

NTUC Assessment Centre Services

Date In 22/05/2023  
 Ref No NA/AIG23005147/W  
 Vch No SLQ 1058 X  
 DOA 20/05/2023  
 OD/TP/Reporting Only  
 TP Insurer:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 2hrs, A/P 2hrs)		
i-Motor Claim Form		
i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
i-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/VKSN		

referred Wksp / INC Assign Wksp / QW: ( ) Tol: ( ) Fax: ( )  
 P Particulars: Vch No: SG 5058 P 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	Date & Time Completed	Done by
Apply for Transport Allowance ( ) / Courtesy Car ( )		
QC Check / Post Repair Inspection ( )		
Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

Amount Particular	Amt (\$)	Amt (\$)
	1st Bill	Add Bill
Invoice Preparation Checklist		
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) NI: Idas DA + EMRT Survey \$160		
8) NTUC Additional Services:-		
OD		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Coordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		

Signature: NA2301498

# 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 .....	22/05/2023 11:33 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	20/05/2023 06:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Punggol Field
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLQ1058X
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Ho Chee Soon
NRIC No .....	SXXXX744E
Email Address .....	jmartauto@gmail.com
Mobile Phone No .....	(Phone) +65-91446214
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Cerato
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 .....	1591

### INSURANCE COMPANY

Name of Insurance Company .....	AIIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	1700020636-05

### DRIVER

Name of Driver .....	Ho Chee Soon
NRIC No .....	SXXXX744E
Date Of Birth .....	14/08/1960
Occupation .....	Indoor

Date Of Driving Pass .....	18/06/1997
Driving experience .....	25 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91446214
Alt. Phone Number .....	-
Email Address .....	jmartauto@gmail.com
Address .....	Blk 106B Punggol Field
Address complement .....	#04-530
Postcode .....	822106
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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

Refer to the attached statement.

#### 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 .....	SG5058P
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 .....	Ho Chee Soon
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	Neck and Shoulder
Injured person in which vehicle? .....	SLQ1058X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

Pte Car / Commercial Vehicle / Pte Hire

Date of Accident : 20/5/23		Time of Accident : 6.45 am	
Exact Location of Accident : Punggol Field			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : Clear / Raining		Dry / Wet	
Owner's Name : Ho Chee Soon		NRIC : S1423744E	HP : 91446214
Driver's Name : u		NRIC : u	HP : u
DOB : 14/8/1960	Driving Licence Passing Date : 18/6/1997		Occupation : Indoor / Outdoor
Address : 106 B Punggol Field # 04-530 (822106)			
Relationship Of Driver with Insured : Owner		Email : jmartauto@gmail.com	
Vehicle Number : SLQ 1058 X		Make & Model : Kia	
Insurance Company : AIG		Policy No : 1700020636-05	Coverage:
Any passengers inside vehicle involved ( YES / NO ) If yes, Vehicle Number & How many pax			
A: 1+0	B:	C:	D:
Vehicle A Passenger Name :			Male / Female
Anyone Injured :		Convey By Ambulance: Yes / No	
<input type="radio"/> NO	<input type="radio"/> YES Name / NRIC / Which Vehicle : Ho Chee Soon neck & shoulder		
Was The Accident Reported To The Police ?			
<input checked="" type="radio"/> NO	<input type="radio"/> YES Which Police Station :		
Does The Driver Own Any Other Vehicle ?			
<input checked="" type="radio"/> NO	<input type="radio"/> YES Vehicle Number :		Insurer :
Was Any Foreign Vehicle Involved ?			
<input checked="" type="radio"/> NO	<input type="radio"/> YES Vehicle Number & Category :		
Was There Any Video Captured By Car Camera ? <input type="radio"/> NO <input type="radio"/> YES			

Third Party's Particular

Vehicle B 's Number : 3G 5058P		Make & Model :	
Driver's Name :		NRIC :	HP :
Vehicle C 's Number :		Make & Model :	
Driver's Name :		NRIC :	HP :

Witness 's Particular

Name :	NRIC :	HP :
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**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

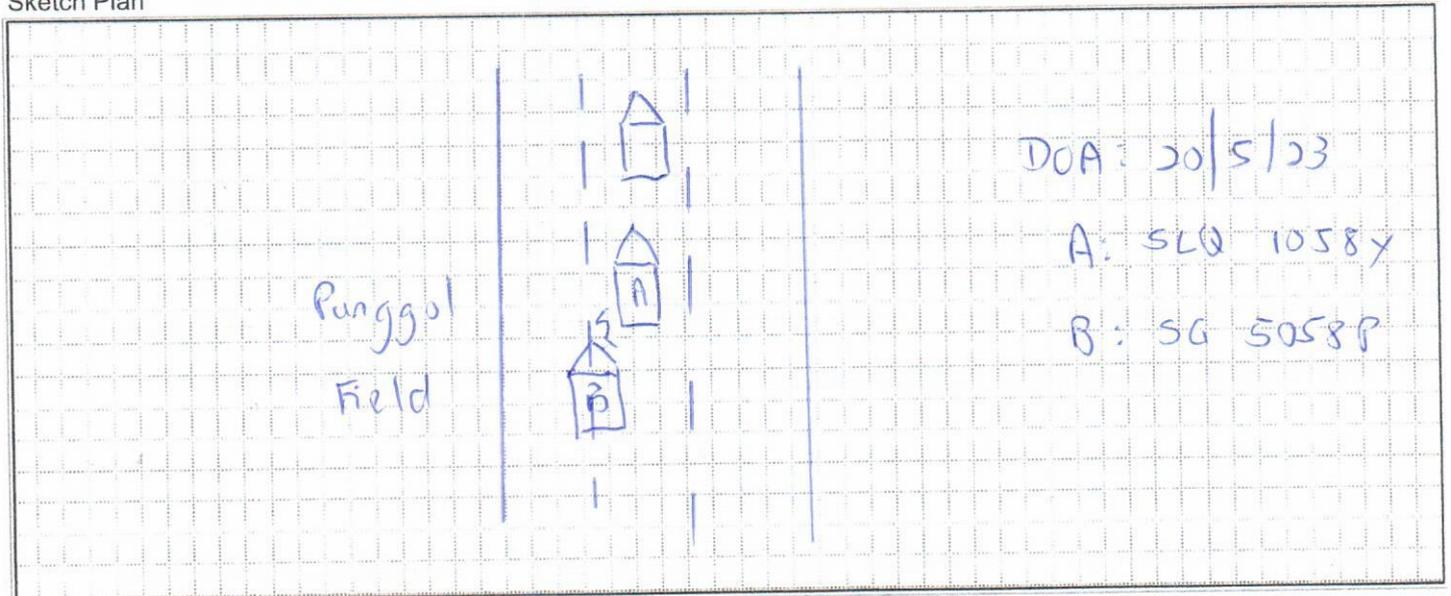
Policyholder's Signature / Date & Time

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

22105123

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

**Sketch Plan**



**Describe Circumstance of the Accident**

A front car of me intend to make a illegal U-turn,  
I applied brake, suddenly veh B hit onto my ~~the~~  
vehicle rear LH portion.

**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)

22/05/23



# CERTIFICATE OF INSURANCE

## KIA AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : HO CHEE SOON  
**Period of Insurance** : 28 Jun 2022 To 27 Jun 2023  
**Engine No.** : G4FGGH673256  
**Chassis No.** : KNAFZ411MJ5729687

**Vehicle No.** : SLQ1058X  
**Policy No.** : 1700020636-05  
**Endorsement No.** :  
**Issued Date** : 19 May 2022 14:23

### ABOUT THE COVER

**Make/Model** : KIA Cerato K3 1.6 SX  
**Engine Capacity/Tonnage** : 1,591.00 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.

**Sum Insured** : Market Value  
**Off Peak Car** : No

**First Year of Registration** : 2017  
**Insuring with COE/PARF** : Yes

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

\* 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)

HO CHEE SOON - \$600 (Own Damage), \$600 (Flood Cover)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
2. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800
4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. 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 iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Standard Chartered Bank (Singapore) Limited

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).

0500709903  
 CYCLE & CARRIAGE - DERRIC(KIA)  
 239 ALEXANDRA ROAD  
 SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
 This computer generated document does not require a signature.

SSCANA