

NATIONAL Assessment Centre Services

Date In 09/03/2023	Job description	Date & Time Completed	Done by
Ref No NA/1423002482/d4	SAS e-filing		
Veh No FB M 88 66Z	E-mail (within 8hrs. AP 2hrs)		
DOA 08/03/2023 09:17	i-Motor Claim Form		
OD/ TP/ <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: SMP 969S INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( )

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

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

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. 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 repairer.

( ) 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	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	
	Ant (\$)	Ant (\$)
NA2300696	1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' 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*	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idac Mobile 30	
	Invoice date/	Fee Charged
	Invoice dated	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 .....	09/03/2023 08:49 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	08/03/2023 09:17 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PLAYFAIR ROAD TURNING INTO LHK 2 BUILDING ENTRANCE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBM8866Z

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KOH CHIN BENG ( XU ZHENMING )
NRIC No .....	SXXXX019J
Email Address .....	kchinbeng@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-81009052
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	F850GS
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 - Reporting only
Vehicle Category .....	Motorcycle
Transmission .....	Manual
CC .....	853

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	7220022450

### DRIVER

Name of Driver .....	KOH CHIN BENG ( XU ZHENMING )
NRIC No .....	SXXXX019J
Date Of Birth .....	17/02/1978
Occupation .....	Indoor

Date Of Driving Pass .....	29/10/1998
Driving experience .....	24 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81009052
Alt. Phone Number .....	-
Email Address .....	kchinbeng@yahoo.com.sg
Address .....	APT BLK 129 PASIR RIS STREET 11
Address complement .....	# 04-307
Postcode .....	510129
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 .....	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? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMP969S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KEONG POH MENG
NRIC No .....	SXXXX455Z

Contact Number ..... (Phone) +65-91863292  
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

- 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 use 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.

Consent Under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

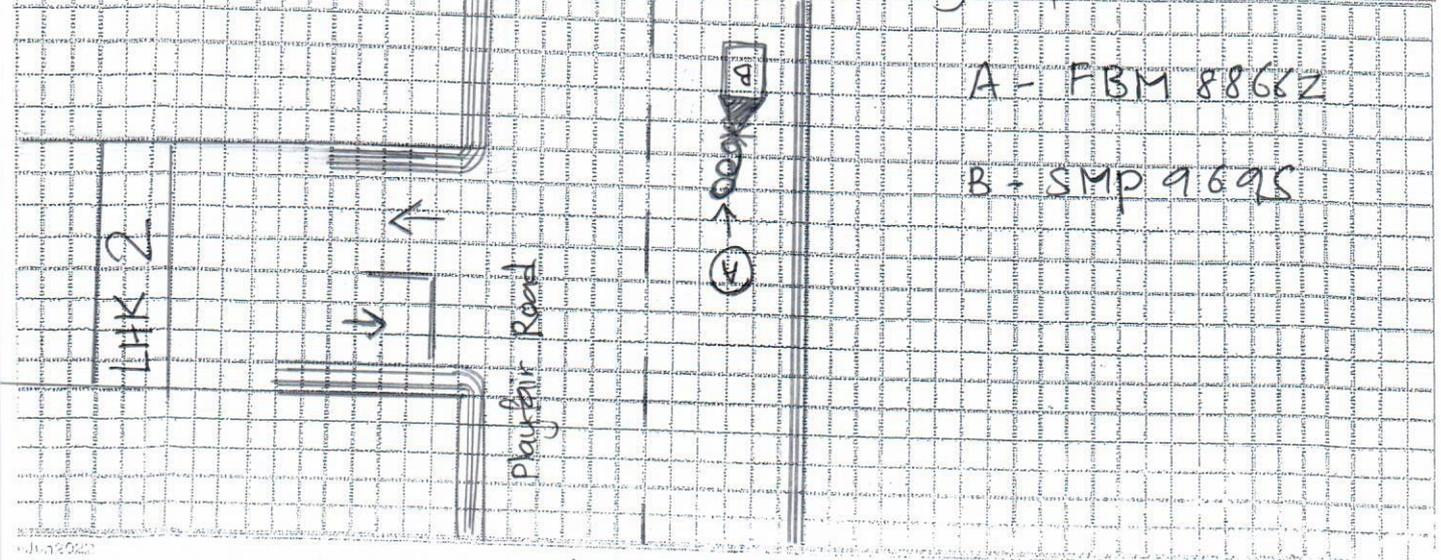
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 the Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

8/3/23  
Policyholder's Signature / Date & Time

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

9/3/23  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ND card)

Sketch Plan: Playfair Road turning into LHK 2 Building Entrance.



Describe Circumstance of the Accident

On 8/3/23 @ 09:45hrs, I was travelling along along playfair rd on my motorbike (FBM 8866z) and I stopped and signal my intention to turn right into 76 playfair rd. A blue Audi (SMP 969S) failed to stop in time and ~~knit~~ bang into my bike and causes my number plate to bang bent. No injury on both party. No government property was damage. Particulars was exchanged. That's all. The purpose of this report is for record purpose only.

Declaration  
We declare the foregoing particulars are true in every respect.

  
8/3/23  
Policyholder's Signature / Date & Time

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

 9/3/23  
Witnessed by Reporting Centre Personnel (Name as in NRIC/IC card)

# ACCIDENT STATEMENT

ACCIDENT DATE: 08 / 03 / 2023 (DD/MM/YYYY), TIME: 09:17 (HH:MM)

LOCATION: Playfair Road Turning Into LHK 2 Building entrance

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FBM 8866Z

b) INSURANCE COMPANY: AIG

c) POLICY NUMBER: 7220022450

d) POLICY TYPE:  COMPREHENSIVE  THIRD PARTY /  THIRD PARTY FIRE & THEFT

e) MAKE & MODEL: BMW F850GS  MANUAL

f) TYPE: (SAIDON / COUPE / MPV / VAN / LORRY /  MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY:  PRIVATE /  COMMERCIAL /  MOTORCYCLE

h) PURPOSE OF USING AT ACCIDENT TIME: Private use

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)

IF NO, PLEASE STATE (THIRD PARTY CLAIM /  REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

a) NAME: Koh Chin Beng (xu zhen ming)  MALE  FEMALE

b) NRIC/FIN/PASSPORT: S78060195 CONTACT: 8100 9052

c) ADDRESS: Apt Blk 129 Pasir Ris Street 11 # 04-307  
S510129

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: As Above (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 17 / 02 / 1978 (DD/MM/YYYY)

e) OCCUPATION:  INDOOR  OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 291101998

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /  NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION:  CLEAR /  RAINING / OTHERS

b) ROAD SURFACE:  DRY /  WET / OTHERS

6. WAS ANYBODY INJURED (YES /  NO)

7. a) REPORTED TO POLICE (YES /  NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMP 969S MODEL: \_\_\_\_\_

b) DRIVER'S NAME: Keong Poh Meng

c) NRIC/FIN/PASSPORT: S1794455Z CONTACT: 91863292

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = kchinbeng@yitco.com.sg

fax = \_\_\_\_\_

mobile = Yes

no of passengers  
(including driver)  
(1)

no of passengers  
(including driver)  
( )

no of passengers  
(including driver)  
( )



# CERTIFICATE OF INSURANCE

## MOTORCYCLE AUTOVANTAGE MOTORCYCLE

**Name of Policyholder** : KOH CHIN BENG (XU ZHENMING)  
**Period of Insurance** : 04 Mar 2022 To 29 Mar 2023  
**Engine No.** : A24A08A3119559L  
**Chassis No.** : WB10B0909LZ855080

**Vehicle No.** : FBM8866Z  
**Policy No.** : 7220022450  
**Endorsement No.** : 000000000439222  
**Issued Date** : 31 Mar 2022

### ABOUT THE COVER

**Make/Model** : BMW F850GS  
**Engine Capacity/Tonnage** : 853.00 CC  
**Driver Restriction** : Named Driver Basis  
**Person or Classes of Persons Entitled to Drive\*** :

**Sum Insured** : Market Value  
**Off Peak Car** : No

**First Year of Registration** : 2020  
**Insuring with COE/PARF** : Yes

a) The Policyholder  
b) Any person who is named as a "named driver" under this Policy.

**Age Condition** : Not Applicable

**Limitation as to use\*** :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
The Policy does not cover

- 1) use for hire or reward;
- 2) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
- 3) use for the carriage of goods (other than samples) in connection with any trade or business; and
- 4) use for any purpose in connection with Motor Trade.

\* 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 - \$1300 Theft - \$0

#### Section 2

Property Damage - \$0

**Windscreen** : NA

**Named Driver and Excess** (where applicable)

KOH CHIN BENG (XU ZHENMING) - \$1300 (Own Damage)

### APPROVED REPORTING CENTRES/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](http://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: SIN HENG CREDIT PTE 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).

0500656201

COWELL INSURANCE - MOTORCYCLE

8 BURN ROAD #09-09 TRIVEX

SINGAPORE 369977

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

SSCZSS