

# NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MWA119015547

Date In: 17/1/10	Job description	Date & Time Completed	Done by
Ref No: NA/119000333/24	SAS e-filing		
Veh No: SJU14521	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 31/1/10 - 20:00	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 Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SL6583 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

NA119000333	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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) RT: 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*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl 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 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Page 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	01/02/2019 16:10
Date Of Accident	31/01/2019 22:00
Exact Location Of Accident	HOUGANG AVE 8 TWDS HOUGANG AVE 6
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJU1452T
Insured/Policyholder	
Name Of Registered Owner	PHUA REN FENG
NRIC No	S8912037C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98158946
Alternative Phone No	OFFICE-98158946
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO 1.6(A) EX
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	1800127146
Cover Note Number	
Driver	
Name of Driver	PHUA REN FENG
NRIC No	S8912037C
Date Of Birth	07/04/1989
Occupation	INDOOR
Date Of Driving Pass	09/03/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98158946
Fax Number	
Contact Number	OFFICE-98158946
Email Address	NOEMAIL

Address	BLK 771 YISHUN AVENUE 3 #09-247
Postcode	760771
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 - HEAD TO REAR
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	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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190201/2028.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE658J
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	PHUA REN FENG
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJU1452T
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:

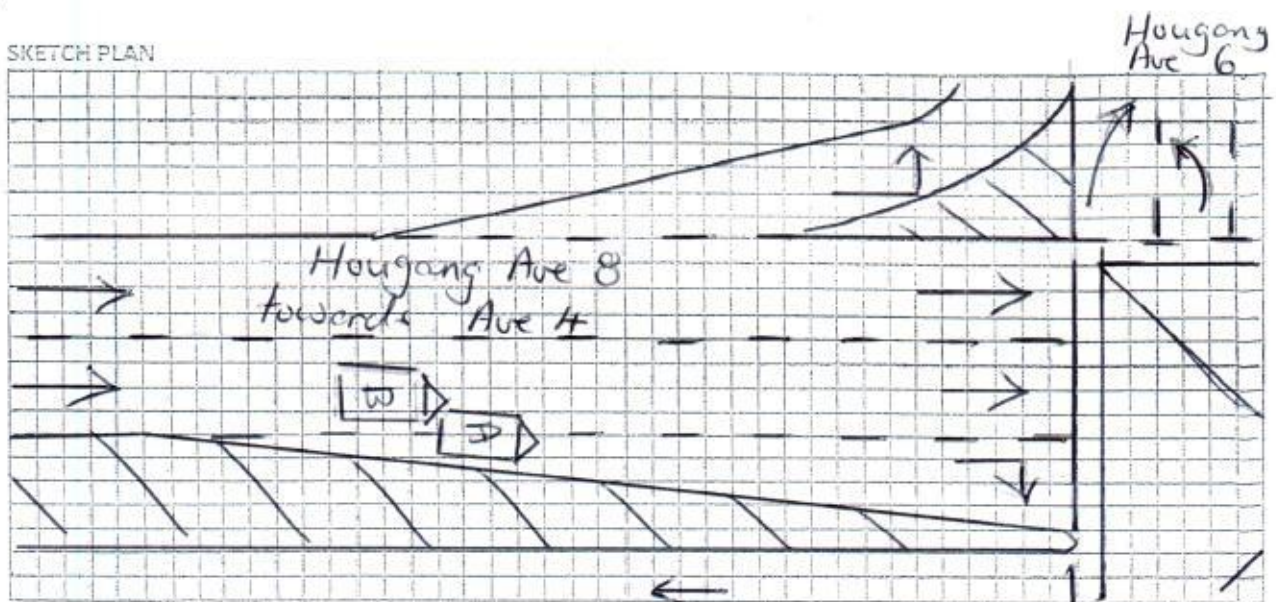
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to TP Report

Report No: -

T/20190201/2028

*[Handwritten signature]*

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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.:



## SINGAPORE ACCIDENT STATEMENT

Accident Date: 31/01/2019	Time: 2200hr	(hh:mm) 24 hr format
Location Along Hanyang Avenue F <sub>v</sub> towards Hongang Avenue 6 travelling		
Vehicle Number SJU1452T		
Insured Name PHUA REN FENG		
NRIC / FIN S8912037C	Contact Number 9815 8946	
Make KIA	Model CERATO 1.6 A	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting		
Insurance Company AIG ASIA PACIFIC		
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number 1800127146		
Name of Driver PHUA REN FENG		( / ) Same as Insured
NRIC / FIN S8912037C	Contact Number 9815 8946	
Date of Birth 07/04/1989		
Driving Pass Date 09/03/2010		
Occupation ( / ) Indoor ( ) Outdoor		
Gender ( ) Male ( / ) Female		
Email Address		( / ) NO EMAIL
Address of Driver BIK 771 Yishun Ave 3 #09-247		
S(760771)		
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No		
If No, Relationship of the Driver with the Insured		
( / ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle -		
Insurance Company of Driver's Own Vehicle		
Weather Conditions ( / ) Clear ( ) Raining ( ) Others		
Road Surface ( / ) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No		
Was anybody injured in the accident? ( / ) Yes ( ) No		
If yes, injured detail		Back / Neck Pain
Was there any video captured by Car Camera? ( / ) Yes ( ) No		
Was the Accident reported to the Police? ( / ) Yes ( ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact
Veh B SLE 658J		
Veh C		
Veh D		
Veh E		
Veh F		

1 person including driver.





**SINGAPORE  
POLICE FORCE**



T/20190201/2028

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

1 of 3

Report No. T/20190201/2028

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/02/2019 10:54	Vide Report No.:	Station Diary No.: 54
--	------------------	--------------------------

<b>Informant's Particulars</b>			
Name of Informant: PHUA REN FENG		Address: APT BLK 771 YISHUN AVENUE 3 #09-247 SINGAPORE 760771	
ID Type / ID No.: NRIC NO / S8912037C		Contact No.: Home/Office: Mobile: 98158946	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 29	Date of Birth: 07/04/1989	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Civil servant		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/01/2019 22:00	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 HOUGANG AVENUE 8 HOUGANG AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		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
SJU1452T	Car	KIA	CERATO 1.6(A) EX	Blue	Slightly Damaged	0
SLE658J	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU1452T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800127146	14/11/2018	13/11/2019





**SINGAPORE  
POLICE FORCE**



T/20190201/2028

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

2 of 3

Report No. T/20190201/2028

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	PHUA REN FENG	ID No.	S8912037C
Related Vehicle	SJU1452T (Car)	Contact No.	98158946
Hospital/Clinic	DRS. KOO & CHOO MEDICAL CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/02/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

On the above date time and location, while I was driving on my car (V1: SJU1452T), another car (V2: SLE658J) collided to V1 from the rear.

Prior to incident, I was driving along Hougang Ave 8 and was slowing the car down, preparing to turn right into Hougang Ave 6. After V1 came to a halt, I felt an impact from the rear together with a loud bang, and discovered that the front of V2 had collided into the rear of V1. As a result of the collision, V1 suffered cracks to the rear bumper.

No one was injured during the incident. I had only recorded the contact number of V2's driver, 90071366. Due to the incident, I felt stiffness in the neck, shoulders and back areas, and had claimed 5 days of MC from the clinic. No government property was damaged to my knowledge.



**SINGAPORE  
POLICE FORCE**



T/20190201/2028

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

3 of 3

Report No. T/20190201/2028

**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:

J /

ANG JUN MING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

01/02/2019 10:54

Classification Of Case:

Authentication Stamp  
NP168

1-812  
Sgt

Bukit Batok



Owner & Driver  
SJM14527

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8912037C



Name

PHUA REN FENG

潘人鳳

Race

CHINESE

Date of birth

07-04-1989

Sex

F

Country of birth

SINGAPORE

S8912037C

351292



NRIC No. S8912037C



Date of issue

16-04-2004

Address

APT BLK 771 YISHUN AVENUE 3  
#09-247  
SINGAPORE 760771

Owner & Driver  
SJU 14527

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S8912037C**  
Name: **PHUA REN FENG**  
Birth Date: **07 Apr 1989**  
Issue Date: **09 Mar 2010**



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

PASS DATE

Class 3 Motor Cars  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of the driver; and other motor vehicles  $\leq 2500\text{kg}$  09 Mar 2010

NP 428A







# CERTIFICATE OF INSURANCE

## KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : PHUA REN FENG  
 Period of Insurance : 14 Nov 2018 To 13 Nov 2019  
 Engine No. : G4FGJH709135  
 Chassis No. : KNAF3416MK5018298

Vehicle No. : SJU1452T  
 Policy No. : 1800127146  
 Endorsement No. :  
 Issued Date : 20 Nov 2018

### ABOUT THE COVER

Make/Model : KIA Cerato  
 Engine Capacity/Tonnage : 1,591.00 CC  
 Driver Restriction : NA  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2018  
 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 "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  
 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

PHUA REN FENG - \$600 (Own Damage)

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

1. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000
2. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800
4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

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](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: Standard Chartered Bank (Singapore) Limited

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).

0500709919

CYCLE & CARRIAGE - MELVIN

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*M. Janile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

SSCA98