

Date In	15/6/19 10:02	Job description	Date & Time Completed	Done by
Ref No	MA1AIG19010621/b4	SAS e-filing		
Ref No	SLR 161L	E-mail (within 2hrs, AIC 2hrs)		
Date In	14/6/19 08:50	I-Motor Claim Form		
		I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Vkian		

Production Wksp / RRC Assign Wksp / QW: (

Tel:

Fax:

IP Particulars:

Veh No:

SLH 3074H

INC ( ) / Non-INC ( )

Tel:

( )

Owner / Driver: (

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 &amp; Strictly NO refer of repair.

) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

Injury:

Date/Time:

Action:

MA1904420

Customer's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. No:

INVOICE	Ref. No.	Ref. No.
1) Alt: Accident Reporting (\$30)	30.00	
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
Retaining status UNC Only (ver 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idas DA + SMIT Survey	\$160	
8) NTUC Additional Services:		
Q1:		
*NS: Courtesy Car / Tpt Allowance	\$5	
*NR: Repair Coordination	\$10	
*NI: Post Repair Inspection	\$25	
*NB: DV / Collect Excess Coordination	\$5	
*TP (NI) / TP (Non INC) against INC	\$20	
9) NI2: Idas 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	15/06/2019 10:02
Date Of Accident	14/06/2019 08:50
Exact Location Of Accident	TURF CLUB RD TURNING TO DUNEARN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ161L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTOTRUST LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97669737

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994248
Cover Note Number	-

### Driver

Name of Driver	TAN HIAN HOCK (CHEN XIANFU)
NRIC No	S78151571
Date Of Birth	01/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	15/01/1999
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97669737
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 43 BEDOK SOUTH RD #10-779
Postcode	460043
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2899999 - FAX NO: 62815961
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH3074H
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	TAN HIAN HOCK (CHEN XIANFU)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLQ161L
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:

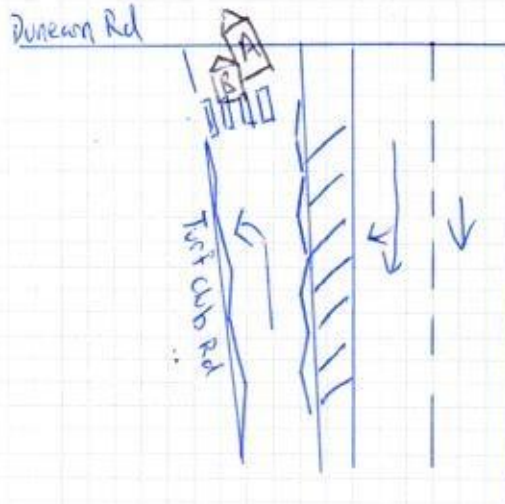
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



Venue: Turf Club Rd turning into Dunearn Rd

Vehicle 'A' SLR 161 L  
Vehicle 'B' SLH 3074 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time. I vehicle 'A' was travelling along Turf Club Rd upon junction of Dunearn Rd I stopped at the stop line to look out for on coming traffic. As the the traffic was clear, I moved off and felt an impact from the left of my vehicle. Then I realised vehicle 'B' had tried to squeezed out from the left in a single lane. This accident caused damages from the front left to the rear left portion on my vehicle.

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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 06 / 2019) (DD/MM/YYYY), TIME: (08 : 48) (HH:MM)

LOCATION: Turf Club Rd turning into Kinson Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 161L  
 b) INSURANCE COMPANY: AIG  
 c) POLICY NUMBER: 999994248  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA CITY  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
 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: AUTO TRUST LEASING PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: 20 TURF CLUB ROAD LOT NO. 03/04/05/07  
THE GRAND STAND CAR MAUL S(287995)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: TAN HIAN HOCK (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7815152T CONTACT: 9766 9737  
 c) ADDRESS: BLK 43 BEDOK SOUTH ROAD #10-779  
S(460043)

\*d) DATE OF BIRTH: (01 / 06 / 1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 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: SLH 3074H MODEL: TOYOTA PRIUS  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
 (including driver)  
(01)

\* No of passenger  
 (including driver)  
(01)

\* No of passenger  
 (including driver)  
( )

Email = Zoomautoworks@gmail.com

fax =



# SINGAPORE POLICE FORCE



T/20190614/2093

1 of 3

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

Report No. T/20190614/2093

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2019 14:22		Vide Report No.:		Station Diary No.: 25
<b>Informant's Particulars</b>				
Name of Informant: TAN HIAN HOCK		Address: APT BLK 43 BEDOK SOUTH ROAD #10-779 SINGAPORE 460043		
ID Type / ID No.: NRIC NO / S78151571		Contact No.: Home/Office: Mobile: 97669737		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 41	Date of Birth: 01/06/1978	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Housing Agent		Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/06/2019 08:50	Type of Location:
Location: TURF CLUB ROAD towards the main 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 - Head To Side			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH3074H	Car	TOYOTA		Grey	Slightly Damaged	0
SLQ161L	Car	HONDA		Black	Slightly Damaged	0

## Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20190614/2093

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

2 of 3

Report No. T/20190614/2093

**CONTINUATION OF REPORT**

Driver			
Name	TAN HIAN HOCK	ID No.	S7815157I
Related Vehicle	SLQ161L (Car)	Contact No.	97669737
Hospital/Clinic	Intemedical 24 Hr Clinic	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	14/06/2019	Date Discharge	14/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On at 14/06/2019 at about 0850hrs, I was driving along the single lane of Turf Club Road towards the main road. I then stopped at the stop line. Once the traffic was cleared, I proceed to make a left turn. While turning left, I felt and impact on the left side of the vehicle. I then alighted from my vehicle to make a check and saw a car had knocked on to the left side of my car. I believed that the car had tried to squeeze through from behind and made the left turn concurrently with me. No traffic police or ambulance came down to scene.

On the same day at about 1245hrs, I went to Intemedical Clinic to see the doctor and was given 5days MC. I would like to add that I have an in-car camera in my car however it did not record the incident.



**SINGAPORE  
POLICE FORCE**



T/20190614/2093

3 of 3

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

Report No. T/20190614/2093

**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 2 GABRIEL LEE BO WENG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 3 KOH CHEE SENG, KEVIN  
Contact No.: 65472073

Authentication Stamp  
NP168


Signature Of Informant:

Date/Time:  
14/06/2019 14:22

Classification Of Case:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S78151571




Name  
TAN HIAN HOCK  
(CHEN XIANFU)  
陈 贤 福

Race  
CHINESE

Date of birth  
01-06-1978

Country of birth  
SINGAPORE

Sex  
M



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number  
S78151571

Name  
TAN HIAN HOCK  
(CHEN XIANFU)

Birth Date  
01 Jun 1978

Issue Date  
03 Oct 2016



0020521241

4250012



NRIC No. S78151571



Date of Issue  
17-07-2008

APT BLK 43 BEDOK SOUTH ROAD #10-779  
SINGAPORE 460043


NRIC No: S78151571 Date: 31/01/2013

For LKK/NAC Use Only

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

	EFFECTIVE DATE
Class 2B Motorcycles $\leq$ 200 cc	30 Oct 2001
Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	15 Jan 1999

NP 428A



Licence No: S78151571

For LKK/NAC Use Only

Land Transport Authority

PDVL/TDVL  
33 888 6666  
267916



**VOCATIONAL LICENCE**

Licence No : S78151571

Name : TAN HIAN HOCK

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	05/11/2018

For LKK/NAC Use Only



**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

2015336542

M.Z.400

Third Party Commercial Insurance

CERTIFICATE NO. SLQ161L

POLICY NO. 999994248

POLICY EXCESS S\$1,500.00 (II)

WINDSCREEN EXCESS N.A

SUM INSURED N.A

INSURING WITH COE/PARF No

SLQ161L

AutoTrust Leasing Pte Ltd

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE  
FOR THE PURPOSES OF THE ACT

03 June 2019

4) DATE OF EXPIRY OF INSURANCE

21 February 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

Any person who is driving on the Insured's order or with their permission.

The Authorised driver must be age within 22 to 65 years old with at least 2 years driving experience unless specified otherwise

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Additional Excess \$ 1,000 is applicable Outside Singapore

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE\*

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE Not Applicable

HIRE PURCHASE COMPANY N.A

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles  
(Third- Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 03 Jun 2019

AIG Asia Pacific Insurance Pte. Ltd.

0500656-000

Cowell Insurance Agency Pte Ltd

8 Burn Road

#09-09 Trivex

Singapore 369977

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPIUS