

NATIONAL Assessment Centre Services

(Call 1 800 331 7000)

SLIP 231 7000'S

Date In: 15/05/2023 11:51	Job Description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: NA23014280	E-mail (within 24hrs, A/C 2hrs)		
Veh No: 88A-27885	1-Motor Claim Form		
D.O.A: 13/05/2023 08:50	1-Motor W/O (within 24hrs, A/C 2hrs)		
QC: (TP) Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assgn Wksp / GW: (Tel:	Fax:
TP Particulars: Yeh No: 626 708m	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	(Note: Inc Status (WO): N: 0-30%, F: 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 to be filled in by the repairer)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date of Injury: ()

Location of Injury: ()

Time of Injury: ()

Weather: ()

Witness: ()

Police Report: ()

Insurance Claim: ()

Repairer's Report: ()

NA23014280 / NA2301421	Invoice: Preparation Charge	
1) All Accident Passages (300)		
2) DA: Damage Assessment (\$1000)	INC (\$50)	
3) F: Towing Fee (\$100)		
4) PE: Follow-up to 5.11.12 (\$100)		
5) F: Follow-up to 5.11.12 (\$100)		
6) TR: Towing Fee (\$100)		
7) NI: New DA & Survey (\$100)		
8) NIUC: Additional Services		
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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	15/05/2023 11:51 (SGT)
Reported by	Actual Driver
Date of Accident	13/05/2023 08:50 (SGT)
Exact Location of Accident	Tampines Ave 2, Singapore
Additional Location Information	SLIP ROAD TO TAMPINES STREET 31
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA2788J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHOO CHIEW MOOI
NRIC No	SXXXX028A
Email Address	jovinan.jm@gmail.com
Mobile Phone No	(Phone) +65-91696020
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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	1797

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070080287-02

DRIVER

Name of Driver	JOVINA NEO JIA MIN
NRIC No	SXXXX021G
Date Of Birth	24/02/1996
Occupation	Indoor

Date Of Driving Pass	20/08/2015
Driving experience	7 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97224600
Alt. Phone Number	-
Email Address	jovinan.jm@gmail.com
Address	BLK 345 TAMPINES STREET 33 #04-358
Address complement	-
Postcode	520345
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	Side Swipe
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)	5
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	JAYCIA
Gender	Female

PASSENGER 2

Name	JAYDEN
Gender	Male

PASSENGER 3

Name	CHOO CHIEW MOOI
Gender	Female

PASSENGER 4

Name	JAYVEN
Gender	Male

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 GBL6709M
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver SRINIVASAN KARUNANITHI
Passport No/FIN GXXXX069U
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

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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, 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

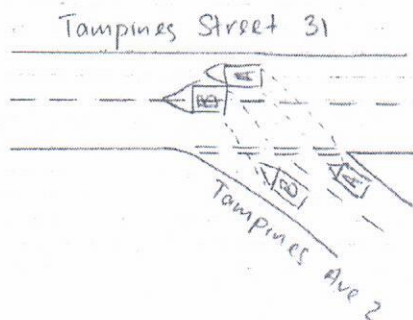
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: SGA2788J
Vehicle B: GBL6709M

Describe Circumstances of the Accident

At the stated date and time of accident, I was driving my vehicle A (SGA2788J) along the stated location. As I turned out onto Tampines St 31 from the slip road, vehicle B (GBL6709M) cut into my lane and collided into the front left portion of my vehicle A.

Declaration

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 Personnel

Swk

Date of Accident : 13/05/23 Accident Time: 0850 HR (24-HR-FORMAT)
Accident Place : Tampines Ave 2 Slip Road to Tampines St 31
Vehicle Reg. No (Car plate No.) : SGA2788J Vehicle Make/Model: Toyota CHR
Insurance Company : AIG Policy No. 2070080287-02
Name of Registered Owner : Company / Individual Choo Chiew Mooi
ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S6850028A
: Co Contact No: _____ Owner's Contact No: 9169 6020
DRIVER'S Name : Jovina Neo Jia Min DRIVER'S NRIC No: S9607021G
DRIVER'S Date of Birth : 24/02/1996 DRIVER'S License Pass Date 20/08/2015
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 345 Tampines Street 33 #04-358 S(520345)
DRIVER'S Contact No./ Alt No. : 1) 9722 4600 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : JOVINAN.JM@GMAIL.COM
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET Jaycia (F)
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance Jayden (M)
Number of Passengers (including Driver): 05 Passenger Name: Choo Chiew Mooi Gender: M (F)
Was the accident reported to the police? YES \ NO Passenger Name: Jayven Gender: M (F)
Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: _____
Injured Name: _____
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GBL6709M</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: <u>SRINIVASAN KARUNANITHI</u>	Name DRIVER: _____
IC No. DRIVER: <u>G2154069U</u>	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : CHOO CHIEW MOOI
Period of Insurance : 16 Jun 2022 To 15 Jun 2023
Engine No. : 2ZR8037644
Chassis No. : ZYX102013610

Vehicle No. : SGA2788J
Policy No. : 2070080287-02
Endorsement No. :
Issued Date : 17 May 2022 11:58

ABOUT THE COVER

Make/Model : TOYOTA C-HR 1.8
Engine Capacity/Tonnage : 1,797.00 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)

NEO SIEW ENG - \$600 (Own Damage), \$600 (Flood Cover), JOVINA NEO JIA MIN - \$600 (Own Damage), \$600 (Flood Cover), CHOO CHIEW MOOI - \$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 or AIG SG Mobile App. Simply search and download 'AIG SG' from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank 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).

0503982000

KHC HOLDINGS PTE. LTD.

389A BALESTIER ROAD

SINGAPORE 329796

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Kai Yan Wong

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: SUA8735F0003 Vehicle Registration No: SGA 2288 J

Name (as shown in NRIC): JALIA AYO JIA XIN NRIC/FIN/Passport No: SXXXXX0XG

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 97224600

Email Address: _____

Date of Accident: 13/05/2022 Time of Accident: 08:10

Place of Accident: TAMPINES AVE 2

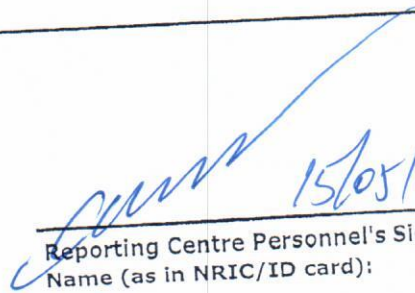
Insurance Company: AIK

(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:

DRIVER I/O To SXXXXX0XG

Policyholder / Actual Driver's Signature
Date:

 15/05/2022
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: