

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 10/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA1A1G23006926/d4	SAS e-filing		
Veh No: SNE 88809	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/07/2023 10:15	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: Vch No: FBV 2107Z INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Bst. 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

NA2302060	Invoice Preparation Checklist	Am't (\$)	A
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
Damaged Portion:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
QC Checked by (Engr-In-Charge):	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Auditors Comments:-	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
Cat. 1:	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Cat. 2 / 3:	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idao 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	10/07/2023 11:42 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/07/2023 10:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AMK AVENUE 1 SLIP ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE8880G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	IAN DOUGLAS MILNE
NRIC No	SXXXX140G
Email Address	iandmilne@gmail.com
Mobile Phone No	(Phone) +65-82002360
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Carnival
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	2151

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210153859

DRIVER

Name of Driver	GLENDA WEE WEN YEA
NRIC No	SXXXX140B
Date Of Birth	26/07/1980
Occupation	Indoor

Date Of Driving Pass	16/09/2000
Driving experience	22 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83078808
Alt. Phone Number	-
Email Address	glenda.wee@gmail.com
Address	38 FERNSVALE LINK
Address complement	# 05-23
Postcode	797534
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	2
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	DAUGHTER
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
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBV2107Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	RYAN LOH
NRIC No	SXXXX487I
Contact Number	(Phone) +65-93270977
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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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. 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")

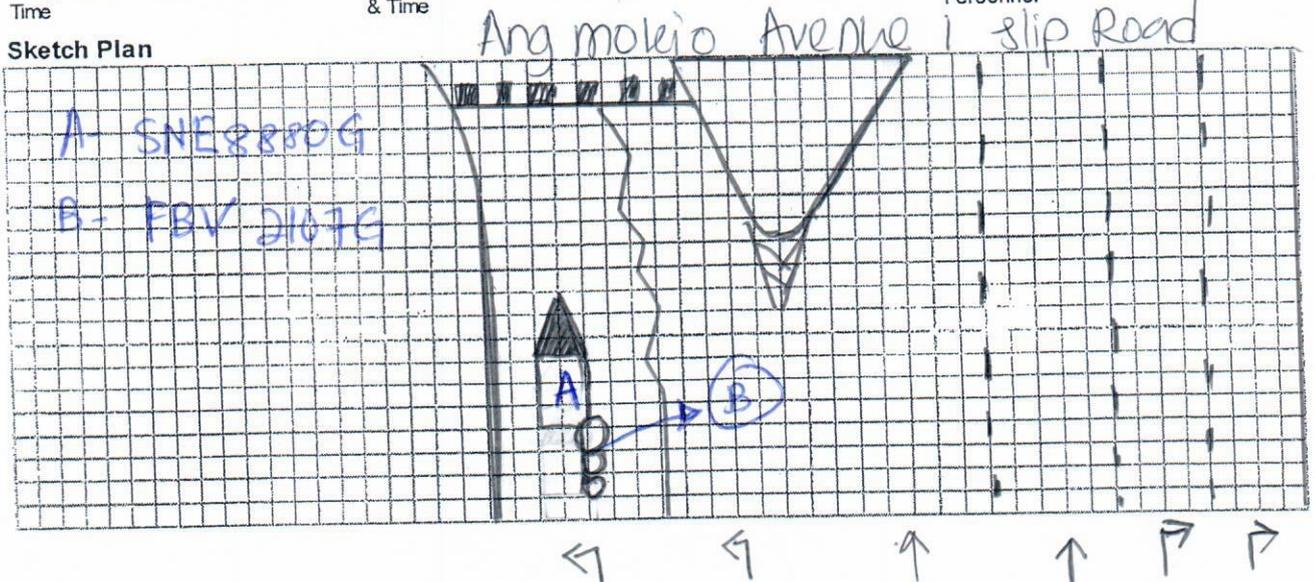
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Iris 10/07/2023 [Signature] 10/7/2023 [Signature] 10/7/2023

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

I was driving along Amk Ave 1 slip road & stopped to wait for front cars to clear. Then suddenly, this bike just hit my ^{car's} right rear. There were no severe injuries to the motorcyclist just some light cuts and bruises. As for myself and my kid, there were no injuries.

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 10/07/2023
Policyholder's Signature / Date & Time

[Signature] 10/07/2023
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 10/07/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 09/07/2023	TIME OF ACCIDENT : 10.15am
VEHICLE NO : SNE8880G	TRANSMISSION : <u>AUTO</u> / MANUAL
MAKE & MODEL : Kia Carnival	LOCATION : Amk Avenue 1 slip Road
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	CLAIM TYPE: <u>OD / THIRD PARTY / REPORTING ONLY</u>
INSURANCE COMPANY : AIG	POLICY NO : 7210153859
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : <u>SALOON</u> / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : IAN DOUGLAS MILNE	NRIC : 579681409
ADDRESS : iandmilne@gmail.com	CONTACT NO : 82002360
EMAIL ADDRESS : glenda.wee@gmail.com	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : AS ABOVE / IF NO : Glenda wee weh yea	NRIC : <u>580241408</u> CONTACT NO : <u>83078808</u>
DRIVER OWNER RELATIONSHIP : spouse	PASSENGER : <u>(2)</u> MALE () FEMALE (1) (F)
DATE OF BIRTH : 26 / 07 / 1980	DRIVING PASSING DATE : 16 / 09 / 2000
OCCUPATION : <u>INDOOR</u> / OUTDOOR	ADDRESS : 38 fernvale link #05-23 8-797534
ANY INJURIES : <u>NO</u> , IF YES :	POLICE REPORT : <u>NO</u> / IF YES WHERE ?
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS:	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : FBV 2107Z	VEHICLE C REG NO : _____
DRIVER NAME : Ryan Joh	DRIVER NAME : _____
NRIC : 895014871	NRIC : _____
CONTACT : 9327 0977	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? <u>NO</u> , IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / <u>NO</u>
	WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / <u>NO</u>	
VEHICLE NUMBER:	HANDLING INSURER:



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : IAN DOUGLAS MILNE
Period of Insurance : 28 Dec 2021 To 27 Dec 2023
Engine No. : D4HEMH705431
Chassis No. : KNANC81BMN6151998

Vehicle No. : SNE8880G
Policy No. : 7210153859
Endorsement No. :
Issued Date : 20 Jan 2022

ABOUT THE COVER

Make/Model : KIA Carnival 2.2 A D (8-Seater)
Engine Capacity/Tonnage : 2,151.00 CC **Sum Insured** : Market Value **First Year of Registration** : 2021
Driver Restriction : NA **Off Peak Car** : No **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\$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

* 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

IAN DOUGLAS MILNE - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
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 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: HL Bank

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).

0504671227

CYCLE & CARRIAGE - ALVIN

239 ALEXANDRA ROAD
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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