

NATIONAL Assessment Centre Services [Ref: J3-03] 2

Date In: 28/01/20	Job description	Date & Time Completed	Done by
Ref No: NA/A1620001523/13	SAS e-filing		
Veh No: SJE79685	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/01/20 1510	i-Motor Claim Form		
OD: TP 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: **SLN8694** 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%. F: 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)

Remarks	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

NA2000909

Claimant's Particulars	Invoice Preparation Checklist	Unit (\$)	Unit (\$)
		Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	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 / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	28/01/2020 11:52
Date Of Accident	25/01/2020 15:10
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE7968S
Insured/Policyholder	
Name Of Registered Owner	SIM YEW PENG
NRIC No	SXXXX201B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97735365
Alternative Phone No	OTHERS-97735365

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	2100508036-02
Cover Note Number	

Driver

Name of Driver	SIM YEW PENG
NRIC No	SXXXX201B
Date Of Birth	23/02/1962
Occupation	INDOOR
Date Of Driving Pass	10/03/1987
Driving Experience	32 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97735365
Fax Number	
Contact Number	OTHERS-97735365
EMail Address	NOEMAIL

Address BLK 177 WOODLANDS ST 13
#13-283

Postcode 730177

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? NO

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: : SIM YI VON
GENDER: : FEMALE

Passenger 2 NAME: : TAN SOCK HOON
GENDER: : MALE

Passenger 3 NAME: : BENSON SIM JIN YANG
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes,Please state which Police Station

Police Station Name WOODLANDS WEST NPC

Police Station Address ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes,against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200127/2085

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 SLN869U

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 SKC326P
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 SIM YI VON (FEMALE) (MALE)
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TAN SOCK HOON
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJE7968S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name SIM YEW PENG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJE7968S
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name: BENSON SIM JIN YANG

Approximate Age

Injuries Sustain: SLIGHT

Injured person in which vehicle?: SJE7968S

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:

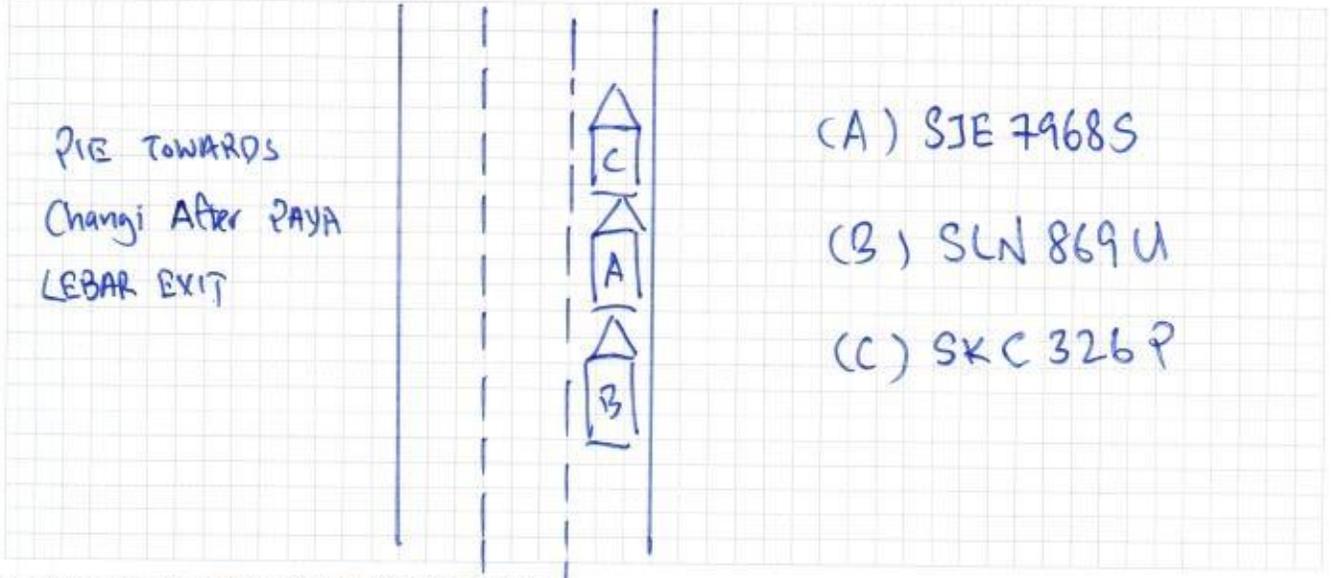


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Changi on lane 1 of 3 lanes. Weather was clear, traffic was moderate. The vehicle in front of me slowed down and stopped. Noticing that, I also slowed down and came to a halt. After a few seconds, I felt an great impact from the rear. The impact was so huge that it pushed me forward and collided onto the rear of the vehicle in front. I alighted and realised it was a chain collision involving 3 vehicles.

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.:



**SINGAPORE
POLICE FORCE**



T/20200127/2085

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 4

Report No: T/20200127/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2020 21:30	Vide Report No.:	Station Diary No. 205
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Informant's Particulars

Name of Informant: SIM YEW PENG		Address: APT BLK 177 WOODLANDS STREET 13 #13-283 SINGAPORE 730177	
ID Type / ID No.: NRIC NO / S1565201B		Contact No.: Home/Office: Mobile: 97735365	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 23/02/1962	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: RENOVATION CONTRACTOR		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/01/2020 15:10	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards Changi Airport near Eunos Exit.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SJE7968S	Car	HONDA	FIT 1.3G A	Red	Slightly Damaged	3
SKC326P	Car				Slightly Damaged	0
SLN869U	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJE7968S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100508036-02	08/05/2019	07/05/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	SIM YI VON		ID No.	S9631419A
Related Vehicle	SJE7968S (Car)		Contact No.	84444692
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/01/2020		Date Discharge	25/01/2020
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	SIM YEW PENG		ID No.	S1565201B
Related Vehicle	SJE7968S (Car)		Contact No.	97735365
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/01/2020		Date Discharge	25/01/2020
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Passenger				
Name	BENSON SIM JIN YANG		ID No.	S9326694C
Related Vehicle	SJE7968S (Car)		Contact No.	88771337
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/01/2020		Date Discharge	25/01/2020
No. of Days granted Medical Leave	05		Degree of Injury	Slight



Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20200127/2085

CONTINUATION OF REPORT

Passenger			
Name	TAN SOCK HOON	ID No.	S6943068F
Related Vehicle	SJE7968S (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/01/2020	Date Discharge	25/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 25/01/2020 at about 1510hrs, I was driving my car (SJE7968S) along PIE towards Changi Airport together with my family (3 other passengers) and I was driving on the first lane and there was another car (SKG326P) in front of me.

Somewhere near Eunos exit, the car in front suddenly jammed his brakes. I then followed suit and manage to come to a complete stop without colliding into the said car. Suddenly I felt an impact from behind and my car surged forward and hit the car in front of me.

I then went out from my vehicle to make a check and discovered that another car (SLN869U) had hit me from behind. Due to the collision, my car sustained damages to the front and rear bumper, I sustained chest and neck pain while my 3 other passengers had pain on their neck however no ambulance was called in. After exchanging particulars with the other 2 drivers, I sent my car to a workshop and then proceeded to seek medical treatment and my family and I were all given 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20200127/2085

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Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20200127/2085

CONTINUATION OF REPORT

Sketch Plan

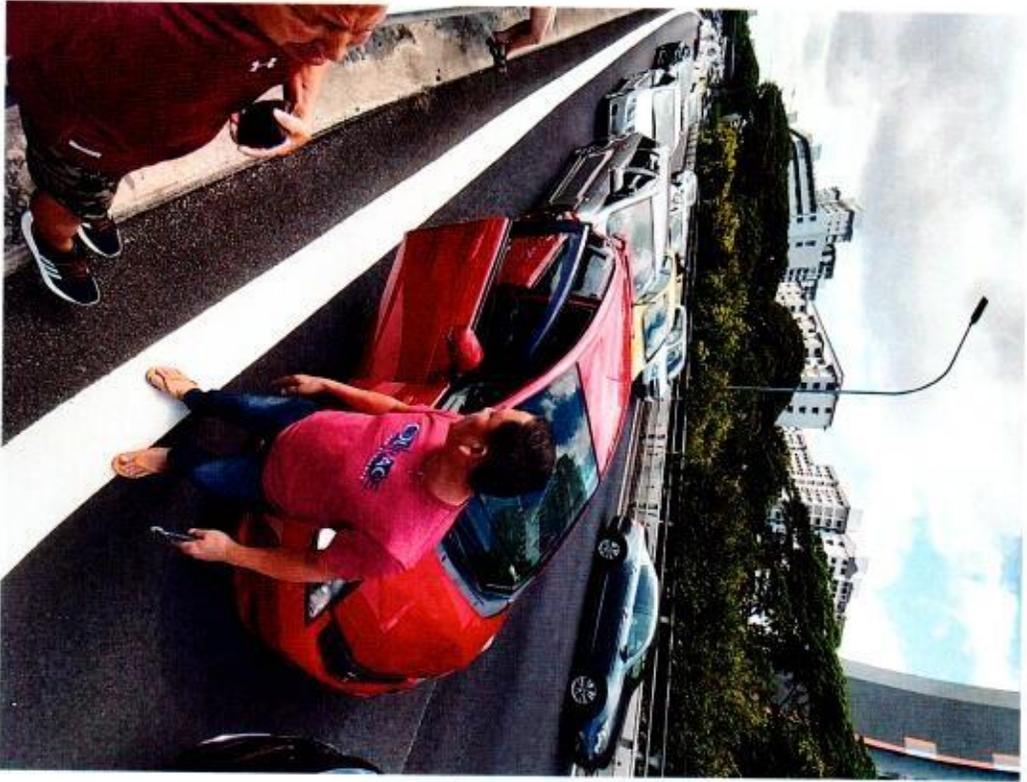
Informant is not able to provide sketch plan

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.

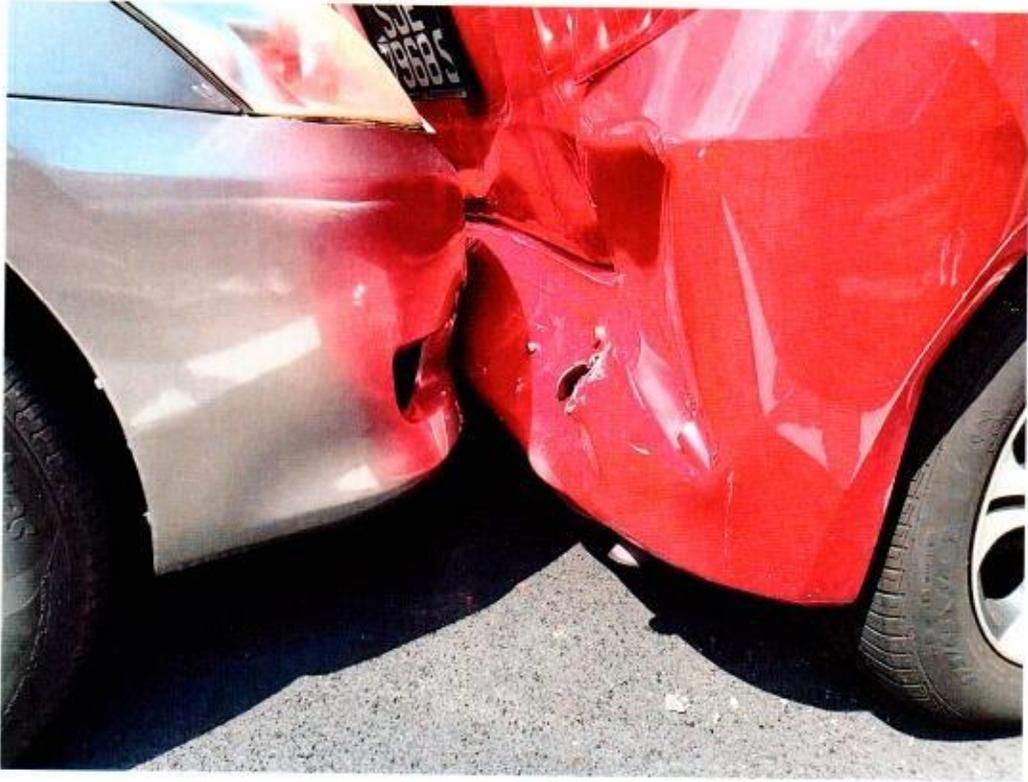
Signature Of Officer Recording The Report: L/ Sgt 1 MUHAMMAD HAZWAN BIN MOHAMMED HUSSEIN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219

Signature Of Informant:
Date/Time: 27/01/2020 21:30
Classification Of Case:

Authentication Stamp
NP168







Date of Accident : 25/1/2020 Accident Time: 1510 HRS (24-HR-Format)
 Accident Place : PIE towards Changi Airport
 Vehicle No. (Car Plate No.) : SJE 7968S Make/Model: Honda Fit 1.3G
 Insurance Company : AIG Policy No: 2100508036-02
 Owner or Company Name /IC No. : Sim Yew Peng
 Owner or Company Contact No. : _____ Owner's Hp 97735365 Company Tel _____
 DRIVER'S Name / IC No. : As above
 DRIVER'S Date Of Birth : 23.02.1962 DRIVER'S License Pass Date 10.03.1987
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other: Owner
 DRIVER'S Address : APT Blk 177 Woodlands Street 13 #13-283 Singapore 730177
 DRIVER'S Contact No./ Alt No. : (1) 9773 5365 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): 4

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): 1 Driver , 3 Passengers

Other Party Driver's Particular (if any)

Vehicle No: <u>SLN 869U</u> (vehicle B)	Vehicle No: <u>SKC 326P</u> (vehicle C)
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



CERTIFICATE OF INSURANCE

Name of Policyholder : Sim Yew Peng
Period of Insurance : 08 May 2019 To 07 May 2020
Engine No. : L13A4073527
Chassis No. : GE61066300

Vehicle No. : SJE7968S
Policy No. : 2100508036-02
Endorsement No. :
Issued Date : 04 Apr 2019

ABOUT THE COVER

Make/Model : HONDA FIT 1.3G
Engine Capacity/Tonnage : 1,339.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2008
Insuring with COE/PARF : 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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 166) and Section 95 of the Road Transport Act, 1967 (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)

Sim Yew Peng - \$600 (Own Damage)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. 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: Standard Chartered Bank (Singapore) Limited

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. 166), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0900 *****
 120*****
 91-20#
 017 010

31295000
 PURE LINK PTE LTD
 ALLANG AVE #08-16 CT HUB
 SINGAPORE 339407

Prepared and Issued by AIG Asia Pacific Insurance Pte. Ltd.

Janile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE