

**NATIONAL Assessment Centre Services** (incl. 1/20/23) **SMZ 50887**

Date In: 08/03/2023 11:26	Job description	Date & Time Completed	Done by
Ref No: NIA/0142801320	SAS e-tiling		
Yeh No: SMZ 90802	E-mail (within 24hrs, A/C 2013)		
D.O.A: 06/05/2023 17:45	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (within 24hrs, A/C 2013)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Miner		

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

TP Particulars: Yeh No: **SMZ 50887** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

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

Insured/Driver Liability: ( ) % (Note: 1st Status (WO): 1st: 0-30%, 1st: 21-79%, 1st: 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 reporter.

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

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

Remarks: (INC Ref No: 07880615) 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: ( )

Days of Work: ( )

**NIA2801320**

Invoice/Preparation Charges:

1) All Accident Reports (\$200)	
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee	\$100/\$40
4) PE: Yellow Through Survey	\$150
5) PE: Yellow Through Survey (Barriers)	\$50
6) TR: Re-inspection	\$75
7) NI: 1st DA + 2nd Survey	\$140
8) NI: Additional Fee:	
QTY:	
*No: Courtesy Car / Tel Allowance	\$50
*NI: Repair Coordination	\$150
*NI: Post Repair Inspection	\$100
*NI: BY / Collect Excess Coordination	\$10
*TP (11): TP (Non-INC) Involves INC	\$200
*NI: 1st/2nd Mileage	100

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

Comments: ( )

Inspected: ( )

Print Charges: ( )

# 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	08/05/2023 11:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/05/2023 17:45 (SGT)
Exact Location of Accident	Still Rd, Singapore
Additional Location Information	BEFORE LORONG G TELOK KURAU
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9080Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG SIEW HUA SERENE
NRIC No	SXXXX235E
Email Address	vintagebag@gmail.com
Mobile Phone No	(Phone) +65-97422633
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	BMW
Model	325
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	2497

## INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7230030120

## DRIVER

Name of Driver	NG SIEW HUA SERENE
NRIC No	SXXXX235E
Date Of Birth	05/02/1968
Occupation	Indoor

Date Of Driving Pass .....	22/07/1989
Driving experience .....	33 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97422633
Alt. Phone Number .....	-
Email Address .....	vintagebag@gmail.com
Address .....	17 LENTOR CRESCENT
Address complement .....	-
Postcode .....	786684
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 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 .....	SMZ5038T
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**

**IMPORTANT NOTICE**

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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 (POPA)**

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 :

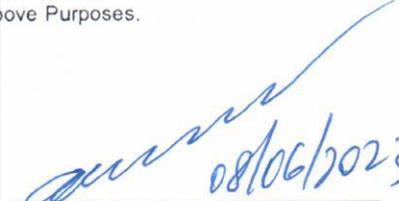
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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

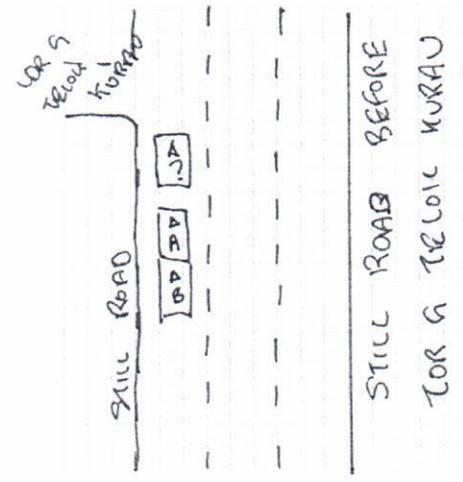
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

  
08/06/2023  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in Nric/ID card)

**Sketch Plan**



A - SM 9080Z  
B - SMZ 5038T

**Describe Circumstances of the Accident**

On the stated date and time. I was traveling straight on my designated lane along the stated location. As the vehicle in front of mine slowed down, as such I follow suit. Out of sudden, I felt an impact coming from the rear portion of my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect.

*Same*

Policyholder's Signature / Date & Time



*Same*

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

Witnessed by Reporting Centre Personnel

*08/06/2023*

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Send/Fax to: \_\_\_\_\_

Submitted: \_\_\_\_\_

### SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	06-May-2023	Time of Accident:	1745
Exact Location:	Still Road before Lor G Telok Kurau		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SLM 9080 Z	NRIC / FIN / Passport no:	S6802235E
Name of Registered Owner:	NG SIEW HUA SERENE		
Owner's Email:	vintagebag@gmail.com		
Owner's Address:	17 LENTOR CRESCENT S786684		
Vehicle Make:	B.M.W. /	Vehicle Model:	325i
Engine Capacity (cc):	2497	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:	7230030120		

DRIVER			
Name of Driver:	<input checked="" type="checkbox"/> same as Owner		
NRIC / FIN / Passport no:		Date of Birth:	05/02/1968
Occupation:	Indoor / Outdoor	Driving Pass Date:	22/07/1989
Contact Number:	9742 2633	Gender:	Male / Female
Address:			
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Others:		
Translator Name:	Translator NRIC:		
Translator Contact No:	Translator email:		

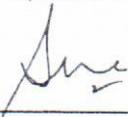
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others	Road Surface:	Dry / Wet
Video available:	Yes / No		
Was anybody injured?	Yes / No	Police Report Made?	Yes / No
No. of passenger onboard (including driver):	1		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SMZ 5038 T		
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

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Serene Ng Siew Hua  
**Period of Insurance** : 21 Apr 2023 To 20 Apr 2024  
**Engine No.** : 76614242N52B25AF  
**Chassis No.** : WBAWL120X0PD75910

**Vehicle No.** : SLM9080Z  
**Policy No.** : 7230030120  
**Endorsement No.** :  
**Issued Date** : 05 Apr 2023 19:53

### ABOUT THE COVER

**Make/Model** : BMW 325 CABRIOLET  
**Engine Capacity/Tonnage** : 2,497.00 CC  
**Driver Restriction** : NA  
**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.  
 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.

**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2008  
**Insuring with COE/PARF** : Yes

**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 1960, 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)  
 Serene Ng Siew Hua - \$600 (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](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from Apple App Store or Google Play Store.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

0500522000

MULTI-LINES AGENCIES

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM  
 SINGAPORE 079120 AYSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.

Ann Wei Chew