

NATIONAL Assessment Centre Services [Ref: JAN05]

Date In: 02/01/2019 10:43	Job description	Date & Time Completed	Done by
Ref No. NA/ATG19000024/K4	SAS e-filing		
Veh No: SKD 8968D	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 31/12/2018 13:55	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SLJ1658B 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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	Amt (\$) In Bill	Amt (\$) 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		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
	*N5: Courtesy Car / Tp 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: Idno Mobile \$0		
	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	02/01/2019 10:43
Date Of Accident	31/12/2018 13:55
Exact Location Of Accident	PIE TWDS TUAS BEFORE STEVENS ROAD FLYOVER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKD8968D
Insured/Policyholder	
Name Of Registered Owner	CHOO KHOON HIAN
NRIC No	S1824907C
Email Address	CHOO.TERENCE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90408733
Alternative Phone No	OTHERS-90408733
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 SEDAN SPORTS 2.0 AT EU6
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	1700041583-01
Cover Note Number	
Driver	
Name of Driver	CHOO KHOON HIAN
NRIC No	S1824907C
Date Of Birth	24/01/1967
Occupation	INDOOR
Date Of Driving Pass	31/08/1994
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90408733
Fax Number	
Contact Number	OTHERS-90408733
Email Address	CHOO.TERENCE@YAHOO.COM.SG

Address	BLK 414 BEDOK NORTH AVENUE 2 #16-107
Postcode	460414
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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	KIM KEAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 231 LORONG 8 TOA PAYOH , POSTCODE: 310231 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2529999 - FAX NO: 63554311
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181231/2114

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	SLJ1658B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOSEPH SUNI KUMAR
NRIC/Passport Number	S7144059A
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLF9530D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TAN KOK GUAN
NRIC/Passport Number S0152381C
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHOO KHOON HIAN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKD8968D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
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:

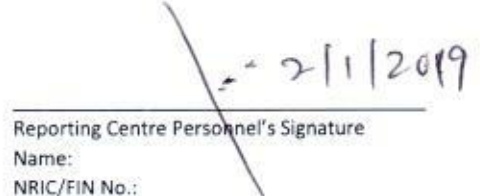
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

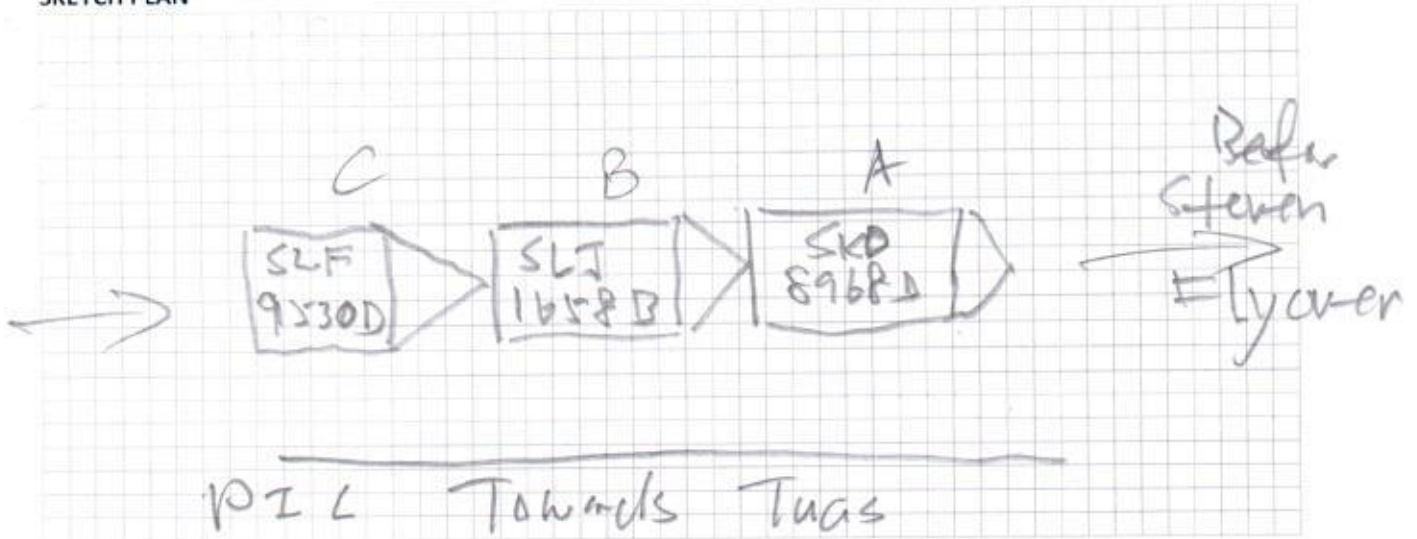


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

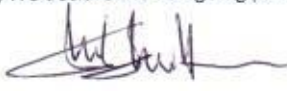


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

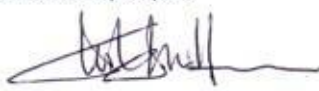
Handwritten text in the accident description box: "pls Refer to the Police Report T/2018/231/2114"

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:

 2/1/2019
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2018 17:06	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars			
Name of Informant: CHOO KHOON HIAN		Address: APT BLK 414 BEDOK NORTH AVENUE 2 #16-107 SINGAPORE 460414	
ID Type / ID No.: NRIC NO / S1824907C		Contact No.: Home/Office: Mobile: 90408733	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 24/01/1967	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Sales and marketing 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: 31/12/2018 13:55	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY PIE towards Tuas, before Stevens Road flyover				
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
SKD8968D	Car	MAZDA	MAZDA3 SEDAN SPORTS 2.0 AT EU6	Grey	Slightly Damaged	0
SLF9530D	Car	TOYOTA	PREVIA 8 SEATER	Blue	Slightly Damaged	0
SLJ1658B	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Silver	Seriously Damaged	0



Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

Report No. T/20181231/2114

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKD8968D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700041583-01	18/08/2018	17/08/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHOO KHOON HIAN		ID No.	S1824907C
Related Vehicle	SKD8968D (Car)		Contact No.	90408733
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/12/2018		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	Tan Kok Guan		ID No.	S0152381C
Related Vehicle	SLF9530D (Car)		Contact No.	NIL
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	Joseph Sunil Kumar		ID No.	S7144059A
Related Vehicle	SLJ1658B (Car)		Contact No.	NIL
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



**SINGAPORE
POLICE FORCE**



T/20181231/2114

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

3 of 4

Report No. T/20181231/21

CONTINUATION OF REPORT

Brief Details.

On the 31/12/2018 at about 1358hrs, I was driving along PIE towards Tuas. While approaching Stevens road flyover, the vehicle in front of me stopped and I stopped as well. Suddenly, there was a collision from the rear of my vehicle and I alighted to check.

I saw that there were 2 other vehicle involved in the chain collision. As no one was injured, we exchange particulars and left. On the same day, I sought treatment at Mount Alvernia Hospital and I received 5 day of medical leave. I am lodging this report for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20181231/2114

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

4 of 4

Report No. T/20181231/211.

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 TOH LENG

Signature Of Informant:

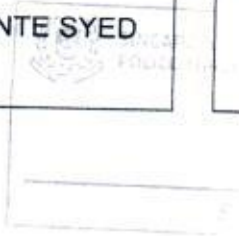
Signature Of Interpreter:
Not applicable

Date/Time:
31/12/2018 17:06

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP168



Reported on 2/1/2019

@ 1040AM

ACCIDENT STATEMENT

ACCIDENT DATE: (31/12/2018) (DD/MM/YYYY), TIME: (13.55) (HH:MM)

LOCATION: PIE towards Tuas, before Stevens Road flyover

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKD 8968D
- b) INSURANCE COMPANY: _____
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 90408733
- c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)

b) ROAD SURFACE: (DRY / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLJ1658B MODEL: _____
- b) DRIVER'S NAME: Joseph Suni Kumar
- c) NRIC/FIN/PASSPORT: S7164059A CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLF 9530D MODEL: _____
- e) DRIVER'S NAME: TAN KOK Guan
- f) NRIC/FIN/PASSPORT: S0152381C CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = choo.terence@yahoo.com.sg

fax = choo.terence@yahoo.com.sg

VIDEO =



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1824907C




Name
CHOO KHOON HIAN

朱 高 賢

Race
CHINESE

Date of birth
24-01-1967

Country of birth
SINGAPORE

Sex
M

S1824907C

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S1824907C**



CHOO KHOON HIAN

Birth Date: **24 Jan 1967**

Issue Date: **28 Feb 2004**

0011398688

4784784




NRIC No. **S1824907C**

Date of issue
21-10-2011

Address
**APT BLK 414 BEDOK NORTH AVENUE 2
 #16-107
 SINGAPORE 460414**

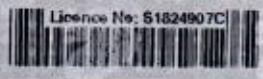
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

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

PASS DATE
31 Aug 1994

NP 428A

Licence No: S1824907C





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Choo Khoo Han
Period of Insurance : 15 Aug 2018 To 17 Aug 2019
Engine No. : PE20947145
Chassis No. : JM6N227B40167517

Vehicle No. : SKD8968D
Policy No. : 1700041563-01
Endorsement No. :
Issued Date : 14 Aug 2018

ABOUT THE COVER

Make/Model : MAZDA 3 2.0 SKYACTIV
Engine Capacity/Tonnage : 1,998.00 CC
Sum Insured : **Market Value** : **First Year of Registration** : 2017
Driver Restriction : NA
OR Peak Car : No
Insuring with COE/PAF : 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
 The Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

*The limit is up to an additional sum of \$2,000 per "Approved and Licensed Driver" (AFLD) if you are in Your Authorized Driver (named or unnamed) has less than 3 years driving experience.

Age Condition : 40 years old and above

Limitation as to use*

Use only for legal, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward, emergency, driving test, racing, speed-making, stability test 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.

Class of Use (Vehicle) : 1000cc, Optional

*Conditions stipulated in Schedule 3 of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 195) and Section 93 of the Road Transport Act, 1987 (Singapore), are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 (Car Damage) - \$0 (Theft) - \$0 (Road Damage) - \$0

Section 2
 Property Damage - \$0

Motorcycle - \$100

Named Driver and Excess (where applicable)

Choo Khoo Han

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

Approved Reporting Centres (ARC) / Authorized Repairers (AR) (State where repair)

Any accident repairs to the vehicle must be carried out by one of our Authorized Repairers within the first 3 years of the first registration of the vehicle in Singapore. You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/Arc/Authorized Repairers, please contact our 24-hour accident emergency hotline at 665 8308-8330. Alternatively, you may refer to AIG website www.aig.com.sg or 800 100 10000 App. Vehicle repair and overhaul (VCO) - \$0 (Non-Taxi or Single Trip).

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

*This hereby warrants that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 195), Part IV of the Road Transport Act, 1987 (Singapore) and Motor Vehicle (Third Party Risk) Rules, 1985 (Malaysia).

0641279000

CHOO KHOO HAN
 BLK 414 BEDOK NORTH ROAD #16-107
 SINGAPORE 460114 AMSPLECH

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE