

NATIONAL Assessment Centre Services (wef 1 Jan 03)

Date In: 01/08/2023	Job description	Date & Time Completed	Done by
Ref No: NA1A1423007800/d4	SAS e-filing		
Veh No: SKF 5485P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/07/2023 14:00	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 Asslgn Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SNA 6333D	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

NA2302295

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	An
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	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 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idao Mobile \$30		
Cat. 2 / 3:	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 First Submission	01/08/2023 17:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/07/2023 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTSIDE TAMPINES SAFRA STREET 92
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF5485P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHAWN TEO LI-SHAN (SHAWN ZHANG LISHAN)
NRIC No	SXXXX905H
Email Address	shawnteo27@icloud.com
Mobile Phone No	(Phone) +65-98343544
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	Manual
CC	1595

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900166189-03

DRIVER

Name of Driver	SHAWN TEO LI-SHAN (SHAWN ZHANG LISHAN)
NRIC No	SXXXX905H
Date Of Birth	27/10/1979
Occupation	Indoor

Date Of Driving Pass	16/08/1999
Driving experience	23 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98343544
Alt. Phone Number	-
Email Address	shawnteo27@icloud.com
Address	APT BLK 166 TAMPINES STREET 12
Address complement	# 05-355
Postcode	521166
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 on 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	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	SNA6333D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AU LAI YEE
NRIC No	SXXXX226G

Contact Number	(Phone) +65-98573565
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

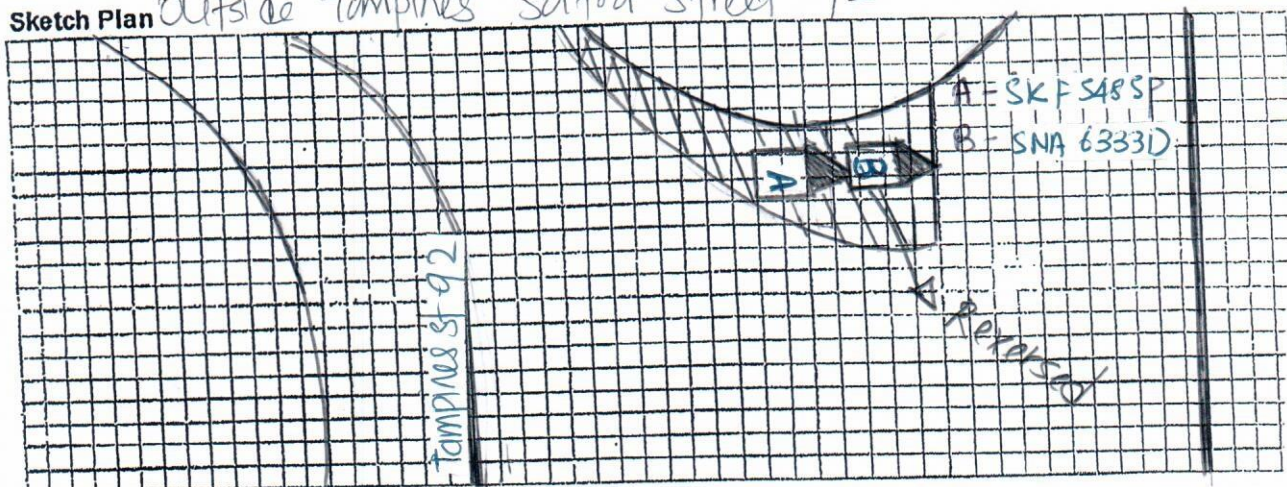
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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.

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 travelling along Tampines Street. 92 and ~~at~~ then stopped ~~at the~~. Vehicle SNA6333D driven by Ms Au Lai Yee was in front of me. Both of our vehicles were stationary. Before she proceed to leave she didn't check her rear and reverse into my car. ~~I~~

I took some pictures of the site incident with a ~~the~~ voice recording whereby she apologies and admitted her error and offered to bring me to her workshop. in Jurong. which is too far.

Declaration

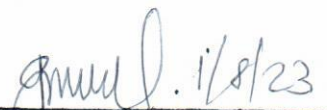
I/We declare the foregoing particulars are true in every respect.



1 August 2023

Policyholder's Signature / Date & Time

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

 1/8/23

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

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 30/07/2023	TIME OF ACCIDENT : 14:00 pm
VEHICLE NO : SKF 548SP	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Honda Civic	LOCATION : out Tampines Satra street 92
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : AIG	POLICY NO : 1900166189-03
TYPE OF COVERAGE :	VEHICLE TYPE : (SALOON) / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	NRIC : S7931905H
NAME OF OWNER : shawn Teo H-shan (shawn zhang lishan)	CONTACT NO : 9834 3544
ADDRESS : Apt Blk 166 Tampines St. 12 # 05-355, S521166	VIDEO RECORDING : YES / NO
EMAIL ADDRESS : shawnteo27@idac.com	NRIC : CONTACT NO : -
NAME OF DRIVER : AS ABOVE / IF NO :	PASSENGER : 0 MALE () FEMALE ()
DRIVER OWNER RELATIONSHIP: Owner	DRIVING PASSING DATE : 16 / 08 / 1999
DATE OF BIRTH : 27 / 10 / 1979	ADDRESS : -
OCCUPATION: INDOOR / OUTDOOR	POLICE REPORT : NO / IF YES WHERE ?
ANY INJURIES: NO, IF YES :	ROAD SURFACE: DRY / WET / OTHERS
WEATHER CONDITION: CLEAR / RAINING / OTHERS:	VEHICLE B REG NO : SNA 6333D
VEHICLE B REG NO : SNA 6333D	DRIVER NAME : Au Lai Yee
DRIVER NAME : Au Lai Yee	NRIC : 87576226G
NRIC : 87576226G	CONTACT : 9857 3565
CONTACT : 9857 3565	VEHICLE C REG NO : _____
VEHICLE D REG NO : _____	DRIVER NAME : _____
DRIVER NAME : _____	NRIC : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	ANY WITNESS ? NO, IF YES :
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO)	NAME : _____
IF YES, AGAINST WHOM :	CONTACT : _____
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO	WERE SEAT BELTS WORN ? : YES / NO
VEHICLE NUMBER:	WERE INJURY CONVEYED BY AMBULANCE : YES / NO
HANDLING INSURER:	



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : SHAWN TEO LI-SHAN
Period of Insurance : 15 Mar 2023 To 14 Mar 2024
Engine No. : R16A15000035
Chassis No. : JHMF4520A5200027

Vehicle No. : SKF5485P
Policy No. : 1900166189-03
Endorsement No. :
Issued Date : 06 Feb 2023 16:12

ABOUT THE COVER

Make/Model : HONDA CIVIC 1.6
Engine Capacity/Tonnage : 1,595.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2011
Insuring with COE/PAF : Yes

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\$55,000 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.

* 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 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable):

SHAWN TEO LI-SHAN - \$600 (Own Damage), \$600 (Flood Cover)

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 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 Apple App Store or Google Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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0503982000
KHC HOLDINGS PTE. LTD.
389A BALESTIER ROAD
SINGAPORE 329796

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Kar Yan Wong