

NATIONAL Assessment Centre Services. [part 1 Jan 2005] MMA 120002643.

Date In: 7/1/20 11:31	Job description	Date & Time Completed	Done by
Ref No: NA/ AIG 20000481/h4	SAS e-filing		
Veh No: SMN 256 B	E-mail (within 3hrs, AIC 2hrs)		
DEFA: 6/1/20 15:20.	I-Motor Claim Form		
(1) <input checked="" type="radio"/> 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: JRU 7683	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

MA 200009332	Invoice Preparation Checklist	Amc (\$)	Excess (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	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 Coordination \$10		
	• N7: Post Repair Inspection \$25		
	• N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Inc-INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	07/01/2020 11:31
Date Of Accident	06/01/2020 15:20
Exact Location Of Accident	NEWTON RD TWDS NOVENA
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMN256B
Insured/Policyholder	
Name Of Registered Owner	TAN CHEE HUAT
NRIC No	SXXXX546J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98250884
Alternative Phone No	OFFICE-98250884
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 3
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	1900120187
Cover Note Number	
Driver	
Name of Driver	TAN CHEE HUAT
NRIC No	SXXXX546J
Date Of Birth	22/09/1956
Occupation	INDOOR
Date Of Driving Pass	06/12/1975
Driving Experience	44 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98250884
Fax Number	
Contact Number	OFFICE-98250884
Email Address	NOEMAIL

Address	BLK 269 PASIR RIS ST 21 #03-438
Postcode	510269
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?	YES
Foreign Vehicle Registration Number	JRU7683 (PRIVATE CAR)
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)	4
Passenger 1	NAME: : WEE CHYE TUAN PENNY GENDER: : FEMALE
Passenger 2	NAME: : TAN GUO WEN KEANE GENDER: : MALE
Passenger 3	NAME: : TAN GUO TEN KEEFE GENDER: : MALE

#### 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 POLICE REPORT T/20200106/7023

#### 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	JRU7683
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 OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SJM4311P
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 CHEE HUAT
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMN256B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	WEE CHYE TUAN PENNY
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMN256B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 3**

Name	TAN GUO WEN KEANE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMN256B
Were seat belts worn?	YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### DETAILS OF INJURED PERSON 4

Name

TAN GUO TEN KEEFE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMN256B

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

A  
A  
A  
B  
A  
C

A: 3MN256B  
B: JRU7683  
C: SJM4311P

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 06/01/20 at about 320pm, I was travelling along  
Newton rd towards HOREN4. I was stationary due to  
front traffic. I felt an impact from the rear. I was  
involved in the 3 vehicles chain collision.

## 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.:



1st A:  
Date of Accident : 06/01/20 Accident Time: 320pm (24-HR-Format)  
Accident Place : Newton Rd towards Novena.  
Vehicle No. (Car Plate No.) : 3MN 256B Make/Model: Mazda 3  
Insurance Company : AIG Policy No: 1900120187  
Owner or Company Name / IC No. : 5117 3546 J Tan Chee Huat  
Owner or Company Contact No. : 98250884 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : AS above  
DRIVER'S Date Of Birth : 22/09/1956 DRIVER'S License Pass Date 06/12/1975  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner.  
DRIVER'S Address : 269 PASIR RIS ST. 21 #03-438 (510269)  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): Driver & 3 passengers.  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): no injury.  
yes.

Other Party Driver's Particular (if any)

2nd: B Vehicle No: JRU 7623	3rd: C Vehicle No: SJM 4311P.
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**

NEE CHYE TUAN PENNY (F).  
TAN GUO WEN KEANE (M)  
TAN GUO REN KEFE (M)







# SINGAPORE POLICE FORCE



T/20200106/7023

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

1 of 4

Report No. T/20200106/7023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/01/2020 18:53	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: TAN CHEE HUAT			Address: APT BLK 269 PASIR RIS STREET 21 #03-438 SINGAPORE 510269		
ID Type / ID No.: NRIC NO / S1173546J			Contact No.: Home/Office: Mobile: 98250884		
Nationality: SINGAPORE CITIZEN			Email: tchtommy@hotmail.com		
Sex: Male	Age: 63	Date of Birth: 22/09/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3		
			Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 06/01/2020 15:20	Type of Location: Straight Road
Location:  NEWTON ROAD towards Novena				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
JRU7683	Car		Myvi	Orange	Seriously Damaged	3
SJM4311P	Car	HONDA	Stream	Grey	Seriously Damaged	1
SMN256B	Car	MAZDA	MAZDA3 4DR 1.5 AT M-HYBRID ASTINA	White	Slightly Damaged	4

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20200106/7023

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

2 of 4

Report No. T/20200106/7023

**CONTINUATION OF REPORT**

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN256B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900120187	23/07/2019	22/07/2021

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Driver**

Name	TAN CHEE HUAT	ID No.	S1173546J
Related Vehicle	SMN256B (Car)	Contact No.	98250884
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Passenger**

Name	WEE CHYE TUAN PENNY	ID No.	S1358124Z
Related Vehicle	SMN256B (Car)	Contact No.	96462231
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	05	Degree of Injury	Slight

**Passenger**

Name	TAN GUO WEN KEANE	ID No.	S9412931A
Related Vehicle	SMN256B (Car)	Contact No.	96462231
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	05	Degree of Injury	Slight





**SINGAPORE  
POLICE FORCE**



T/20200106/7023

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

3 of 4

Report No. T/20200106/7023

**CONTINUATION OF REPORT**

Passenger			
Name	TAN GUO TEN KEEFE		ID No. S9534754A
Related Vehicle	SMN256B (Car)		Contact No. 91510509
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	05	Degree of Injury	Slight

Brief Details.

On 06/01/2020 at about 3.20pm. I was travelling along Newton roads towards Novena. I was stationary due to front traffic. Suddenly I felt an huge impact from the rear of my vehicle(SMN256B). I got down and realised that I was involved in 3 car collision involving vehicle B(JRU7683) and vehicle C(SJM4311P). Me and my passenger proceeded to visit the doctor at intemedical 24hour clinic after the accident and was given 5days mc each.



**SINGAPORE  
POLICE FORCE**



T/20200106/7023

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

4 of 4

Report No. T/20200106/7023

**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 / TPB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Authentication Stamp  
NP158

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

Date/Time:  
06/01/2020 18:53

Classification Of Case:





# CERTIFICATE OF INSURANCE

## MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan Chee Huat  
Period of Insurance : 23 Jul 2019 To 22 Jul 2021  
Engine No. : P520608528  
Chassis No. : JM6BP2SAAK1100504

Vehicle No. : SMN256B  
Policy No. : 1900120187  
Endorsement No. :  
Issued Date : 30 Jul 2019

### ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV  
Engine Capacity/Tonnage : 1,496.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2019  
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  
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 Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, 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)

Tan Chee Huat - \$600 (Own Damage)

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

1. Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

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: HONG LEONG FINANCE LTD

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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX  
SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

  
AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

53CA58