

NATIONAL Assessment Centre Services

Date In 18/05/2023	Job description	Date & Time Completed	Done by
RefNO NA1AIG23005098/d4	SAS e-filing		
VehNo 8LQ 28934	E-mail (within 8hrs, Aft 2hrs)		
DOA 18/05/2023 07:30	I-Motor Claim Form		
OD/TP Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SNJ 5169.X INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

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: 6788 6616) 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

NA2301480

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Call 1:

Call 2/3:

Invoice Preparation Checklist	Amc (\$)	Amc Add
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idau DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON*		
*N5: Courtesy Car / Tpt 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		
N12: Idau Mobile \$10		
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	18/05/2023 18:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/05/2023 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI ROAD TOWARDS AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2893U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH BOON CHEONG
NRIC No	SXXXX399H
Email Address	ivan76@gmail.com
Mobile Phone No	(Phone) +65-98802171
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Opel
Model	Astra
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	999

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900108619-03

DRIVER

Name of Driver	TOH BOON CHEONG
NRIC No	SXXXX399H
Date Of Birth	15/10/1976
Occupation	Indoor

Date Of Driving Pass	31/07/1999
Driving experience	23 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98802171
Alt. Phone Number	-
Email Address	ivan76@gmail.com
Address	BLK 50 BUKIT BATOK STREET 31
Address complement	# 09-02
Postcode	659442
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)	4
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	TOH CHEN LE
Gender	Male

PASSENGER 2

Name	TOH LE YA
Gender	Female

PASSENGER 3

Name	ROTA
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 THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNJ5169X
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

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

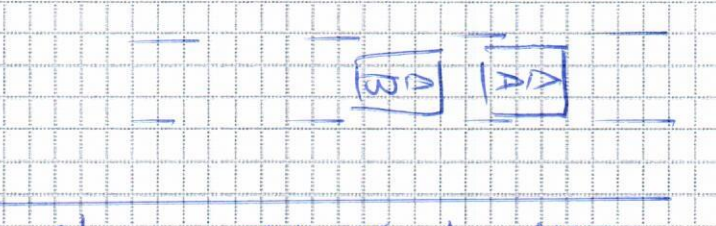
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 Clementi Road Towards AYE

Vehicle A = SLQ 2893U	
Vehicle B = SNJ 5169X	
	
Clementi Rd Towards AYE	

Describe Circumstance of the Accident

On the stated date and time, I vehicle A (SLQ2893U) was driving straight along Clementi Rd towards AYE on the 2nd lane. Vehicle B in front of me slowed down, I followed suit. Suddenly vehicle B cannot stop in time and hit into my vehicle.

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 Personnel
(Name as in NRIC/ID card)

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident?

Owner / Driver / Both

Date of Accident:

18/05/23

Time of Accident:

0730

(AM) / PM)

Location of Accident:

Clementi Rd Towards AYE

Country/State of Loss:

SG

Type of Accident:

Rear to head to rear

Weather Condition: Clear / Raining

Road Surface: Dry / Wet

If Not in List, please specify —

Are you claiming under your own insurance policy for repair to your vehicle?

Yes / No

If No, please state action to be taken

Third Party / Reporting Only

Was any foreign vehicle involved in accident?

Yes / No

If yes, please state Vehicle No & Vehicle Type: —

No. of vehicles Involved in the accident (include own vehicle) 2

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Yes / No

Was the accident reported to the police?

Yes / No

If yes, police station name: —

Was notice of Prosecution given?

Yes / No

If yes, against whom? —

Files

Are accident photos available for attachment?

Yes / No

Was there any video captured?

Yes / No

File too big, with owner

Was there any audio captured?

Yes / No

Details of Own Vehicle

Vehicle Registration No: SLA28934
Vehicle Category: Saloon
Vehicle Manufacturer: Opel Vehicle Model: Astra
Transmission: Manual / Auto Cc: 1.0

Exact purpose for which vehicle was being used at the time of accident:

Private Car / Private Use / Employment

No. of passengers (including driver) 4
Passenger Name: Toh Chen Le / Rota
Gender: Male / Female Female
Passenger Name: Toh Le Ya
Gender: Male / Female

Own Vehicle Policy

Handling Insurer: Aig 1900108619-03
Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft
Fleet Policy: Yes / No
Registered Owner Name: Toh Boon Cheong
ID Type: UEN / NRIC / Passport or FIN / Work Permit
Registered Owner ID: S7633399H
Email: IVAN76@GMAIL.COM
Mobile No: 9880 2171
Alt. No Type: Home / Office / Not in List
If Not in List, please specify -
Owner Alt Phone No: -

Driver's Information

Is the driver the policy holder? ☒ Yes / No

Name of Driver:

Toh Boon Cheong

Gender:

☒ Male / Female

ID Type:

☒ NRIC / Passport or FIN / Work Permit

Driver's ID:

S 76333 99H

Date of Birth:

15 OCT 1976

Driving Pass Date:

31 JUL 1999

Mobile No:

9880 2171

Email:

IVAN 76@GMAIL.COM

Address 1:

50 Bukit Batok St 31

Address 2:

#09-02

Postal Code: 5659442

Occupation:

☒ Indoor / Outdoor

Driver Owner Relationship

Owner

Does Driver own other vehicles?

Yes / ☒ No

If yes, please provide Vehicle Registration No:

←

Handling Insurer:

—

TP Vehicle or Property

Was there any other vehicle or property damaged?

☒ Yes / No

If yes, please provide:

(i) Vehicle Registration No:

SNJ 5169 X

(ii) Vehicle Category:

Saloon

(iii) No. of passengers (including driver)

unknown

Passenger Name:

—

Gender:

~~Male~~ / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: _____

ID Type: NRIC / Passport or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- **Original report in original language**
- **Translated report to English**

Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

- (i) Name: _____
- (ii) Gender: Male / Female
- (iii) Injured Person in which Vehicle? _____
- (iv) Full Address: _____

Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Toh Boon Cheong
Period of Insurance : 03 Jul 2022 To 02 Jul 2023
Engine No. : B1170057HRXX0303
Chassis No. : W0LBE8EA8H8049520

Vehicle No. : SLQ2893U
Policy No. : 1900108619-03
Endorsement No. :
Issued Date : 24 Jun 2022 21:11

ABOUT THE COVER

Make/Model : OPEL Astra 1.0 Turbo
Engine Capacity/Tonnage : 999.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above
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 Own Damage - \$0 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Toh Boon Cheong

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: 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 (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).

0504389000

DS INSURANCE AGENCY

131 PASIR RIS GROVE #06-16

SINGAPORE 518130

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Suzana .