

NATIONAL Assessment Centre Services (part 1 of 2) **INC 23-93008**

Date In: 03/04/2013 17:23	Job description	Date & Time Completed	Done by
Ref No: NBA/1623003474	SAS e-filing		
Veh No: SKZ-57377	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: 03/04/2013 16:50	1-Motor Claim Form		
QC: TP Reporting Only	1-Motor Y/O (within 24hrs, A/C 2hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: () Veh No: **SLG 4966D** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Hst Status (WO): 10-0-2014, P: 21-72%, F: 30-140%)

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 repair.

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

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

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: ()

Date/Time: ()

Location: ()

Witness: ()

Police: ()

Insurance: ()

Other: ()

NBA2300963

Invoice Preparation Checklist:

1) A/R: Accident Reporting (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee	\$10/\$45
4) PE: Follow-Through Survey	\$125
5) PT: Follow-Through Survey (Barter)	\$50
6) TR: Referral Fee	\$75
7) NI: New DA + GERT Survey	\$140
8) NJUC Additional Services	
9) QR	
*NB: Courtesy Car / Tel Allowance	\$5
*NB: Repair Coordination	\$15
*NB: Post Repair Inspection	\$25
*NB: BY / Collect Excess Coordination	\$5
*NB: (1) / TP (Non-INC) replace INC	\$20
10) NJUC: Motor	10
11) NJUC: Motor	
12) NJUC: Motor	

Checked by (Engr-In-Charge): ()

Customer's Comments: ()

Signature: ()

Date: ()

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	03/04/2023 17:23 (SGT)
Reported by	Actual Driver
Date of Accident	02/04/2023 16:50 (SGT)
Exact Location of Accident	Kalidasa Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFZ5139T
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MRS CHIA WOH PENG NEE LIM WOH PENG
NRIC No	SXXXX697J
Email Address	sandy.yksupreme@gmail.com
Mobile Phone No	(Phone) +65-97294609
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1497

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	0100575105-17

DRIVER

Name of Driver	CHIA KENG YANG
NRIC No	SXXXX411D
Date Of Birth	03/10/1970
Occupation	Indoor

Date Of Driving Pass	19/08/1994
Driving experience	28 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97294609
Alt. Phone Number	-
Email Address	sandy.yksupreme@gmail.com
Address	156 TAGORE AVENUE
Address complement	-
Postcode	787746
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Major/Minor Rd
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 SKETCH PLAN

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	SLG4699D
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHONG QI CHENG
NRIC No	SXXXX588C

Contact Number	(Phone) +65-87788987
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 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.

WH

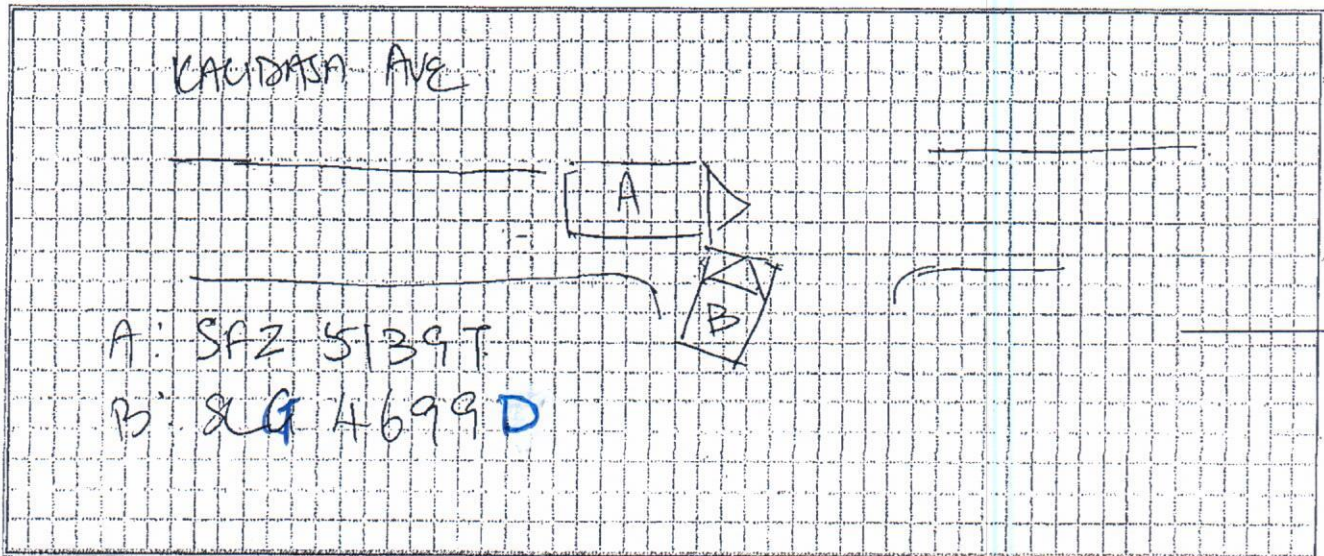
Policyholder's Signature / Date & Time

W

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

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

Sketch Plan



Describe Circumstance of the Accident

On mentioned date and time, I was driving along Kalidasa Avenue. While moving straight vehicle 'B' dashed out from the service road on my right. Due to his misjudgement, the said vehicle (B) collided against my vehicle's RH side. We both got down to inspect and exchange particulars. No one was injured and no ambulance or police car was dispatch to the scene. We both took some photos at the scene before leaving.

Declaration

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

W/H

Policyholder's Signature / Date & Time

W/H

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

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

03/04/2023

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION	
Date of Accident:	02-04-2023
Exact Location:	Teacher's Housing Estate, Kalidasa Avenue
Time of Accident: 16.50	

DETAILS OF OWN VEHICLE	
Vehicle Registration No.	SF25139T
Name of Registered Owner:	Mrs Chia Woh Peng nee Lim Woh Peng
Owner's Email:	sandy.yksupreme@gmail.com
Owner's Address:	156 Tagore Avenue, Singapore 787746
Vehicle Make:	Toyota
Engine Capacity (cc):	sandy
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:	0100575105-17

DRIVER	
Name of Driver:	Chia Keng Yang
NRIC / FIN / Passport no:	S7034411D
Occupation:	Indoor / Outdoor
Contact Number:	97294609
Address:	156 Tagore Avenue, Singapore 787746
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:
Translator Name:	
Translator Contact no:	
Date of Birth: 03/10/1990	
Driving Pass Date: 19 Aug 1994	
Gender: (Male) Female	
Translator NRIC:	
Translator email:	

GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others: Head to side
Weather Condition:	Clear / Raining / Others:
Video available:	Yes (No)
Was anybody injured?	Yes (No)
No. of passenger onboard (including driver):	01
Police Report Made?	Yes (No)

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SLG4699P		
Vehicle Make / Model:	Volkswagen		
Name of Driver:	Chong Qi Cheng		
NRIC / FIN / Passport no:	S8909588C		
Contact Number:	87788987		
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

sandy.yksupreme@gmail.com



AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way
#09-16
AIG Building
Singapore 079120
Co.Reg.No.201009404M

Policy/Reference No. 0100575105-17

30 Aug 2022

Private & Confidential

Ms. MRS CHIA WOH PENG NEE LIM WOH PENG
156 TAGORE AVE
SINGAPORE 787746

Dear Ms. MRS CHIA WOH PENG NEE LIM WOH PENG

Your Policy Has Been Renewed

We are pleased to inform you that your PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE has been renewed and details of your policy are below:

Policy number : 0100575105-17
Effective date : 20 Oct 2022
Expiry date : 19 Oct 2023

It is important that you review the enclosed policy documents to verify that all the information in these documents is accurate. If you wish to update us on any changes, please contact us.

For More Information

If you require more information about your policy, please contact our customer service representatives Monday through Friday between 9am to 5pm at +65 6419 3000. Alternatively, you can send us an email at www.aig.sg.

Thank you for your support. We look forward to serving you in all your general insurance needs.

Yours sincerely

Manik Bucha
Head of Consumer Insurance

PS: You can now enjoy round-the-clock access to selected AIG products and services with our easy-to-use Apple or Android smartphone app. Purchase new policies, renew your policies, access claims support or receive emergency assistance for motor and travel, anytime, 24-hours a day. Your AIG Mobile App can be downloaded for free at iTunes or Google Play.



CERTIFICATE OF INSURANCE

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder : MRS CHIA WOH PENG NEE LIM WOH PENG
Period of Insurance : 20 Oct 2022 To 19 Oct 2023
Engine No. : 1NZ-X330851
Chassis No. : MR053HY420-4155050

Vehicle No. : SFZ5139T
Policy No. : 0100575105-17
Endorsement No. :
Issued Date : 30 Aug 2022 9:55

ABOUT THE COVER

Make/Model : TOYOTA VIOS

Engine Capacity/Tonnage : 1,497.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2005

Insuring with COE/PARF : Yes

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.

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.

* 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 Theft - \$0

Section 2

Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

MRS CHIA WOH PENG NEE LIM WOH PENG, CHIA KENG YANG, CHIA KENG SAN

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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For 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: The Hongkong and Shanghai Banking Corporation 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).

0503154000

KOH SOOK YUENG

371 ALEXANDRA ROAD #06-02 AIA ALEXANDRA

SINGAPORE 159963 SP-TANKENGLU-PG

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCA/VA

1005964468/AC4

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM0823430008 Vehicle Registration No: 8FZ 5189T
Name (as shown in NRIC): CHIA KENG YONG NRIC/FIN/Passport No: SXXXX411D
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 97294609
Email Address: _____
Date of Accident: 02/04/2023 Time of Accident: 16:50
Place of Accident: KALIDASA AVENUE
Insurance Company: ALG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

THIRD PARTY VEHICLE NUMBER 70 SLG 4699D

Policyholder / Actual Driver's Signature
Date:

02/04/2023

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: