

NATIONAL Assessment Centre Services

(wef 1 Jan 06)

SNR2874009

Date In: 18/01/2023 09:28
Ref No: N/A 2302147
Veh No: SMJ 19858
D.O.A: 14/01/2023 15:57

Job description: SAS e-filing
Date & Time Completed:
Done by:
E-mail (within 8hrs, AIC 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/Wksp

OD / TP / Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

Tel: Fax:

TP Particulars: Vel. No: Sym 40168 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

X/A2302147

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

Am't (\$) Amt Add

1) AR: Accident Reporting (\$30);
2) DA: Damage Assessment (\$100); INC (\$80)
3) TF: 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: 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	18/07/2023 09:25 (SGT)
Reported by	Actual Driver
Date of Accident	14/07/2023 15:51 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE STEVENS ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT1985S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HONG SEH MOTORS PTE LTD
Company Reg No	1XXXXX320D
Email Address	kenlow@hongseh.com.sg
Mobile Phone No	(Phone) +65-62030303
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	UX 200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1987

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7990000073-01

DRIVER

Name of Driver	TEO SHAO TING
NRIC No	SXXXX296A
Date Of Birth	22/02/1992
Occupation	Indoor

Date Of Driving Pass	17/02/2011
Driving experience	12 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90934780
Alt. Phone Number	-
Email Address	kenlow@hongseh.com.sg
Address	159A CEYLON ROAD
Address complement	-
Postcode	429743
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	DRIZZLING
Road Surface	Wet

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 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	SJM4016S
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. Rease 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. 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 (POPA)**
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

PIE towards Channel BEFORE STRAITS EXIT

A - SMT 1985S

B - SJM 4016S

PIE

Describe Circumstances of the Accident

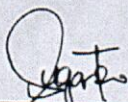
On the Stated dates, time and location
I Vehicle 'A' was travelling on my designated lane, as
the vehicle in front slowed down and I followed,
Suddenly I felt a huge impact from the rear of
my vehicle. I alerted and realized that Vehicle
'B' failed to keep a safe distance and as such
collided onto the rear of my vehicle.

Declaration

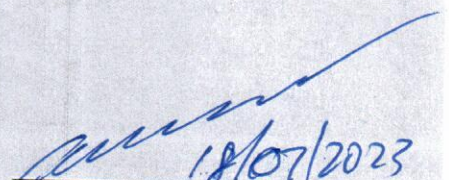
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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


18/07/2023
Witnessed by Reporting Centre Personnel

Accident Details

Date of Accident: 14-Jul-2023 (DD/MM/YY)
Time of Accident: 1551 (24 Hr Format)
Exact Location of Accident: PIE Towards Changi bef Steven Exit
Type of Claim: Own Damage ☐ / Third Party ☒ / Reporting Only ☐
Type of Collision: Chain Collision ☐ / Head to Rear ☒ / Hit & Run ☐ / Side Swipe ☐ / Others ☐
Weather & Road Conditions: Clear & Dry ☐ / Raining & Wet ☐ / After-Rain & Wet ☐ / Drizzling & Wet ☒

Vehicle Details

Vehicle No.: SMT 1985 S Transmission: Manual ☐ / Auto ☐
Vehicle Category: Private Car ☐ / Private Hire ☐ / Commercial Vehicle ☐
Vehicle Make & Model: Lexus UX CC:
Insurance Company: AIG
Policy No.: Fleet Policy?: Yes ☐ / No ☐
Type of Coverage: Third Party ☐ / Third Party Fire & Theft ☐ / Comprehensive ☐

Policy Holder / Vehicle Owner's Particulars

Company ☒ / Male ☐ / Female ☐

Name (As Shown at NRIC): HONGSEH MOTORS PTE LTD
NRIC/FIN/Reg No.: 198203320D Contact No.: 6203 0303
Owner Address: 10 FOURTH LOK YANG ROAD SINGAPORE (629707)
Email Address: Kenlow@hongseh.com.sg

Driver's Particulars (If Not Policy Holder)

Male ☐ / Female ☒ / As Above ☐ (Fill in *)

Name (As Shown at NRIC): TEO SHAO TING
NRIC/FIN/Reg No.: S9206296A Contact No.: 9093 4780
Email Address:
Relationship: Spouse ☐ / Child ☒ / Employee ☒ / Hirer ☐ / If Others ☐
* Date of Birth: 22/02/1992 Driving Pass Date: 17/02/2011
* Address: 159A CEYLON ROAD S429743
* Occupation (Nature of Job): Outdoor ☐ / Indoor ☒
Purpose Of Use: Private Use ☒ / Employment ☐ / Private Hire ☐ / Others ☐
No. Of Passengers: (Include Driver) Any Injuries?: Yes ☐ / No ☐

Passenger Name: Male ☐ / Female ☐

Passenger Name: Male ☐ / Female ☐

Name & Injuries Sustained: Conveyed?: Yes ☐ / No ☐

Name & Injuries Sustained: Conveyed?: Yes ☐ / No ☐

Any Police Report Filed? Yes ☐ / No ☐ If Yes, Where?

Any Video/Audio Captured? Yes ☐ / No ☐ Any Witness?

Third Party's Vehicle Details

Vehicle B Carplate No.: SJM 4016 S Make & Model:

Vehicle B Driver Name: Contact No.:

Vehicle C Carplate No.: Make & Model:

Vehicle C Driver Name: Contact No.:

Vehicle D Carplate No.: Make & Model:

Vehicle D Driver Name: Contact No.:



CERTIFICATE OF INSURANCE

COMMERCIAL AUTO COMPREHENSIVE

Name of Individual Policyholder : HONG SEH MOTORS PTE LTD
Master Policy No./Policy No. : 7990000073-01 / 1230000263
Period of Insurance : 28 Jan 2023 To 27 Jan 2024
Engine No. : M20AN118101
Chassis No. : JTHY35BH802021241

Vehicle No. : SMT1985S
Endorsement No. :
Issued Date : 13 Jan 2023 09:16

ABOUT THE COVER

Make/Model : LEXUS UX 200

Engine Capacity/Tonnage : 1987 CC

Driver Restriction : NA

Person or Classes of Persons Entitled to Drive* :

Any person who is driving on the Policyholder's order or with their 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 : 2019

Insuring with COE/PARF : Yes

Age Condition : Driver Restriction applies-Refer to T&C

Limitation as to use* :

Mileage Condition :

Use for social, domestic, pleasure purposes and business purposes of the Policyholders
Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.
Use for the carriage of passengers or goods (other than for reward) by any person to whom the Vehicle is hired.
This Policy does not cover

- 1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
- 2) use whilst drawing a trailer
- 3) use for the towing of any one disabled mechanically propelled vehicle;
- 4) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and
- 5) 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

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.
For list of 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 Apple App Store or Google Play Store.

IMPORTANT NOTES

This policy covers driver's age who is between 23 to 65 years old with minimum 2 years driving experience. Excess (All Claims) applies. Refer to Policy Terms and Conditions. Accident claim repair arising under own damage claim only are allowed to be carried out at Hong Seh Motors Pte Ltd. Coverage includes Mobile Accident Report Service (MARS) for vehicles under Comprehensive cover.

Hire Purchase Company/Employer's Loan: DBS BANK LTD

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).

0000064000

DIRECT CLIENTS 01.4.95

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM08237H0009 Vehicle Registration No: SM719855

Name (as shown in NRIC): Tao Shao Tins NRIC/FIN/Passport No: SXXXX 2868

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 9093 4780

Email Address: _____

Date of Accident: 14/07/2023 Time of Accident: 15:51

Place of Accident: PKE TOWER CHANG BEFORE SIKUANG ROAD 12A7

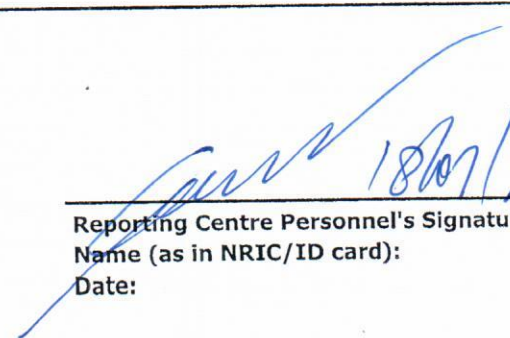
Insurance Company: ALG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

CHANGED TO FEMALE

Policyholder / Actual Driver's Signature
Date: _____

 18/07/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card): _____
Date: _____