

NATIONAL Assessment Centre Services

SLX2350007

Date In: 12/05/2023 11:54	Job description	Date & Time Completed	Done by
Ref No: N/A/116220048631	SAS e-Billing		
Veh No: SMX 81885	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: 11/05/2023 22:20	1-Motor Claim Form		
QC TR: Reporting Only	1-Motor W/O (Within 24hrs, A/C 2hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Vch No: SLX 2500K	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: () (Note: Inc Status (WO): 1: 0-30%, 2: 31-70%, 3: 80-100%)		
Year of Registration: () Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,000 () / \$2,000 ()		

Center Remarks:

() Walk-In Customer / Customer's Information strictly Confidential & Strictly NO refer of repeller.

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

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

Remarks: RUNC LORIAN 6788 (6615) Date of Completion: Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Other: ()

SLA2301402	Invoice Preparation Charge	
Insurance Particulars:	1) A/C: Accident Payment (\$300)	
Owner/Owner:	2) DA: Damage Assessment (\$1000)	INC (\$50)
Driver No:	3) TP: Towing Fee (\$100)	
Damaged Portion: Front	4) PE: Follow-Up Service (\$150)	
	5) PE: Follow-Up Service (Basic \$22)	
	6) TR: Deductible (\$25)	
	7) NE: New DA + SMRT Survey (\$150)	
	8) RUC Additional Fee (\$100)	
Checked by (Engr-In-Charge):	9) NE: Courtesy Car / Tel Allowance (\$5)	
	10) NE: Repair Coordination (\$15)	
	11) NE: Post Repair Inspection (\$20)	
	12) NE: BY / Collect Excess Coordination (\$5)	
	13) NE: TP (Inc/INC) Invoice INC (\$20)	
	14) NE: TP (Inc/INC) Invoice INC (\$20)	
	15) NE: TP (Inc/INC) Invoice INC (\$20)	
	16) NE: TP (Inc/INC) Invoice INC (\$20)	
	17) NE: TP (Inc/INC) Invoice INC (\$20)	
	18) NE: TP (Inc/INC) Invoice INC (\$20)	
	19) NE: TP (Inc/INC) Invoice INC (\$20)	
	20) NE: TP (Inc/INC) Invoice INC (\$20)	

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	12/05/2023 11:54 (SGT)
Reported by	Actual Driver
Date of Accident	11/05/2023 22:20 (SGT)
Exact Location of Accident	Guillemard Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX3188S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG BEE LAY
NRIC No	SXXXX161I
Email Address	angie.ngbl@gmail.com
Mobile Phone No	(Phone) +65-96224117
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1598

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220146060

DRIVER

Name of Driver	FOONG SHEW HUEN
NRIC No	SXXXX193A
Date Of Birth	06/01/1956
Occupation	Indoor

Date Of Driving Pass	03/12/1979
Driving experience	43 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98553756
Alt. Phone Number	-
Email Address	angie.ngbl@gmail.com
Address	BLK 343 UBI AVENUE 1 #08-1119
Address complement	-
Postcode	400343
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	2
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	-

PASSENGER 1

Name	NG BEE LAY
Gender	Female

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	SLX3500K
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FOONG SHEW HUEN
Gender	Male
Phone No	(Phone) +65-98553756
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMX3188S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NG BEE LAY
Gender	Female
Phone No	(Phone) +65-96224117
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMX3188S
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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan

12/05/2023

GUILLERMO ROSA

A: SMX 388 S

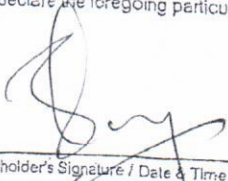
B: SLX 550 K


Describe Circumstance of the Accident

I was ~~at~~ approaching traffic light. I slow down & stop.
Suddenly, I felt a small impact from the rear.
I got down & realised vehicle B hit me on my rear.

Declaration

I/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


Witnessed by Reporting Centre Personnel

12/05/2023

Date of Accident : 11/5/23 Accident Time: 10:20pm (24-HR-FORMAT)
Accident Place : Guillemard Rd
Vehicle Reg. No (Car plate No.) : SMX 3188S CC: 1660
Insurance Company : AIG Vehicle Make/Model: Hyundai Avante
Name of Registered Owner : Policy No. 7200146060
ID of Registered Owner : Company / Individual Ng Bee Lay
OWNER EMAIL ADDRESS: Co Reg No: Owner's NRIC No: S13131611
Angie. ngbl@gmail.com Co Contact No: Owner's Contact No: 96224117
DRIVER'S Name : Fong Shew HAN DRIVER'S NRIC No: S2555193A
DRIVER'S Date of Birth : 6/1/1956 DRIVER'S License Pass Date 3/12/1979
Relationship bet. Owner & Driver : Spouse Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : 343 Ubi Ave 1 #08-1119 SL400343
DRIVER'S Contact No./ Alt No. : 1) 98553756 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an office)
Email Address : Angie.ngbl@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 2 Name & Gender: Ng Bee Lay (P)
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any injuries, if yes (name of the injured person) : Driver & Passenger
Other Party Driver's Particulars (if any)
Vehicle Reg No: SLX 3500K
Vehicle Make/Model: _____
Name DRIVER: _____
IC No. DRIVER: _____
DRIVER'S Contact & add: _____
Vehicle Reg No: _____
Vehicle Make/Model: _____
Name DRIVER: _____
IC No. DRIVER: _____
DRIVER'S Contact & add: _____
REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____
WHO REPORTED THE ACCIDENT : OWNER / DRIVER \ BOTH



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : NG BEE LAY
Period of Insurance : 06 Jan 2023 To 05 Jan 2024
Engine No. : G4FMLU192139
Chassis No. : KMHLN41ETMU094218

Vehicle No. : SMX3188S
Policy No. : 7220146060
Endorsement No. :
Issued Date : 15 Dec 2022 15:29

ABOUT THE COVER

Make/Model : HYUNDAI New Avante
Engine Capacity/Tonnage : 1,598.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2021
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

You have to pay an additional sum of S\$3,000 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.

* 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)

NG BEE LAY - \$600 (Own Damage), \$600 (Flood Cover), FOONG SHEW HUEN - \$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 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 Apple App Store or Google Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Maybank Singapore Limited

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).

0500656000

COWELL INSURANCE (AGENCY) P L

8 BURN ROAD #09-09 TRIVEX

SINGAPORE 369977 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Cowell Insurance (Agency) Pte