

NATIONAL Assessment Centre Services (with notes) **20072337000C**

Date In: 15/08/2023 18:07	Job Description	Date & Time Completed	Done by
Ref No: X1A2300766	SAS e-Mailing		
Veh No: SUB 9000P	E-mail (with/withn AIC 2013)		
D.O.A: 14/08/2023	1-Motor Claim Form		
QC: 79 Reporting Only	1-Motor W/O (whats/od 2013/2012)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / OW: () Tel: () Fax: ()

TP Particulars: Veh No: **SKA 7690A** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Title: ()

Insured/Driver Liability: () % (Note: Inc Status (WO): 1: 0-30%, F: 21-72%, 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 info of repater.

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

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

Remarks: NON-INC (D.O.A: 14/08/2023)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: _____

Other: _____

X1A2300766	Invoice / Preparation Charge List	Amount / VAS/OTB
1) All: Accident Processing (330)		
2) DA: Damage Assessment (\$1000)	INC (\$50)	
3) TP: Towing Fee	\$10/\$40	
4) PE: Follow-Through Survey	\$130	
5) PE: Follow-Through Survey (Emergency)	\$30	
6) TR: Reproduction	\$70	
7) NI: H&W DA + SMRT Survey	\$140	
8) NI: W/O Additional Services		
9) NI: W/O Additional Services		
10) NI: W/O Additional Services		
11) NI: W/O Additional Services		
12) NI: W/O Additional Services		
13) NI: W/O Additional Services		
14) NI: W/O Additional Services		
15) NI: W/O Additional Services		
16) NI: W/O Additional Services		
17) NI: W/O Additional Services		
18) NI: W/O Additional Services		
19) NI: W/O Additional Services		
20) NI: W/O Additional Services		
21) NI: W/O Additional Services		
22) NI: W/O Additional Services		
23) NI: W/O Additional Services		
24) NI: W/O Additional Services		
25) NI: W/O Additional Services		
26) NI: W/O Additional Services		
27) NI: W/O Additional Services		
28) NI: W/O Additional Services		
29) NI: W/O Additional Services		
30) NI: W/O Additional Services		
31) NI: W/O Additional Services		
32) NI: W/O Additional Services		
33) NI: W/O Additional Services		
34) NI: W/O Additional Services		
35) NI: W/O Additional Services		
36) NI: W/O Additional Services		
37) NI: W/O Additional Services		
38) NI: W/O Additional Services		
39) NI: W/O Additional Services		
40) NI: W/O Additional Services		
41) NI: W/O Additional Services		
42) NI: W/O Additional Services		
43) NI: W/O Additional Services		
44) NI: W/O Additional Services		
45) NI: W/O Additional Services		
46) NI: W/O Additional Services		
47) NI: W/O Additional Services		
48) NI: W/O Additional Services		
49) NI: W/O Additional Services		
50) NI: W/O Additional Services		
51) NI: W/O Additional Services		
52) NI: W/O Additional Services		
53) NI: W/O Additional Services		
54) NI: W/O Additional Services		
55) NI: W/O Additional Services		
56) NI: W/O Additional Services		
57) NI: W/O Additional Services		
58) NI: W/O Additional Services		
59) NI: W/O Additional Services		
60) NI: W/O Additional Services		
61) NI: W/O Additional Services		
62) NI: W/O Additional Services		
63) NI: W/O Additional Services		
64) NI: W/O Additional Services		
65) NI: W/O Additional Services		
66) NI: W/O Additional Services		
67) NI: W/O Additional Services		
68) NI: W/O Additional Services		
69) NI: W/O Additional Services		
70) NI: W/O Additional Services		
71) NI: W/O Additional Services		
72) NI: W/O Additional Services		
73) NI: W/O Additional Services		
74) NI: W/O Additional Services		
75) NI: W/O Additional Services		
76) NI: W/O Additional Services		
77) NI: W/O Additional Services		
78) NI: W/O Additional Services		
79) NI: W/O Additional Services		
80) NI: W/O Additional Services		
81) NI: W/O Additional Services		
82) NI: W/O Additional Services		
83) NI: W/O Additional Services		
84) NI: W/O Additional Services		
85) NI: W/O Additional Services		
86) NI: W/O Additional Services		
87) NI: W/O Additional Services		
88) NI: W/O Additional Services		
89) NI: W/O Additional Services		
90) NI: W/O Additional Services		
91) NI: W/O Additional Services		
92) NI: W/O Additional Services		
93) NI: W/O Additional Services		
94) NI: W/O Additional Services		
95) NI: W/O Additional Services		
96) NI: W/O Additional Services		
97) NI: W/O Additional Services		
98) NI: W/O Additional Services		
99) NI: W/O Additional Services		
100) NI: W/O Additional Services		

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	15/03/2023 18:07 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/03/2023 08:00 (SGT)
Exact Location of Accident	Hougang Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB9000P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	OON KOON BENG
NRIC No	SXXXX046F
Email Address	kenoon30@gmail.com
Mobile Phone No	(Phone) +65-88690972
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	530i
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	1998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220053550

DRIVER

Name of Driver	OON KOON BENG
NRIC No	SXXXX046F
Date Of Birth	30/08/1973
Occupation	Indoor

Date Of Driving Pass	21/02/1995
Driving experience	28 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88690972
Alt. Phone Number	-
Email Address	kenoon30@gmail.com
Address	BLK 839 WOODLANDS STREET 82 #10-299
Address complement	-
Postcode	730839
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230314/7016

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	SKQ2690A
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	OON KOON BENG
Gender	Male
Phone No	(Phone) +65-88690972
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNB9000P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.

Sen

Policyholder's Signature / Date & Time

Sen

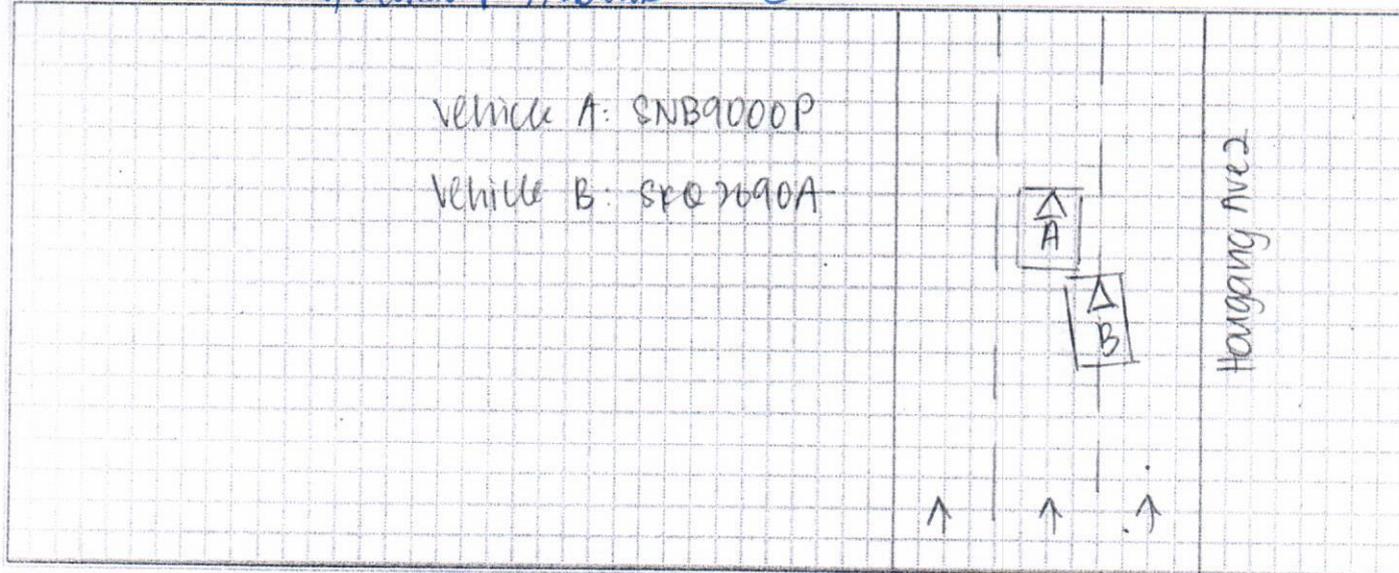
Driver's Signature (if driver is not the policyholder) / Date & Time

Sen 15/03/2023

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

Sketch Plan

Hougang Avenue 2 2



Describe Circumstance of the Accident

- Refer to police report - T/20230314/7016

Declaration

I/We declare the foregoing particulars are true in every respect.

Sen

Policyholder's Signature / Date & Time

Sen

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

[Signature] 15/03/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230314/7016

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230314/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNB9000P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220053550	21/05/2022	20/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	OON KOON BENG		ID No.	S7331046F
Related Vehicle	SNB9000P (Car)		Contact No.	88690972
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/03/2023		Date	14/03/2023
No. of Days granted Medical Leave	07		Degree of	Serious

Brief Details.

ON 14/03/2023 AT ABOUT 08:00HR, I WAS DRIVING MY VEHICLE - SNB9000P, ALONG HOUGANG AVENUE 2 ALONG LANE 2. I WAS GRADUALLY TRAVELLING AT 50-60KM/H WHEN VEHICLE NUMBER - SKQ2690A, SUDDENLY HIT ONTO MY VEHICLE'S REAR PORTION.

SUBSEQUENTLY, I FELT GREAT DISCOMFORT AND SOUGHT FOR MEDICAL ATTENTION AT INTEMEDICAL KOVAN AND WAS GIVEN 1WEEK MEDICAL LEAVE.



**SINGAPORE
POLICE FORCE**



T/20230314/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230314/7016

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
14/03/2023 11:01

Classification Of Case:

NP168

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident? Owner / Driver / Both

Date of Accident: 14/03/2023

Time of Accident: 08:00 (AM) / (PM)

Location of Accident: Hongang Avenue 2

Country/State of Loss: SG

Type of Accident: Head to Rear

Weather Condition: Clear / Raining Road Surface: Dry / Wet

If Not in List, please specify _____

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, please state action to be taken Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No & Vehicle Type: _____

No. of vehicles Involved in the accident (include own vehicle) 02

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

Was the accident reported to the police? Yes / No

If yes, police station name: Traffic Police HQ

Was notice of Prosecution given? Yes / No

If yes, against whom? _____

Files

Are accident photos available for attachment? Yes / No

Was there any video captured? Yes / No

Was there any audio captured? Yes / No

Details of Own Vehicle

Vehicle Registration No: SNB9000P

Vehicle Category: Private

Vehicle Manufacturer: Bmw Vehicle Model: 530

Transmission: Manual / Auto Cc: _____

Exact purpose for which vehicle was being used at the time of accident:

Private Car / Private Use / Employment

No. of passengers (including driver) 01

Passenger Name: _____

Gender: Male / Female

Passenger Name: _____

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: AIG

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: Don Foon Beng

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: 87331046F

Email: kenoon30@gmail.com

Mobile No: 8869 0972

Alt. No Type: Home / Office / Not in List

If Not in List, please specify _____

Owner Alt Phone No: _____

Driver's Information

Is the driver the policy holder? Yes No

Name of Driver: As above

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: As above

Date of Birth: 30/08/1973

Driving Pass Date: 2/02/1995

Mobile No: _____

Email: _____

Address 1: 839 Woodlands Street 82

Address 2: #10-299 Postal Code: 8730839

Occupation: Indoor / Outdoor

Driver Owner Relationship owner

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: _____

Handling Insurer: _____

TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No

If yes, please provide:

(i) Vehicle Registration No: CFQ2690A

(ii) Vehicle Category: Commercial

(iii) No. of passengers (including driver) 01 female

Passenger Name: _____

Gender: Male / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: _____

ID Type: NRIC / Passport or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- Original report in original language
- Translated report to English

Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

(i) Name: _____

(ii) Gender: Male / Female

(iii) Injured Person in which Vehicle? QNB9008

(iv) Full Address: _____

Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : OON KOON BENG
 Period of Insurance : 21 May 2022 To 20 May 2023
 Engine No. : 16539931B48B20B
 Chassis No. : WBAJA52020G885656

Vehicle No. : SND1948Y
 Policy No. : 7220053550
 Endorsement No. :
 Issued Date : 20 May 2022 16:20

ABOUT THE COVER

Make/Model : BMW 530i (A)
 Engine Capacity/Tonnage : 1,998.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :

Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2017
 Insuring with COE/PARF : 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\$53,000 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

OON KOON BENG - \$800 (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: Uniquilus Credit Leasing 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).

0500659000
 INSMART (INSURANCE) AGENCY PTE
 NO 1 KAKI BUKIT ROAD 1 #02-27 ENTERPRISE ONE
 SINGAPORE 415934
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

Choon Hua Cheong