

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MA118 140077

Date In: 24/10/18-13:53	Job description	Date & Time Completed	Done by
Ref No: NA/ A16 8 019610/24	SAS e-filing		
Veh No: SLR 66743	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 27/10/18-13:10	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: 1396646

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

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

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:-

Q1*

*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 \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Sat. 1:

Sat. 2 / 3:

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 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 Report	29/10/2018 13:53
Date Of Accident	27/10/2018 13:10
Exact Location Of Accident	CTE TWDS BUANGKOK GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6674J
Insured/Policyholder	
Name Of Registered Owner	TAN CHEE KIONG (CHEN ZHIQIANG)
NRIC No	S7608335E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93967517
Alternative Phone No	OFFICE-93967517

Vehicle Particulars

Manufacturer	SUBARU
Model	SUBARU XV 1.6I-S AWD CVT
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700029506-01
Cover Note Number	

Driver

Name of Driver	TAN BOON SENG
NRIC No	S0943663D
Date Of Birth	21/08/1951
Occupation	INDOOR
Date Of Driving Pass	12/10/1977
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93967517
Fax Number	
Contact Number	OFFICE-93967517
EMail Address	NOEMAIL

Address	BLK 722 WOODLANDS AVENUE 6 #04-536
Postcode	730722
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181028/2025.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS9664G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AWALLUDIN AMIN
NRIC/Passport Number	S7597267I
Contact Number	91790644
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name

TAN BOON SENG

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SLQ6674J

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:

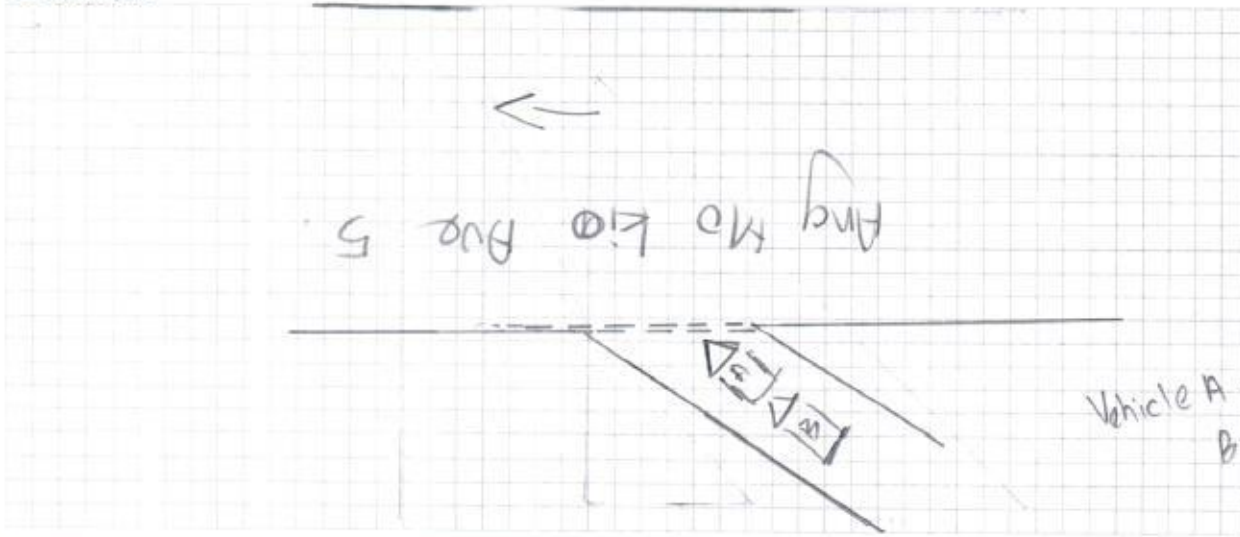
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.:

SKETCH PLAN



Vehicle A: SLQ 6674J
B: SJS 9664G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to the police report - .

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:

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

YEW TEE AUTOMOBILE TECH PTE LTD

ACCIDENT STATEMENT

Date & Time of Accident 27/10/2018 13:10.
 Exact Location of Accident CTE TWDS BOANGKOK GREEN.

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ6674J.

Insured/ Policyholder

Name of Registered Owner TAN CHIEE KIONG.
 NRIC Number / Co Reg. Number 97608335E.

Vehicle Particulars

Vehicle Make & Model _____
 Exact Purpose for which vehicle was being used at time of accident Private Use / Work Use
 Please state action to be taken for type of insurance claim Own Damage / ~~Third Party~~ / Reporting Only
 Vehicle Category Private Car / Commerical / Private Hire / Others

Insurance Company

Name of Insurance Company PAI.
 Policy Number 1700029506 - 01.

Driver

Name of Driver TAN BOON SENG.
 NRIC Number S0943663D.
 Date of Birth 21/08/1951
 Date of Driving Pass _____
 Contact Number 9396 7517.
 Address _____
 Relationship of the Driver with the Insured Children.

General Information of the Accident

Weather Conditions Clear / Raining / Others
 Road Surface Wet / Dry / Others

Other Information

Was anybody injured in the Accident? Yes / No
 Was any other vehicle or property damage? Yes / No
 Number of Passengers (Incl Driver) 1 Name & Gender _____
 Name & Gender _____
 Was the Accident reported to the Police? Yes / No
 Was there any video captured? Yes / No

DETAILS OF OTHER VEHICLE(S) / PROPERTIES

Vehicle Registration Number SJS 9664 G.
 Name of Driver Awalludin Amin.
 NRIC Number S7597267I
 Contact Number 91790644. 27
 Address _____
 Vehicle Category Private Car / Commerical / Private Hire / Others

Details of Witness

Name & Contact Number _____



**SINGAPORE
POLICE FORCE**



T/20181028/2025

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20181028/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2018 12:13		Vide Report No.:		Station Diary No.: 29	
Informant's Particulars					
Name of Informant: TAN BOON SENG			Address: APT BLK 722 WOODLANDS AVENUE 6 #04-536 SINGAPORE 730722		
ID Type / ID No.: NRIC NO / S0943663D			Contact No.: Home/Office: 63636938 Mobile: 93967517		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 21/08/1951	Type of Informant: Driver		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: Retiree			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/10/2018 13:10	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 5				
Slip road of Ang Mo Kio Ave 5 from CTE towards Buangkok Green				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS9664G	Car	TOYOTA	PICNIC AUTO W/O ROOF RACK	Silver		1
SLQ6674J	Car	SUBARU	SUBARU XV 1.6I-S AWD CVT	White	Seriously Damaged	0



SINGAPORE POLICE FORCE



T/20181028/2025

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20181028/2025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Awalludin Amin	ID No.	S7597267I
Related Vehicle	SJS9664G (Car)	Contact No.	91790644
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
Driver			
Name	TAN BOON SENG	ID No.	S0943663D
Related Vehicle	SLQ6674J (Car)	Contact No.	93967517
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	28/10/2018	Date Discharge	28/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 27/10/2018 at about 1310hrs, I was travelling along the slip road of Ang Mo Kio Ave 5 from CTE towards Buangkok Green in my son's vehicle, SLQ6674J. I wish to state that the traffic volume was heavy at that point of time as such my vehicle was stationary as I was waiting for the traffic from the oncoming direction to be clear. All of a sudden, I felt an impact from the rear and found out that a vehicle behind me, SJS9664G had hit onto the rear of my vehicle. Both drivers alighted from our vehicles and subsequently drove forward by the roadside as vehicles were piling up and to prevent traffic jam.

Both drivers exchanged particulars and take photos of the damages. The driver of the said vehicle informed that he was in a rush and left scene. No Traffic Police or ambulance at scene. No government property damaged and nobody injured at that point of time however today I felt pains on my back and neck as such I went to the hospital and was given 5 days of MC. The left rear bumper of the vehicle was dented and damaged.



**SINGAPORE
POLICE FORCE**



T/20181028/2025

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20181028/2025 /

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:

E /

Sgt 3 NUR SAHIDAH BINTE IBRAHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/10/2018 12:13

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

SN 061

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

REPUBLIC OF SINGAPORE

DRIVING LICENCE

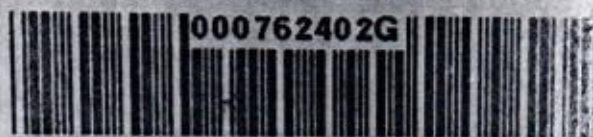
Licence Number: **S0943663D**

Name:

TAN BOON SENG

Birth Date: **21 Aug 1951**

Issue Date: **21 Aug 2003**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0943663D



Name

TAN BOON SENG

陈文成

Race

CHINESE

Date of Birth

21-08-1951

Sex

M

Country of Birth

SINGAPORE



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

PASS DATE

Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC
Class 2	MOTORCYCLES EXCEEDING 400 CC
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS

08 Jun 1979
08 Jun 1979
08 Jun 1979
12 Oct 1977

S0943663D

S / No. 9000233367

NP 428A



2293950



NRIC No. S0943663D



Blood Group Date of issue

O+

20-08-1994

Address

APT BLK 722 WOODLANDS AVENUE 6 #04-536
SINGAPORE 730722
S0943663D

NRIC No:

Date:

28-06-1996

No: 2012250



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan Chee Kiong (Chen ZhiQiang)
Period of Insurance : 19 Jul 2018 To 18 Jul 2019
Engine No. : FB16Y618939
Chassis No. : JF1GP3KC5HG205914

Vehicle No. : SLQ6674J
Policy No. : 1700029506-01
Endorsement No. :
Issued Date : 08 Jun 2018

ABOUT THE COVER

Make/Model : SUBARU XV 1.6
Engine Capacity/Tonnage : 1,600.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
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 \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

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

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tan Chee Kiong (Chen ZhiQiang) - \$800 (Own Damage)

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

1. Motor Image Enterprises Pte Ltd. Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

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.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: MayBank

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

0500619201

TAN CHONG CREDIT SUBARU-JAC
911 BUKIT TIMAH ROAD
SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPQCC