

NATIONAL Assessment-Centre Services (wef 1 Jan 05)

Date In: * 23/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA1AIG23006428/J	SAS e-filing		
Veh No: SDB 7188 M	E-mail (within 8hrs. AIC 2hrs)		
D.O.A : 22/06/2023 09:00	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: **SLV 3571R** 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

NA2301870	Invoice Preparation Checklist	Amf (\$) Ist. Bill	Ac
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : 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)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) NI : Idac 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		
	9) N12: Idac Mobile \$30		
	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	23/06/2023 13:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/06/2023 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	2B BOON TIONG RD CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDB7188M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE KIM FAH
NRIC No	SXXXX587A
Email Address	JEAN.LEE@EUROTRAINER.COM
Mobile Phone No	(Phone) +65-96962278
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	0100631800-17

DRIVER

Name of Driver	LEE KIM FAH
NRIC No	SXXXX587A
Date Of Birth	02/02/1961
Occupation	Indoor

Date Of Driving Pass	08/06/1984
Driving experience	39 YEARS
Gender	Female
Mobile Number	(Phone) +65-96962278
Alt. Phone Number	-
Email Address	JEAN.LEE@EUROTRAINER.COM
Address	APT BLK 4A BOON TIONG ROAD
Address complement	#22-17
Postcode	164004
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	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)	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 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	SLV3571R
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.
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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.

[Handwritten Signature]

Policyholder's Signature / Date & Time

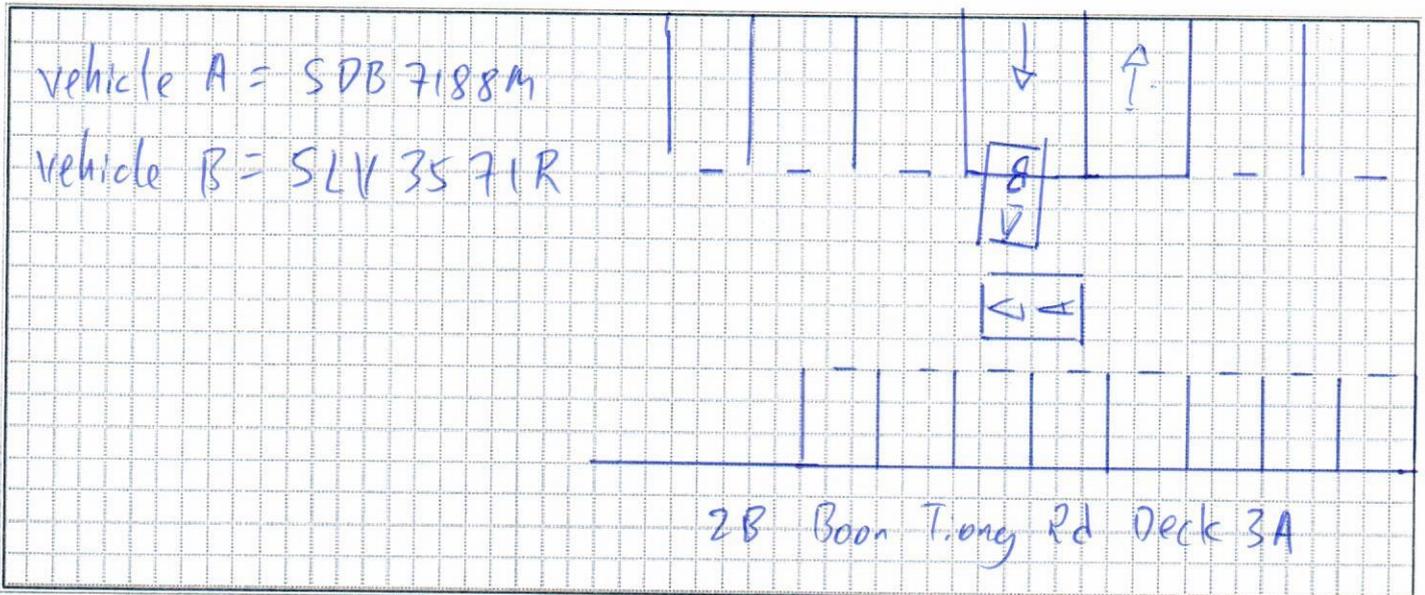
[Handwritten Signature]

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

[Handwritten Signature] 23/6/23

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

Sketch Plan

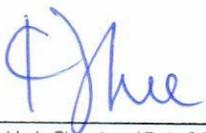


Describe Circumstance of the Accident

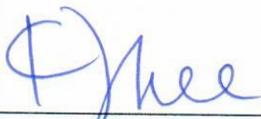
On the stated date and time, my vehicle A SPB7188M was leaving carpark lot and driving straight inside 2A Boon Tiong Road carpark. Suddenly vehicle B SLV 3571R coming up from deck 2B at a fast speed and hit onto my vehicle on the driver side.

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

 23/6/23

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: 22 / Jun / 2023

Time of Accident: 0900 (AM) PM)

Location of Accident: 2B Boon Tiong Rd Car Park

Country/State of Loss: SG

Type of Accident: Head to side

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 only

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

Was there any audio captured? Yes / No

Details of Own Vehicle

Vehicle Registration No: SDB 7188M

Vehicle Category: Saloon

Vehicle Manufacturer: Toyota Vehicle Model: Altis

Transmission: Manual / Auto Cc: 1.6

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

Private Car / Private Use / Employment

No. of passengers (including driver) 1 drive only

Passenger Name: -

Gender: Male / Female

Passenger Name: -

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: AIG 0100631 800-17

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: Lee Kim Fah

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: 51479587A

Email: JEAN.LEE@EUROTAINER.COM

Mobile No: 9696 2278

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: Lee Kim Fah

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: S147 ~~5A~~ 0587A

Date of Birth: 02/02/1961

Driving Pass Date: 08/Jun/1984

Mobile No: 9696 2278

Email: _____

Address 1: Blk 4A Boon Tiong Rd

Address 2: #22-17 Postal Code: 164004

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: SLV3571R

(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

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder : Lee Kim Fah
Period of Insurance : 25 Apr 2023 To 24 Apr 2024
Engine No. : 3ZZ-4562931
Chassis No. : MR053ZEC10-7118783

Vehicle No. : SDB7188M
Policy No. : 0100631800-17
Endorsement No. :
Issued Date : 14 Mar 2023 12:00

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6
Engine Capacity/Tonnage : 1,598.00 CC
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2006
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.

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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, 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 Theft - \$0

Section 2

Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

Lee Kim Fah, LEE AI WAH

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 8338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from Apple App Store or Google Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030210140
AIG - AUTO DIRECT

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

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIGSGMOBILEAPP