

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA18160689

Date In: 13/1/18 - 12:41	Job description	Date & Time Completed	Done by
Ref No: NA/A1618022443/24	SAS e-filing		
Veh No: FBH 1816R	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 11/1/18 - 17:10	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: 5JESOR 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% P: 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	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:-		
	QD*		
	*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 (N-in 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 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	13/12/2018 10:41
Date Of Accident	11/12/2018 17:10
Exact Location Of Accident	KILLINEY RD TWDS EBER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH1816R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PETER WILLIAM SMYTH
NRIC No	S2719759J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98478000
Alternative Phone No	OFFICE-98478000

### Vehicle Particulars

Manufacturer	KAWASAKI
Model	ZX1400F
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800033179
Cover Note Number	

### Driver

Name of Driver	SMYTH PETER WILLIAM
NRIC No	S2719759J
Date Of Birth	07/03/1964
Occupation	INDOOR
Date Of Driving Pass	05/01/2001
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98478000
Fax Number	
Contact Number	OFFICE-98478000
EMail Address	NOEMAIL

Address	BLK 408 SIN MING AVENUE #12-205
Postcode	570408
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181212/2062.

#### 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	SJE505R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name SMYTH PETER WILLIAM  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBH1816R  
Were seat belts worn?  
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:

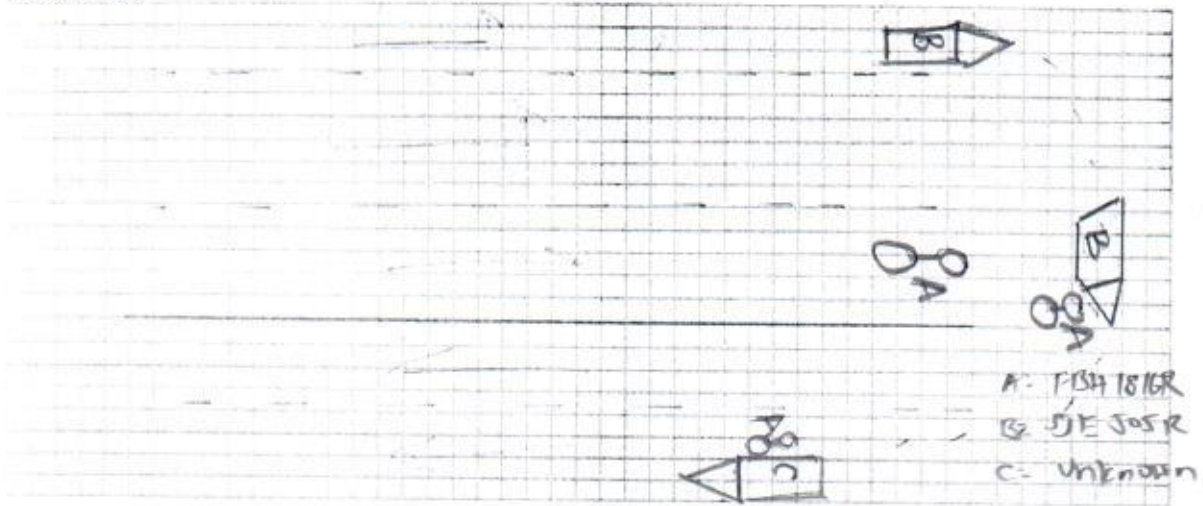
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report No. T/20181212/2062

DECLARATION

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

Peter Sayth

Policyholder's Signature  
Date & Time:

Peter Sayth

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

[Signature]

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



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 11 / 12 / 2018 (dd/mm/yy) Time of Accident: 17 : 10 (24-HR-FORMAT)

Vehicle No.: FBH 1816 R Vehicle Make & Model: KAWASAKI ZX 1400F

Exact location of Accident: Kilney Rd towards Exeter Rd

Policyholder's Name / IC No.: Smyth Peter William IC: S27197593

Driver's Name / IC No.: \_\_\_\_\_ (As Above) ☒

Driver's Contact No.: 98478000 Company Contact No.: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Insurance Company: AG Email address (if any): \_\_\_\_\_

Relationship between Owner & Driver: (Please **CIRCLE** one only)  
☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle  
Was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (Including Driver): 1

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☒ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: SJE 505 R

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\* If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



**SINGAPORE  
POLICE FORCE**



T/20181212/2062

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

1 of 3

Report No. T/20181212/2062

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/12/2018 13:46	Vide Report No.:	Station Diary No.: 69
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**Informant's Particulars**

Name of Informant: SMYTH PETER WILLIAM			Address: APT BLK 408 SIN MING AVENUE #12-205 SINGAPORE 570408		
ID Type / ID No.: NRIC NO / S2719759J			Contact No.: Home/Office: Mobile: 98478000		
Nationality: CANADIAN			Email:		
Sex: Male	Age: 54	Date of Birth: 07/03/1964	Type of Informant: Rider		
Race: Caucasian			Language: English		Institution / School Name:
Occupation: IT CONSULTANT			Driving Licence Information: Class: 2B,2A,2,3		
			Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/12/2018 17:10	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 KILLINEY ROAD EBER ROAD Killeny Road cross junction				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH1816R	Motorcycle	KAWASAKI	ZX1400F	Blue	Seriously Damaged	0
SJE505R	Car				Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH1816R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800033179	29/03/2018	28/03/2019





Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SMYTH PETER WILLIAM	ID No.	S2719759J
Related Vehicle	FBH1816R (Motorcycle)	Contact No.	98478000
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	11/12/2018	Date Discharge	11/12/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	William Chan	ID No.	NIL
Related Vehicle	SJE505R (Car)	Contact No.	91088038
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 11/12/2018 at about 5.10pm, I was travelling along Killiney Road on my motorcycle bearing registration number, FBH1816R. When I was approaching the junction of Killiney Road and Eber Road, a white vehicle bearing registration plate, SJE505R, suddenly tried to make a U-turn from the most left lane. I did not manage to stop in time as he turned directly in front of me and I collided into his driver side door. My motorcycle then skidded across the road and collided into a parked lorry along the road that belongs to a tire repair shop. A few police were nearby and they attended to us. An ambulance was called to check on my injury and Traffic police arrived at our scene. I exchanged particulars with the driver and the owner of the lorry, hp:96912588 Lester Tan. I was informed to lodge a traffic report at any police station. I then went to Intemedical 24 hr Clinic but was referred to Mount Alvernia Hospital as I felt pain on my back and right leg. I also suffered cuts on my left hand and was given 4 days MC.

I wish to state that the owner of the lorry saw what happened and I do not have any camera at the point of time.



**SINGAPORE  
POLICE FORCE**



T/20181212/2062

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

3 of 3

Report No. T/20181212/2062

**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:

F /

Sgt 3 MASHIDAYAT BIN MASZENI

*[Signature]*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LIM HONG LEE

Contact No.: 65476438

Authentication Stamp

NP168

Signature Of Informant:

*[Signature]*

Date/Time:

12/12/2018 13:46

Classification Of Case:

*[Signature]*



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S2719759J**

Name: **SMYTH PETER WILLIAM**

Birth Date: **07 Mar 1964**

Issue Date: **30 Jul 2003**

100696314B

REPUBLIC OF SINGAPORE



IDENTITY CARD NO. **S2719759J**

Name: **SMYTH PETER WILLIAM**

Race: **CAUCASIAN**

Date of Birth: **07-03-1964** Sex: **M**


Country of Birth: **CANADA**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	05 Jan 2001
Class 2A	Motorcycles between 201 cc and 400 cc	05 Jan 2001
Class 2	Motorcycles exceeding 400 cc	05 Jan 2001
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Jan 2001

Licence No: **S2719759J**



DP 42SA

8520088

NRIC No: **S2719759J**

Nationality: **CANADIAN**

Blood Group: **O** Date of issue: **20-06-2003**

APT BLK 406 SIN MING AVENUE #12-205  
SINGAPORE 570408

NRIC No: **S2719759J** Date: **10/06/2009 (R)** No: **6198712**








# CERTIFICATE OF INSURANCE

MOTORCYCLE

## MOTORCYCLE AUTORIDE MOTORCYCLE

Name of Policyholder : Peter William Smith  
Period of Insurance : 29 Mar 2018 To 28 Mar 2019  
Engine No. : ZXT40EE010575  
Chassis No. : KJZXT40EFA011601

Vehicle No. : FBH1616R  
Policy No. : 1800033179  
Endorsement No. :  
Issued Date : 29 Mar 2018

### ABOUT THE COVER

Make/Model : KAWASAKI ZX1400F  
Engine Capacity/Tonnage : 1441 CC  
Driver Restriction : Named Driver Basis  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2013  
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive\*

\* The Policyholder  
is only permitted to claim as a "Named Driver" under this Policy.

Age Condition : Not Applicable

Limitation as to use\*

\* Use for social, domestic and pleasure purposes and for the Policyholder's business.  
The Policy does not cover:  
1. Use for hire or reward.  
2. Use for driving whilst driving, racing, jockey-making, speedway, trial or speed-testing.  
3. Use in the carriage of goods (other than samples) in connection with any trade or business, and  
4. Use for any purpose in connection with Motor Trade.

\* Exemptions provided in respect of Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 150) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be construed as an endorsement.

### EXCESS

Section 1  
Fire - \$0; Own Damage - \$1700; Theft - \$0

Section 2  
Property Damage - \$0

Windscreen - NA

Named Driver and Excess (where applicable)

Peter William Smith - \$1700 (Own Damage)

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

Any accident losses to the vehicle must be claimed by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the vehicle repaired at the AIG Approved Workshop.  
For other Authorised Repairers, Carriers and Authorised Repairers, please contact our 24-hour accident emergency hotline at 165 8335 8200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG Singapore App, which search and download "AIG 52" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan : NA

\* This policy is not to be construed as a Certificate of Insurance issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 150) Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1952 (Malaysia).

000424115

REGULATORY COMPLIANCE FIELD  
BANK THE ASSURED CREDITORS  
SINGAPORE 30105

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
SINGAPORE REPRESENTATIVE