

NATIONAL Assessment Centre Services

SN0823100002

Date In: 2002/2023 15:49	Job description: SAS e-Milling	Date & Time Completed:	Done by:
Ref No: NPA/0123001960	E-mail (attach form, AIC 2003)		
Yell No: SNA 42940	i-Motor Claim Form		
D.O.A: 2002/2023 15:30	i-Motor W/O (w/inter: op this, or, inter)		
OD: (79) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (

TP Particulars:	Yell No: PD 2156	INC () / Non-INC ()
Owner / Driver: (Tel: ()	Fax: ()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date: ()	Time: ()
Insured/Driver Liability: ()	93) (Note-List Status (WO): No 0-30%, P: 21-72%, P: 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 info of repair.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: ()	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: ()
Location: ()
Weather: ()
Witness: ()
Police: ()
Other: ()

NA2800903	
Customer Particulars:	Invoice Preparation Checklist
Owner/Driver:	1) A/R: Accident Reporting (330)
Contact No:	2) DA: Damage Assessment (3100) INC (330)
Damaged Portion: ()	3) T/P: Towing Fee (\$10/\$40)
	4) P/T: Follow-Through Survey (\$15)
	5) P/T: Follow-Through Survey (Emergency) (\$30)
	6) T/R: Re-inspection (\$30)
	7) N/A: DA + EMRT Survey (\$15)
	8) N/A: Additional Services
Checked by (Engr-In-Charge):	9) N/A: Courtesy Car / Taxi Allowance (\$5)
	10) N/A: Repair Coordination (\$10)
	11) N/A: Post Repair Inspection (\$10)
	12) N/A: DV / Collect Excess Coordination (\$1)
	13) N/A: TP (R/R) INC / Vehicle INE (\$10)
	14) N/A: Other: ()
	15) N/A: Other: ()
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	100) N/A: Other: ()

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	22/02/2023 15:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/02/2023 15:30 (SGT)
Exact Location of Accident	1 Yishun Industrial Street 1, Singapore 768091
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP4294D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE TECK LOON
NRIC No	SXXXX633I
Email Address	gcb_1961@hotmail.com
Mobile Phone No	(Phone) +65-97483790
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900165729-02

DRIVER

Name of Driver	LEE TECK LOON
NRIC No	SXXXX633I
Date Of Birth	22/07/1970
Occupation	Outdoor

Date Of Driving Pass	23/09/2004
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97483790
Alt. Phone Number	-
Email Address	gcb_1961@hotmail.com
Address	BLK 233 TAMPINES STREET 21 #03-613
Address complement	-
Postcode	521233
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?	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	FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PD215L
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

IMPORTANT NOTICE

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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 Traffic Police Department 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)**

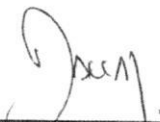
I understand, acknowledge, agree and consent that:

(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

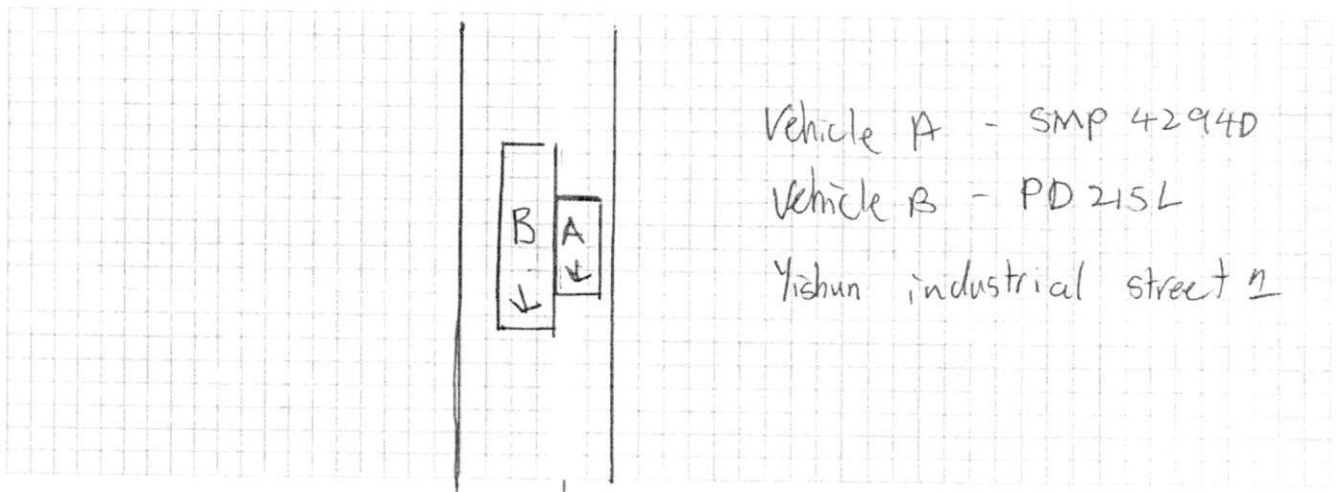


Driver's Signature (if driver is not the policyholder) /
Date & Time

 28/02/2023

Witnessed by Reporting Centre Personnel
(Name as in Nric/ID card)

Sketch Plan

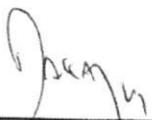


Describe Circumstances of the Accident


On the stated date and time. My
Vehicle was parked stationary outside my company
and I was informed by my worker that
Vehicle B tried to squeeze in the gap and side
swiped the right side of my vehicle.

Declaration

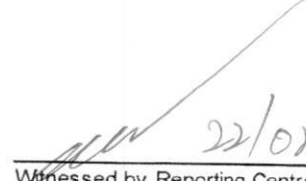
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time



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

 22/08/2023

Witnessed by Reporting Centre
Personnel

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	20-Feb-2023	Time of Accident:	1530
Exact Location:	1 Yishun Industrial Street 1		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SMP 4294 D	NRIC / FIN / Passport no:	S70256331
Name of Registered Owner:	LEE TECK LOON		
Owner's Email:	GCB_1961@hotmail.com		
Owner's Address:	233 TAMPINES STREET 21 #03-613 S521233		
Vehicle Make:	KIA	Vehicle Model:	CERATO
Engine Capacity (cc):	1591	Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	AIG		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	1900165729-02		

DRIVER			
Name of Driver:	same as Owner		
NRIC / FIN / Passport no:		Date of Birth:	22/07/1970
Occupation:	Indoor / Outdoor	Driving Pass Date:	23/09/2004
Contact Number:	9748 3790	Gender:	Male / Female
Address:			
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Others:		
Translator Name:	Translator NRIC:		
Translator Contact No:	Translator email:		

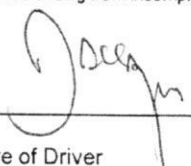
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others:	Road Surface:	Dry / Wet
Video available:	Yes / No	file too big	
Was anybody injured?	Yes / No	Police Report Made?	Yes / No
No. of passenger onboard (including driver):	0		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	PD 215 L		
Vehicle Make / Model:			
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS			
Name:		Contact Info:	

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.


Signature of Driver

Date and time



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lee Teck Loon
 Period of Insurance : 26 Sep 2022 To 25 Sep 2023
 Engine No. : G4FGKH749794
 Chassis No. : KNAF5416ML5054551

Vehicle No. : SMP4294D
 Policy No. : 1900165729-02
 Endorsement No. :
 Issued Date : 19 Sep 2022 14:46

ABOUT THE COVER

Make/Model : KIA Cerato
 Engine Capacity/Tonnage : 1,591.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2019
 Insuring with COE/PAFF : 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\$33,000 as "Inexperienced Driver Excess" (IDR) if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 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

* 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Lee Teck Loon - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800

4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

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 Singapore Limited

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).

0504624200

FULCOKIP2 - AC

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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