

# NATIONAL Assessment Centre Services

[ver 1 Jan 2003]

MMA 119113371

Date In: 28/1/19 09:14	Job description	Date & Time Completed	Done by
Ref No: MA/ AIG 19015130/64	SAS e-filing		
Veh No: SLN 5650A	E-mail (within 3hrs, AIG 2hrs)		
TPA: 27/1/19 15:05	I-Motor Claim Form		
(1) <input checked="" type="radio"/> 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/Whse		

Preferred Wksp / HIC Assgn Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SMA 30094

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 100115 0711 0010)

Date:

Time:

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:

MA1906339

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Sub E

Invoice Itemization	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30);		30.00
2) DA: Damage Assessment (\$100);	INC (\$40)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming status UNC Only (wef 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
* N5: Courtesy Car / Tpt Allowance	\$5	
* N6: Repair Co-ordination	\$10	
* N7: Post Repair Inspection	\$25	
* N8: DV / Collect Excess Coordination	\$5	
TP (Nil): TP (Non-INC) against INC	\$20	
9) N12: Idao Mobile	\$0	
Invoice dated	Fax Charged	
Invoice dated	Fax 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	28/08/2019 09:14
Date Of Accident	27/08/2019 15:05
Exact Location Of Accident	SLIP RD OF PIE INTO UPP PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN5650A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TONG KOK SENG (DONG GUOSHENG)
NRIC No	S7225700F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96606627
Alternative Phone No	OFFICE-96606627
<b>Vehicle Particulars</b>	
Manufacturer	SUBARU
Model	FORESTER
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700003756-02
Cover Note Number	-
<b>Driver</b>	
Name of Driver	TONG KOK SENG (DONG GUOSHENG)
NRIC No	S7225700F
Date Of Birth	22/07/1972
Occupation	INDOOR
Date Of Driving Pass	27/11/1995
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96606627
Fax Number	
Contact Number	OFFICE-96606627
Email Address	NOEMAIL

Address	BLK 691 CCK CRESCENT #07-50
Postcode	682691
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### 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	SMA3009Y
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	TONG KOK SENG (DONG GUOSHENG)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLN5650A
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 (SLIP ROAD FROM PIE (CHANGAI) INTO UPPER PAYA LEBAR ROAD)

Vehicle A  
- SLN 5650A

Vehicle B  
- SMA 3009Y

Slip Road from PIE (CHANGAI)

Bus Lane

Upper Paya Lebar Road

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the slip road from PIE into Upper Paya Lebar Road which leading toward upper Serangoon direction. I was on the right lane of the slip road.

While coming to the giveaway line, I braked and stopped my vehicle to give way to the on-going vehicle, which suddenly I felt a great impact from the rear of my vehicle.

Alighted from my vehicle, and realized it was a vehicle with licence plate number (SMA 3009Y) that collided to the rear of my vehicle while I'm stationary stopped at the give way line to give way to the on-going vehicle.

The whole accident footage was captured by my in-car camera.

Vehicle A - SLN 5650A

Vehicle B - SMA 3009Y.

## 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.:



<b>Vehicle No.</b>	SLN 5650A	Model / Make	Subaru Forester
Date of Accident	27/8/19		
Time of Accident	1505	HRS	
Location of Accident	SLIP ROAD FROM PIE INTO UPPER PAYA LEBAR ROAD TOWARDS UPPER SERANJUN DIRECTION.		
Exact purpose use during accident	PRIVATE USE		
<b>Name of Owner</b>	TONG KOK SENG		
Telephone No.	H/P : 9660 6627	Home :	Office :
NRIC	S 722 5700 F		
Address	BLK 691 B CHOA CHU KANG CRESCENT #07-30 S (682691)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	1700003756-02		
<b>Name of Driver</b>	As Above If No,		
NRIC	Any Passengers : 0		
Date of birth	22 JUL 1972		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	27 NOV 1995		
Gender	Male	/	Female
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	OWNER
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No	If Yes, Who?	Pending / Monitor
Name And Contact No.	Mr Tony Kok Seng, 9660 6627.		
Name And Contact No.			
Police Report	No	If Yes, Where?	
<b>Vehicle B No.</b>	SMA 3009 Y	Any Passengers :	
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
<b>Accident Portion</b>	REAR		
Camera Recorder	YES / No	FRONT / REAR.	
<b>Email Address</b>			
PARTICULAR WORKSHOP	N-SI Automotive Pte LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n5i.com.sg		

REPUBLIC OF SINGAPORE

IDENTITY CARD NO: S7225700F



TONG KOK SENG  
(DONG GUOSHENG)

董國聲

Race

CHINESE

Date of Birth

22-07-1972

Sex

M

Country of Birth

SINGAPORE

For N-S  
Automotive  
M&E City

ACCIDENT  
REPORT  
PURPOSE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7225700F

Name

TONG KOK SENG  
(DONG GUOSHENG)

Birth Date: 22 Jul 1972

Issue Date: 27 Apr 2017

002678823B



NRIC No: S7225700F



Blood Group

O+

Date of Issue

05-08-1995

APT BLK 081B CHOA CHU KANG CRESCENT #07-50  
SINGAPORE 682801

NRIC No: S7225700F

Date: 22-07-2002

No: 4322991

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  27 Nov 1995

NP 428A







# CERTIFICATE OF INSURANCE

## SUBARU AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : Tong Kok Seng (Dong Guosheng)  
**Period of Insurance** : 09 May 2019 To 08 May 2020  
**Engine No.** : FB20Y651074  
**Chassis No.** : JF1SJ5KC5HG088821

**Vehicle No.** : SLN5650A  
**Policy No.** : 1700003756-02  
**Endorsement No.** :  
**Issued Date** : 05 Apr 2019

### ABOUT THE COVER

**Make/Model** : SUBARU Forester 2.0i-L  
**Engine Capacity/Tonnage** : 1,995.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2017  
**Insuring with COE/PAFF** : Yes

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 - \$800 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

Tong Kok Seng (Dong Guosheng) - \$800 (Own Damage)

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

1. Motor Image Enterprises Pte Ltd Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

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: United Overseas Bank Limited

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).

0500619010

TAN CHONG CREDIT - SUBARU PA  
911 BUKIT TIMAH ROAD  
SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
AUTHORISED REPRESENTATIVE

SSCRKJ