

NATIONAL Assessment Centre Services

[ver 1 Jan 05]

MMA 120003302

Date In: 8/11/20 11:41	Job description	Date & Time Completed	Done by
Ref No: MAI AIG 200005151h4	SAS e-filing		
Veh No: SFD 160P2	E-mail (within 3hrs, A/C 2hrs)		
U.C.A: 6/11/20 07:40	I-Motor Claim Form		
OT: <input checked="" type="checkbox"/> 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/Wksp		

Produced Wksp / INC Assgn Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SKD 2376 B	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) (Phone: 6739 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

Claimant's Particulars:	Invoice Ref: MMA 2000406	Am (\$)	Am (\$)
Driver/Owner:	Invoice Description		Admin
Contact No:	1) AR: Accident Reporting (\$30);	30.00	
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$50)		
QC Checked by (Bugr-In-Charge):	3) TP: Towing Fee \$40/\$45		
Auditors Comments:	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-Inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*N3: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (S/n INC) against INC \$20		
	9) B12: Idac 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 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	08/01/2020 11:41
Date Of Accident	06/01/2020 07:40
Exact Location Of Accident	BRADDELL RD TWDS TOA PAYOH LP/62V2
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFD1608Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUANG YEW KEONG NIMROD
NRIC No	SXXXX553F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97437071
Alternative Phone No	OFFICE-97437071

#### Vehicle Particulars

Manufacturer	KIA
Model	CARENS
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	2100476066-03
Cover Note Number	

#### Driver

Name of Driver	CHUANG YEW KEONG NIMROD
NRIC No	SXXXX553F
Date Of Birth	04/01/1977
Occupation	INDOOR
Date Of Driving Pass	17/02/2000
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97437071
Fax Number	
Contact Number	OFFICE-97437071
EMail Address	NOEMAIL

Address	BLK 74 TELOK BLANGAH HEIGHTS #19-305
Postcode	1000074
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	TELOK BLANGAH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 51 TELOK BLANGAH DRIVE , <b>POSTCODE:</b> 100051 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2729999 - <b>FAX NO:</b> 63772526
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200106/2209

#### 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	SKD2376B
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	CHUANG YEW KEONG NIMROD
Approximate Age	
Injuries Sustain	NECK N BACK
Injured person in which vehicle?	SFD1608Z
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:

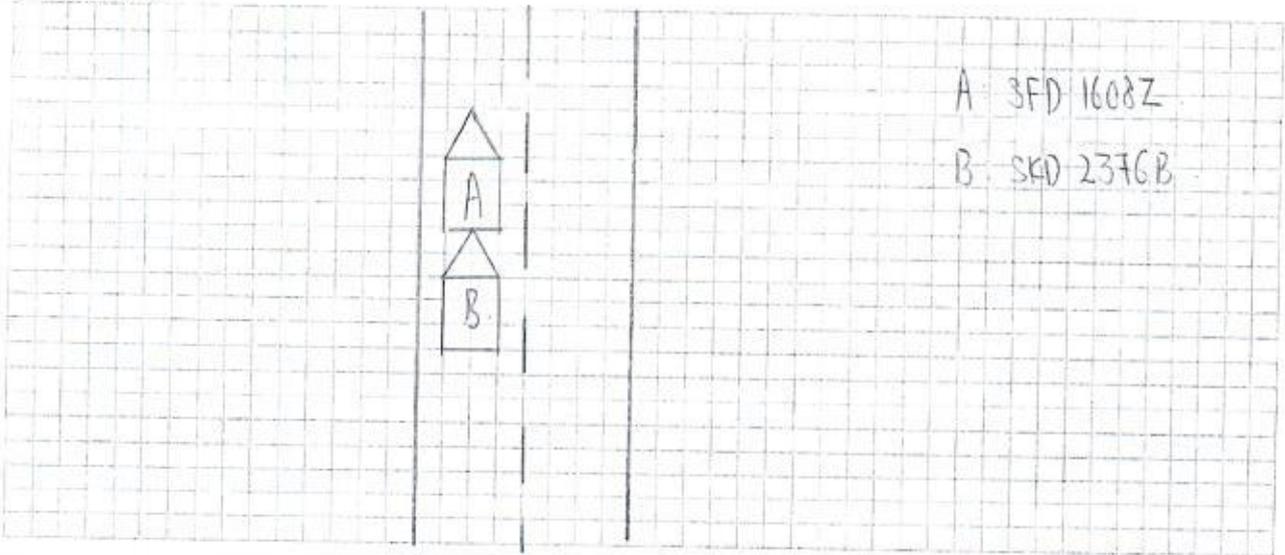
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

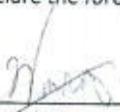


**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

\* Refer the attached Police Report NO : T/2020010612209 .

**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.:

Date of Accident : 06.01.2020 Accident Time: 07.40 am (24-HR-Format)

Accident Place : Braddell Road Towards the direction of Toa Payoh.

Vehicle No. (Car Plate No.) : SFD 1608Z Make/Model: Kia Carens

Insurance Company : AIG Policy No: 2100476066-03

Owner or Company Name / IC No. : Chuang Yew Kong Nimrod (S7700553F)

Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 9743 7071 Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : as above

DRIVER'S Date Of Birth : 04.01.1977 DRIVER'S License Pass Date 17.02.2000

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: MARRI

DRIVER'S Address : 81K 74 Telok Blangah Heights # 19-305 (S) 100074

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): 1 Driver

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): Yes (Neck x Back)

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SFD 2376B</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:







Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFD1608Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100476066-03	26/07/2019	25/07/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHUANG YEW KEONG NIMROD	ID No.	S7700553F	
Related Vehicle	SFD1608Z (Car)	Contact No.	97437071	
Hospital/Clinic	ELYON FAMILY CLINIC AND SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	06/01/2020	Date Discharge	06/01/2020	
No. of Days granted Medical Leave	02	Degree of Injury	Slight	
Driver				
Name	Parriaud Olivier Andre Claude	ID No.	G5974754T	
Related Vehicle	SKD2376B (Car)	Contact No.	92337313	
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 the 06/01/2020 at about 0740hrs, I was driving my vehicle and travelling along Braddell Road on the Viaduct lane 2 towards the direction of Toa Payoh.

While I was driving, the weather was clear, the road surface was dry and the traffic was heavy. I stop my car due to the heavy traffic and suddenly I felt an impact coming from the rear of my car.

I made a check and realized that the car at my rear had collided to my car. At that point of time nobody was injured, both driver exchanged particulars and contact number. I felt discomfort around my neck area and lower back area I then went for medical checkup at a clinic and was given 2 days MC. My car is install with in-car camera but however there is some error with the camera thus there isn't any footage available. I had seek the kind assistance from the driver at my front Mr. Irvin Toh (HP: 92388538) if he could provide me with his in-car camera footage.



**SINGAPORE  
POLICE FORCE**



T/20200106/2209

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Report No. T/20200106/2209

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200106/2209

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

4 of 4

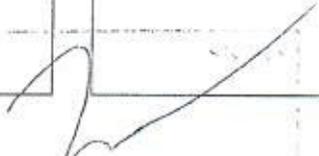
Report No. T/20200106/2209

**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: D / Sgt 1 ONG JING WEI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/01/2020 21:52
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	

PERSONAL MOTOR VEHICLE

Name of Policyholder : Chuang Yew Keong Nimrod  
 Period of Insurance : 26 Jul 2019 To 25 Jul 2020  
 Engine No. : D4FDGH111569  
 Chassis No. : KNAHU815VG7161656

Vehicle No. : SFD1608Z  
 Policy No. : 2100476066-03  
 Endorsement No. :  
 Issued Date : 25 Jun 2019

ABOUT THE COVER

Make/Model : KIA Carens 1.7 Diesel SX  
 Engine Capacity/Tonnage : 1,685.00 CC  
 Sum Insured : Market Value  
 First Year of Registration : 2016  
 Timber Restriction : NA  
 Off Peak Car : No  
 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.
- It is a condition of this Policy that the Policyholder or any authorised driver only if he/she meets the specified age condition.
- \* A. (a) to (b), an additional sum of \$1,000 as "Inexperienced Driver Excess" (IDR) if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

Limitation as to use\*

Cover is 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 participating in the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Capacity of Use: 1500cc - 1600cc

Insurance cover is provided 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 & Theft - \$500  
 Theft - \$0  
 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Chuang Yew Keong Nimrod - \$500 (Own Damage)

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

- 1. AIG Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000
  - 2. AIG Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65604501
  - 3. AIG Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800
  - 4. AIG Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67451000
- \* AIG Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG's Mobile App, simply search and download 'AIG SG' from iTunes or Google Play.

IMPORTANT NOTES

Finance Purchase Company/Employer's Loan: United Overseas Bank Limited

\* This policy is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1958 (Malaysia).

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17, ALEXANDRA ROAD  
 SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*M. Tanila*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE