

**NATIONAL Assessment Centre Services** (Call 1-800-555-1234) **SM0823060002**

Date In: **20/06/2023 12:52** Job Description: **SAS e-Milling** Date & Time Completed: Done by:

Ref No: **NAS/NA23062014** E-mail (within 24hrs, A/C 24hrs)

Vol No: **SLC 9376B** 1-Motor Clean Form

D.O.A: **07/07/2023 07:15** 1-Motor W/O (Within 24hrs, A/C 24hrs)

QC **TP** Repeating Only 1-Photo Uploaded

TP Insured: Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whar

Preferred Wksp / INC Assgn Wksp / OW: Tel: Fax:

TP Pending: Veli No: **FBT 98732** INC: **( ) / Non-INC ( )**

Owner/Driver: Tel:

Policy No: Period: Cover Type:

Confirmed by: Date: Price:

Insured/Driver Liability: **9%** (Note: Inc Status (WO): **10-0-30%**, **F: 21-79%**, **F: 30-140%**)

Year of Registration: Warranty: YES ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

Center's Remarks:

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

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

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

Remarks: **NA23062014** ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date of Injury: ( )

Location: ( )

Vehicle: ( )

Driver: ( )

Witness: ( )

Police: ( )

Insurance: ( )

Other: ( )

**NA2301798**

Invoice Preparation Checklist

1) A/R: Accident Package (250)	INC (550)	
2) D/A: Damage Assessment (1500)		
3) T/P: Towing Fee		
4) P/E: Follow-Up Survey (200)		
5) P/E: Follow-Up Survey (200)		
6) T/R: Towing Fee		
7) N/E: New DA + Survey		
8) N/E: Additional Fee		
9) N/E: Additional Fee		
10) N/E: Additional Fee		
11) N/E: Additional Fee		
12) N/E: Additional Fee		
13) N/E: Additional Fee		
14) N/E: Additional Fee		
15) N/E: Additional Fee		
16) N/E: Additional Fee		
17) N/E: Additional Fee		
18) N/E: Additional Fee		
19) N/E: Additional Fee		
20) N/E: Additional Fee		

Checked by (Engr-In-Charge):

Signature: ( )

Date: ( )



# 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	20/06/2023 12:50 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/02/2023 07:15 (SGT)
Exact Location of Accident	Jln. Ahmad Ibrahim, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9376B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHO SWEE KONG
NRIC No	SXXXX586I
Email Address	chosweekong@yahoo.com.sg
Mobile Phone No	(Phone) +65-97911061
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1590

## INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100503588-05

## DRIVER

Name of Driver	CHO SWEE KONG
NRIC No	SXXXX586I
Date Of Birth	12/04/1974
Occupation	Indoor

Date Of Driving Pass	08/10/1999
Driving experience	23 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97911061
Alt. Phone Number	-
Email Address	chosweekong@yahoo.com.sg
Address	BLK 160 BUKIT BATOK STREET 11 #10-66
Address complement	-
Postcode	650160
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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

#### 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	FBT9872L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC5264S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

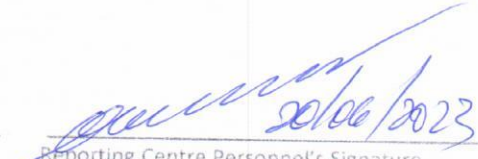
On the stated date & time, the traffic light was red. All vehicle stopped. Suddenly, I felt an impact from my rear. I came down and see. I realise is a chain collision. A motor bearing the nos FBT 9872L had hit on my rear and the bike was hit by another Van bearing PC 5264S.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

X   
Policyholder's Signature Date  
& Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder) Date  
& Time:

 20/06/2023  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 07 / 02 / 2023 (dd/mm/yy)

Time of Accident: 07 : 15 (24-HR-FORMAT)

Vehicle No.: SLL 9376B Vehicle Make & Model: Mitsubishi

Exact location of Accident: Jalan Ahmad Ibrahim

Policyholder's Name: Cho Swee Kong I/C / UEN: S7471586 I

Driver's Name / IC No.: \_\_\_\_\_ (As Above) ☒

Driver's Contact No.: 97911061 Company Contact No (Company Veh Only): \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Email address: CHOSWEE KONG @ YAHOO.COM.SG Insurance Company: AIG

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle  
Was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

\*No. of Passengers (Including Driver): 1

\*Passanger Name: \_\_\_\_\_ Gender: Male / Female \*Passanger

Name: \_\_\_\_\_ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes ☒ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: FBT 9872L (B)

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: PC 5264B (C)

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



**Name of Policyholder :** Cho Swee Kong  
**Date of Insurance :** 16 Mar 2022 To 15 Mar 2023  
**Vehicle No. :** 4A92CL9601  
**Policy No. :** JMYSRCY1AGU006226

**Vehicle No. :** SLL9378B  
**Policy No. :** 2100503586-05  
**Endorsement No. :**  
**Issued Date :** 09 Feb 2022

## DESCRIPTION OF THE COVER

**Make & Model :** MITSUBISHI LANCER EX 1.6L  
**Capacity/Tonnage :** 1,590.00 CC  
**Restriction :** NA  
**Sum Insured :** Market Value  
**Off Peak Car :** No  
**First Year of Registration :** 2017  
**Insuring with COE/PAFF :** Yes

**Class of or Classes of Persons Entitled to Drive :**  
 The insured person who is driving on the Policyholder's order or with his/her permission.  
 The insurer will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.  
 The insured 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

The 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 - 1800cc**  
 Conditions 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

**Excess :**  
 1st 500 CC or Damage - \$800 Theft - \$0 Flood Cover - \$800  
 2nd 500 CC or Damage - \$0  
 3rd 500 CC or Damage - \$800  
 4th 500 CC or Damage - \$800  
 5th 500 CC or Damage - \$800  
 6th 500 CC or Damage - \$800  
 7th 500 CC or Damage - \$800  
 8th 500 CC or Damage - \$800  
 9th 500 CC or Damage - \$800  
 10th 500 CC or Damage - \$800

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

1. 1st 500 CC or Damage - 1st 500 CC or Damage - \$800  
 2. 1st 500 CC or Damage - 1st 500 CC or Damage - \$800  
 3. 1st 500 CC or Damage - 1st 500 CC or Damage - \$800  
 4. 1st 500 CC or Damage - 1st 500 CC or Damage - \$800  
 5. 1st 500 CC or Damage - 1st 500 CC or Damage - \$800  
 6. 1st 500 CC or Damage - 1st 500 CC or Damage - \$800  
 7. 1st 500 CC or Damage - 1st 500 CC or Damage - \$800  
 8. 1st 500 CC or Damage - 1st 500 CC or Damage - \$800  
 9. 1st 500 CC or Damage - 1st 500 CC or Damage - \$800  
 10. 1st 500 CC or Damage - 1st 500 CC or Damage - \$800

## IMPORTANT NOTES

The Purchaser/Company/Employer's Loan: MayBank

This certificate is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

15993078B  
 CYCLE & CARRIAGE - BEVERW(MIT)  
 159 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