

# NATIONAL Assessment Centre Services

(Ref: 1 Jan 05)

MA 118076204

Date In: 12/6/18 14:17	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/AG18010689/h4	E-mail (within 3hrs, APC 2hrs)		
Veh No: SFZ 9782J	i-Motor Claim Form		
D.O.A: 9/6/18 20:45	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	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:

SKX 5607K

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

MA1803710

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

30.00

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

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:-

QC Checked by (Engr-In-Charge):

QD:

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

Anditors' Comments:-

TP (N11): TP (N-in INC) against INC \$20

9) N12: Idac Mobile \$0

Lat 1:

Invoice dated

Fee Charged

Lat 2/3:

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 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 ability.
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 Report	12/06/2018 14:17
Date Of Accident	09/06/2018 20:45
Exact Location Of Accident	ECP EXIT TO FORT RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFZ9782J
Insured/Policyholder	
Name Of Registered Owner	ONG CHIN CHENG
NRIC No	S0761439Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92760697
Alternative Phone No	OFFICE-92760697
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	EVO 9 GT
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	2100296117-06
Cover Note Number	-
Driver	
Name of Driver	LOW HWI MING(LIU HUIMIN)
NRIC No	S7703118I
Date Of Birth	25/01/1977
Occupation	INDOOR
Date Of Driving Pass	02/05/2002
Driving Experience	16 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92760697
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 3 JLN BATU #09-83
Postcode	431003
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FATHER IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : ONG SEI KIAT GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOUNTBATTEN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215 , POSTCODE: 390060 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3449999 - FAX NO: 64474185
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX5607K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WEE AI LEEN
NRIC/Passport Number	S7229876D
Contact Number	97454868
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LOW HWI MING(LIU HUIMIN)

Approximate Age

Injuries Sustain NECK & SHOULDER

Injured person in which vehicle? SFZ9782J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



REVENUE

A = SFZ 9782J  
B = SKX 5607K

ECF Exit of Fort Rd

Please Refer to Police Report

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

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



**SINGAPORE  
POLICE FORCE**



T/20180611/2159

1 of 4

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

Report No. T/20180611/2159

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/06/2018 20:34	Vide Report No.:	Station Diary No.: 48
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**Informant's Particulars**

Name of Informant: LOW HWI MING			Address: APT BLK 3 JALAN BATU #09-83 SINGAPORE 431003		
ID Type / ID No.: NRIC NO / S77031181			Contact No.: Home/Office: Mobile: 92760697		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 41	Date of Birth: 25/01/1977	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: operations manager			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/06/2018 20:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 EAST COAST PARKWAY FORT ROAD ECP EXIT OF FORT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFZ9782J	Car				Slightly Damaged	1
SKX5607K	Car				No Damage	2

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20180611/2159

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Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

Report No. T/20180611/2159

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LOW HWI MING	ID No.	S7703118I
Related Vehicle	SFZ9782J (Car)	Contact No.	92760697
Hospital/Clinic	TANG MEDICAL & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/06/2018	Date Discharge	11/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	WEE AI LEEN	ID No.	S7229876D
Related Vehicle	NIL	Contact No.	97454868
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 09/06/2018 at about 2046hrs, I was driving my vehicle (SFZ9782J) along ECP and exited at Fort Rd. As I was travelling at about 50km/h on the left lane of the 2 lane road. At that point of time, I was halfway through the exit where I spotted a white colour vehicle (SKX5607K) that was travelling on my right.

I continued on driving passing the said vehicle when I noticed that it started encroaching on to my lane. I sounded my honk but to no avail. The said vehicle eventually went into my lane. Due to that, I was forced to swerve to the left to avoid collision with the said vehicle. As such, my vehicle hit onto the kurb on the road shoulder. I then sounded my honk again however the said vehicle did not stop.

Following that, I managed to catch up with the said vehicle along Mountbatten Road near to Kampong Arang estate. I signaled to the driver of the said vehicle requesting her to stop the vehicle. We both alighted and I then asked her about earlier incident however she was not aware about it and did not realized that she had encroached onto my lane. I suggested that we settle the matter privately however she wanted to settle the matter through insurance claims. We both exchanged particulars and left scene.

I observe that there were 2 other passengers in the said vehicle whereas I was driving with my son at the back seat. There were no damages on the said vehicle however my vehicle suffered scratches on the left front fender and also the left side of the rims.

On the 10/06/2018, I felt strain on my neck and shoulder area. As such, on 11/06/2018 I proceeded to Tang Medical & Surgery Pte Ltd to assess my injury. I was dispensed with some medications and given a total of 5 days medical leave. I also wish to inform that I have the video recording of the whole incident.





**SINGAPORE  
POLICE FORCE**



T/20180611/2159

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Report No. T/20180611/2159

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

**CONTINUATION OF REPORT**



SINGAPORE  
POLICE FORCE



T/20180611/2159

4 of 4

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

Report No. T/20180611/2159

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 SYAFIQ RIDHWAN BIN HASSAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SLDZUL HAIRIE BIN RAMLI

Contact No: 65476220

SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

11/06/2018 20:34

Classification Of Case:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S77031181



Name

LOW HWI MING  
(LIU HUIMIN)

刘惠敏

Race

CHINESE

Date of birth

25-01-1977

Country/Place of birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S77031181

Name

LOW HWI MING  
(LIU HUIMIN)

Birth Date 25 Jan 1977

Issue Date 31 Mar 2003



5223209

NRIC No. S77031181



Date of issue

27-09-2013

Address

APT BLK 3 JALAN BATU  
#09-83  
SINGAPORE 431003

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

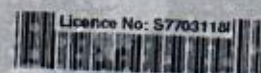
Class 3

Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

PASS DATE

02 May 2002

NP 423A





# CERTIFICATE OF INSURANCE

## PRIVATE AUTO THIRD PARTY ONLY PRIVATE VEHICLE

**Name of Policyholder** : Ong Chin Cheng  
**Period of Insurance** : 01 May 2018 To 30 Apr 2019  
**Engine No.** : 4G63LH6837  
**Chassis No.** : CT9A0404246

**Vehicle No.** : SFZ9782J  
**Policy No.** : 2100296117-06  
**Endorsement No.** :  
**Issued Date** : 13 Apr 2018

### ABOUT THE COVER

**Make/Model** : MITSUBISHI EVOLUTION 9 (GT)  
**Engine Capacity/Tonnage** : 1,997.00 CC  
**Driver Restriction** : Named Driver Basis  
**Sum Insured** : NA  
**Off Peak Car** : No  
**First Year of Registration** : 2005  
**Insuring with COE/PAFF** : NA

#### Person or Classes of Persons Entitled to Drive\* :

- a) The Policyholder  
b) Any person who is named as a "named driver" under this Policy.

**Age Condition** : Not Applicable

#### 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 (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

#### Section 1

**Section 2**  
**Property Damage** - \$0

**Windscreen** : NA

#### Named Driver and Excess (where applicable)

Ong Chin Cheng, Low Hwi Ming, Ong Teng Leong

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

For Approved Reporting Centres, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.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: NA

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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0155005000

KOH TONG POH

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120 SP-LLL

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
AUTHORISED REPRESENTATIVE

SSPSLD