

NATIONAL Assessment Centre Services.

[ver 1 Jan'09]

MNA 119080091

Date In: 19/06/2019 17:06	Job description	Date & Time Completed	Done by
Ref No: NA/AG19010884/11	SAS e-filing		
Veh No: SL2 697K	E-mail (within 3hrs, AIC 2hrs)		
DOA: 18/06/2019 18:50	I-Motor Claim Form		
(ID) (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wk32		

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

TP Particulars:	Veh No: SMH280AM	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) (Non-INC) (TP) (Non-TP)	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

<p>MNA1904550</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref. 1:</p> <p>Ref. 2/3:</p>	<p>Invoice Particulars (Gross)</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$80)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td></td> </tr> <tr> <td>4) PT: Follow-Through Survey \$120</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey) \$30</td> <td></td> </tr> <tr> <td colspan="2">For claiming against INC Only (ver 10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> </tr> <tr> <td>7) NI: Idan DA + SMRT Survey \$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td>ON:</td> <td></td> </tr> <tr> <td>*NS: Courtesy Car / Tpt Allowance \$3</td> <td></td> </tr> <tr> <td>*NG: Repair Co-ordination \$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection \$23</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination \$3</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC \$20</td> <td></td> </tr> <tr> <td>9) N12: Idan Mobile \$0</td> <td></td> </tr> </table> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>	1) AR: Accident Reporting (\$30)	30.00	2) DA: Damage Assessment (\$100); INC (\$80)		3) TP: Towing Fee \$40/\$45		4) PT: Follow-Through Survey \$120		5) PT: Follow-Through Survey (Resurvey) \$30		For claiming against INC Only (ver 10 Jan 2003)		6) TR: Re-inspection \$75		7) NI: Idan DA + SMRT Survey \$160		8) NTUC Additional Services:		ON:		*NS: Courtesy Car / Tpt Allowance \$3		*NG: Repair Co-ordination \$10		*N7: Post Repair Inspection \$23		*N8: DV / Collect Excess Coordination \$3		TP (N11): TP (Non INC) against INC \$20		9) N12: Idan Mobile \$0	
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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 willful 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	19/06/2019 17:06
Date Of Accident	18/06/2019 18:50
Exact Location Of Accident	UPP PAYA LEBAR RD TWDS BOUNDARY RD (OPP BLK 161)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ697K
Insured/Policyholder	
Name Of Registered Owner	KWEK KIOK KHIANG (GUO KEQIAN)
NRIC No	S7812684A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90903030
Alternative Phone No	OFFICE-90903030

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO
Exact Purpose for which vehicle was being used at time of accident	AFTER 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 CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800041450
Cover Note Number	

Driver

Name of Driver	KWEK KIOK KHIANG (GUO KEQIAN)
NRIC No	S7812684A
Date Of Birth	15/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	06/10/1997
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90903030
Fax Number	
Contact Number	OFFICE-90903030
Email Address	NOEMAIL

Address	APT BLK 132 LORONG AH SOO #04-394
Postcode	530132
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH2804M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANDREW CHUA
NRIC/Passport Number	
Contact Number	63033381
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KWEK KIOK KHIANG

Approximate Age

Injuries Sustain BACK & NECK

Injured person in which vehicle? SLZ697K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any willful 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 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.
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")

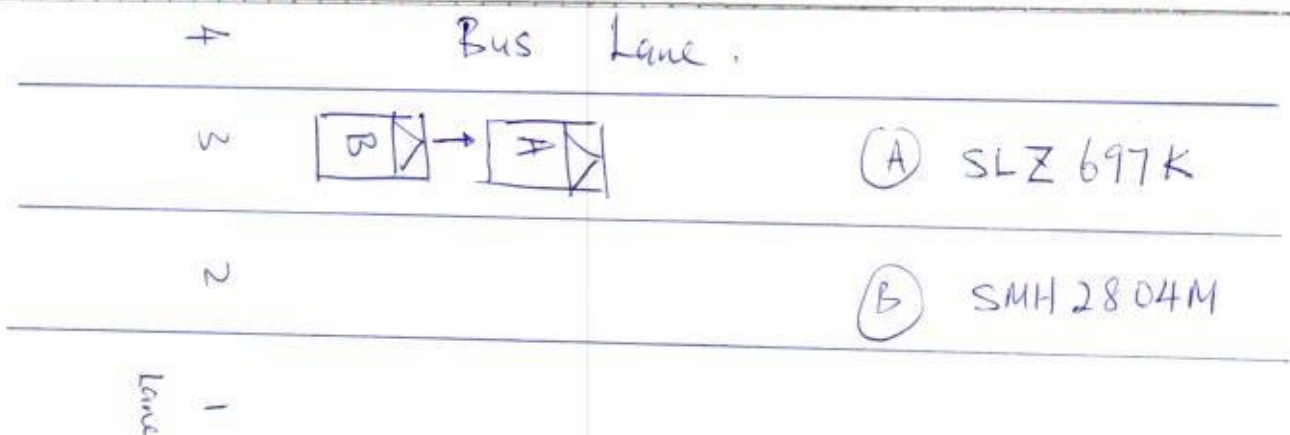
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



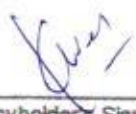
Upper Paya Lebar Road Toward Boundary Rd.
Opposite BIK 161


Describe Circumstances of the Accident


Refer To Police Report NO: 20190619/7003

Declaration

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


Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20190619/7003

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190619/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2019 08:17	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KWEK KIOK KHIANG			Address: APT BLK 132 LORONG AH SOO #04-394 SINGAPORE 530132		
ID Type / ID No.: NRIC NO / S7812684A			Contact No.: Home/Office:		Mobile: 90903030
Nationality: SINGAPORE CITIZEN			Email: kwekstephen@gmail.com		
Sex: Male	Age: 41	Date of Birth: 15/05/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Marketing and sales representative (technical)			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: 18/06/2019 18:50	Type of Location: Straight Road
Location: UPPER PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		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
SLZ697K	Car	KIA	SORENTO 2.2(8AT) CRDI 2WD S/R	Grey	Slightly Damaged	0
SMH2804M	Car	HONDA		White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ697K	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800041450	23/04/2018	22/04/2020



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20190619/7003

2 of 3

Report No. T/20190619/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KWEK KIOK KHIANG	ID No.	S7812684A
Related Vehicle	SLZ697K (Car)	Contact No.	90903030
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/06/2019	Date Discharge	18/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	ANDREW CHUA	ID No.	NIL
Related Vehicle	NIL	Contact No.	63033381
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 18/06/19 at about 1850hrs, i was travelling along upper Paya lebar road towards Boundary Road, suddenly, there was a unknown vehicle from my right 2nd lane cut into my lane which is the 3rd lane. I tried to avoid hitting to the front vehicle and i immediately applied brake and stop on time. Suddenly, i felt a strong impact from the rear of my vehicle. Vehicle B SMH 2804 M had hit me onto my car Vehicle A SLZ 697 K rear portion. My vehicle have a in-car camera with video footage of the incident. After the accident, the driver of Vehicle B admitted it was his fault and asked me to make a third party claim under his Vehicle insurance policy. I had some pain on my back & neck and went to Mount Alvernia for medical check up. I was given 5 days MC



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20190619/7003

3 of 3

Report No. T/20190619/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
19/06/2019 08:17

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 6 / 2019 (DD/MM/YYYY), TIME: 18 : 50 (HH:MM)

LOCATION: Upper Paya Lebar Road Toward Boundary Rd
(Opposite BIK 161)*

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLZ 647 K
 b) INSURANCE COMPANY: AIG Insurance
 c) POLICY NUMBER: 1800041450
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Kia Sorento
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: After Work
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: Kwek Kiok Khiang (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 7812684 A CONTACT: 90903030
 c) ADDRESS: BIK 132 Lor Ah Soo #104-398
S' 530132

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (15 / 5 / 1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 6/10/1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

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

b) ROAD SURFACE: DRY / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES/ NO) Kwek Kiok Khiang

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

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police Division

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMH 2804 M MODEL: Honda
 b) DRIVER'S NAME: Andrew Chua
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 63033381/62931900

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)
Male

* No of passenger
(including driver)
()

Email = 6844 2641
 Fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. S7812684A

Name: KWEK KIOK KHIANG (GUO KEQIAN)

Date of Birth: 15 May 1978

Issue Date: 13 Jan 2009

001687564A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7812684A

Name: KWEK KIOK KHIANG (GUO KEQIAN)

郭克乾

Race: CHINESE

Date of Birth: 15-05-1978

Sex: M

Country/Place of Birth: SINGAPORE

YOU ARE NOW TO DRIVE VEHICLES IN THE FOLLOWING CLASS

CLASS 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg

06 Oct 1997

NP 428A

NP 428A

5533919

NPIC No. S7812684A

Date of Issue: 20-11-2015

Address: APT BLK 132 LORONG AH SOO #04-394 SINGAPORE 530132

Owner }
Driver }

9090 3030

Name of Policyholder : KWEK KIOK KHIANG (GUO KEQIAN)
Period of Insurance : 23 Apr 2018 To 22 Apr 2020
Engine No. : D4HBJH364698
Chassis No. : KNAPH81BMJ5448549

Vehicle No. : SLZ697K
Policy No. : 1800041450
Endorsement No. :
Issued Date : 26 Apr 2018

ABOUT THE COVER

Make/Model : KIA SORENTO 2.2 A DIESEL
Engine Capacity/Tonnage : 2,199.00 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 - 1800cc

* 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)

KWEK KIOK KHIANG (GUO KEQIAN) - \$600 (Own Damage), HUE MAY LING (XU MEILING) - \$600 (Own Damage)

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

- 1 Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
- 2 Cycle & Carriage Authorised Service Centre Add: 241 Alexandra Road Singapore 159931 64278800
- 3 Cycle & Carriage Authorised Service Centre (For 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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

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).

0504622233

C&CK/CP2 - ERICL
239 ALEXANDRA ROAD
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

35C52B