear so I slowly reversed into the carpark lot.
While reversing into the carpark lot I noticed Vehicle B Accelerated quickly
out of the parking lot and I quickly brake. then I felt an impact
from the front Right of my vehicle. When I alighted my vehicle, I
saw VRN SMP 7458 D had collided onto my vehicle.

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

 17/2/23
Witnessed by Reporting Centre Personnel

VEHICLE NO: SMN 1288C

MAKE & MODEL: Volkswagen Golf

AUTO / MANUAL

DATE OF ACCIDENT	16 / 02 / 2023	C.C. 1,400
TIME OF ACCIDENT	1730 hrs	AM / PM
LOCATION OF ACCIDENT	505 Angmo Kio Ave 8 carpark	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Tay Junhao, Roy	
EMAIL	OFFICE:	MOBILE: 9669 6055
NRIC	S8320279C	
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO	
INCURANCE CO.	AIG	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	7210134479-01	
NAME OF DRIVER	AS ABOVE / IF NO: Phang Jiamin, Charmene	
NRIC	S8442038G	
DATE OF BIRTH	21 / 12 / 1984	
ANY PASSENGER	YES / NO	
NAME OF PASSENGER	N/A	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	14 / 08 / 2014	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: 9819 8247 Office: Home:	
EMAIL	CHARMENE PHANG@gmail.com	
ADDRESS	11 Leedon Heights #06-30 S/267955	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE:	
RELATIONSHIP	Employee / If No: Husband.	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who?	
CONTACT NO.	N/A	
ROLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?	
VEHICLE B NO.	SMP 7458 D	Any Passenger: 0
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
WHO IS REPORTING	DRIVER / OWNER / BOTH	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

CHARMENE PHANG@gmail.com



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : TAY JUNHAO, ROY
Period of Insurance : 01 Nov 2022 To 31 Oct 2023
Engine No. : CZC886497
Chassis No. : VVVZZZAUZLW129298

Vehicle No. : SMN1288C
Policy No. : 7210134479-01
Endorsement No. :
Issued Date : 13 Oct 2022 16:16

ABOUT THE COVER

Make/Model : VOLKSWAGEN GOLF 1.4 TSI
Engine Capacity/Tonnage : 1,390.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2020
Insuring with COE/PAF : 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 - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

TAY JUNHAO, ROY - \$1000 (Own Damage), \$1000 (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: MayBank

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).

0504463003

IWIN - LAI YOKE YIP

37 KALLANG PUDDING ROAD #08-06 (03) TONG LEE BUILDING
SINGAPORE 349315

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

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