

NATIONAL Assessment Centre Services

Date In 12/05/2023	Job description	Date & Time Completed	Done by
Ref No NM AIG23004877/Sd4	SAS e-filing		
Veh No SME55482	E-mail (within 2hrs, A/C 2hrs)		
DOA 10/05/2023 17:23	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHC3994B	INC () / Non-INC ()
Owner / Driver: (Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Title:
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: (INC Hotline: 67886616)	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

NA2301409 / NA2301411	Invoice Preparation Checklist	Am't (\$)	Am't
Claimant's Particulars	1) AR: Accident Reporting (\$30);	1st Bill	Add
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Call 1:	6) TR: Re-inspection \$75		
Call 2/3:	7) N1: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*N5: Courtesy Car / Tpl 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: Idau Mobile \$0		
	Invoice dated	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	12/05/2023 15:17 (SGT)
Reported by	Actual Driver
Date of Accident	10/05/2023 17:23 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG EAST CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5548Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JD MARKETING PLACE
Company Reg No	5XXXX769E
Email Address	JOHNETTE88@HOTMAIL.COM
Mobile Phone No	(Phone) +65-85885548
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	Commercial vehicle
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900162578-03

DRIVER

Name of Driver	TAN HUI LING
NRIC No	SXXXX661Z
Date Of Birth	23/06/1988
Occupation	Indoor

Date Of Driving Pass	21/06/2012
Driving experience	10 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-85885548
Alt. Phone Number	-
Email Address	JOHNETTE88@HOTMAIL.COM
Address	APT BLK 804B KEAT HONG CLOSE
Address complement	# 07-30
Postcode	682804
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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)	3
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	SON
Gender	Male

PASSENGER 2

Name	SON
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230510/2106

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	SHC3994B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation is a breach of insurance policy and 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 insured or companies.
5. Any false reporting may be referred to the Police 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 (PDPA)**

I understand, know and agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information possessed by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers (or who have insured vehicle(s) involved in the accident (all insurers) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"), the Insurers' law vers law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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 making 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 and mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurers (or who have insured vehicle(s) involved in the accident and the Insurers' law vers law firms) may be 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 also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law vers law firms) which may be situated outside of Singapore for one or more of the above Purposes.



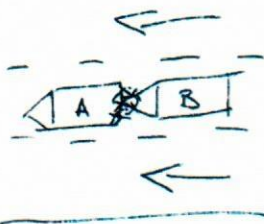
Policyholder's Signature (Date & Time)

Sketch Plan

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

Witnessed by Reporting Centre Personnel

JURONG EAST CENTRAL



A: SME 5548 2

B: SHC 5794 B

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT.

Note: Please note that this form is for use in the event of an accident involving a vehicle insured by the policyholder. It is not to be used for any other purpose. Please check the box if the accident involves a vehicle not insured by the policyholder.

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 & Time

Witnessed by Reporting Centre For Driver

12/05/2023



**SINGAPORE
POLICE FORCE**



T/20230510/2106

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20230510/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2023 18:36		Vide Report No.:		Station Diary No.: 122	
Informant's Particulars					
Name of Informant: TAN HUI LING		Address: APT BLK 804B KEAT HONG CLOSE #07-30 SINGAPORE 682804			
ID Type / ID No.: NRIC NO / S8821661Z		Contact No.:		Mobile: 85885548	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Female	Age: 34	Date of Birth: 23/06/1988	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: ASSISTANT			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/05/2023 17:25	Type of Location: Straight Road
Location: JURONG EAST CENTRAL				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHC3994B	Car				Slightly Damaged	0
SME5548Z	Car				Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20230510/2106

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Report No. T/20230510/2106

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Brief Details.

On the 10/05/2023 at around 1723hrs I was traveling along Jurong East Central in my car (SME5548Z) with my 2 kids. While I was approaching a cross junction, I noticed that the traffic light had turned amber, thus, I slowed my car to a stop. All of the suddenly I felt an impact on the rear of my car, when I got off, I noticed that a taxi (SHC3994B) had collided with me.

Both the taxi driver and I had gotten off our vehicle to check on the situation. The damages on my car are there are dents and scratches on the rear bumper and also the boot door. The damage on the taxi are the dents and scratches on the front bumper. The taxi driver had check on the damages and took photo of both vehicles. Subsequently, the taxi driver asked me to lodge a police report and just drove off without giving me his phone number.

I have yet to sent my kids to the doctor thus, I am unsure if they have suffered any injuries due to the incident.

There were no police or ambulance that attend to the scene.



**SINGAPORE
POLICE FORCE**



T/20230510/2106

3 of 3

Report No. T/20230510/2106

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /

SGT 2 Patrick Ang Juin Hun

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SSI TAY CHUN KEEN

Contact No.: 65476436

Signature Of Informant:

Date/Time:

10/05/2023 18:36

Classification Of Case:

NP168

ACCIDENT STATEMENT

Date of Incident: 10.05.2023 17:23 pm
 Location: JURONG EAST CENTRAL

Vehicle No: SME 5548 Z
 Make: AIG
 Policy No: 1900162578-03

Engine & Transmission: HONDA FREED
 1496 CC
 Policy Type: Comprehensive

Name: JD MARKETING PLACE
 Email: JOHNETTE88@HOTMAIL.COM

NRIC/FIN No: 53387769E
 Contact No: 8588 5548

Name: TAN HUI LING
 Email: JOHNETTE88@HOTMAIL.COM

NRIC/FIN No: 58821661Z
 Contact No: 8588 5548

Designation: Insurance Director

DOB: 23-04-1988

Address: BLK 804B KEAT HONG CLOSE #07-30 S692804

Driving pass date: 21 JUN 2012

Relationship with Policyholder: OWNER

Weather conditions: Partly Rainy

Road surface: Dry Wet

Police report: No

Video Footage: Yes (No)

Provision letter: Yes No

If Yes against whom:

Passenger(s): 1+2

Please provide ALL passengers details:-

Passenger 1	Passenger 2
Name:	
Gender:	(Male) Female

Witness: (NO)

If Yes provide witness details:-
 Name: Witness 1

Name: Contact No:

Insurance: (Yes/No)

If Yes provide insurer details:-

Name	Ins No	Search	Comments/Notes
TAN HUI LING	SME5548Z	(Yes/No)	(Yes/No)

Details of Third party

Vehicle No: SME 5548 Z

Name: _____

NRIC/FIN No: _____

Contact No: _____

Designation: _____

Relationship: _____

Other details: _____

Claim Type & Acknowledgement

Claim Type: JSSM AUTOCOMMUNICATIONS

By: _____

Date: _____





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : JD MARKETING PLACE
Period of Insurance : 04 Oct 2022 To 03 Oct 2023
Engine No. : LEB5592479
Chassis No. : GB71060788

Vehicle No. : SME5548Z
Policy No. : 1900162578-03
Endorsement No. :
Issued Date : 29 Sep 2022 10:24

ABOUT THE COVER

Make/Model : HONDA FREED

Engine Capacity/Tonnage : 1,496.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2018

Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive* :

Any person who is driving on the Policyholder's order or with their 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.

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)

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: NA

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).

0502368000

TH INSURANCE SPECIALIST AGENCY

71 BUKIT BATOK CRESCENT #11-07 PRESTIGE CENTRE

SINGAPORE 658071

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Ying Ling Eileen Goh