

NATIONAL Assessment Centre Services.

(part 1 Jan 2003)

MMA 120018514

Date In: 10/12/20 17:39	Job description	Date & Time Completed	Done by
Ref No: MA1 AIG 20002289164	SAS e-filing		
Veh No: SLQ 3370E	E-mail (etdln 3hrs, AIG 2hrs)		
DDA: 8/12/20 21:30.	I-Motor Claim Form		
OT: (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SGV 4202J.. INC () / Non-INC ()

Tel:

Owner / Driver: (

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: ()

Comments: (INC 100115 07/11/2010)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time: Actions:

MA2001246

Claimants Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Tel:

2/3

Item	Amount (\$)	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30);			30.00
2) DA: Damage Assessment (\$100);	INC (\$30)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (w/c 10 Jan 2003)			
6) TR: Re-Inspection	\$75		
7) NI: Idno DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*N5: Courtesy Car / Tpt Allowance	\$3		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$3		
TP (N11): TP (Non INC) against INC	\$20		
9) N12: Idno 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	10/02/2020 17:39
Date Of Accident	08/02/2020 21:30
Exact Location Of Accident	CHOA CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ3370E
Insured/Policyholder	
Name Of Registered Owner	LIM CHYE GUAN
NRIC No	SXXXX214I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98348989
Alternative Phone No	OFFICE-98348989

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	2100510466-02
Cover Note Number	

Driver

Name of Driver	LIM CHYE GUAN
NRIC No	SXXXX214I
Date Of Birth	10/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	10/05/1977
Driving Experience	42 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98348989
Fax Number	
Contact Number	OFFICE-98348989
Email Address	NOEMAIL

Address	BLK 525 JELAPANG RD #12-115
Postcode	670525
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)	3
Passenger 1	NAME: : CHEE MAY YING GENDER: : FEMALE
Passenger 2	NAME: : LIM YAN HAO GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200209/2000

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	SGV4202J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	KER AH HUAT
NRIC/Passport Number	SXXXX636I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM CHYE GUAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLQ3370E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHEE MAY YING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLQ3370E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	LIM YAN HAO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLQ3370E
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:

9/2/2020 11:18am



Driver's Signature

(If driver is not the policyholder)

Date & Time:

9/2/2020 11:18am

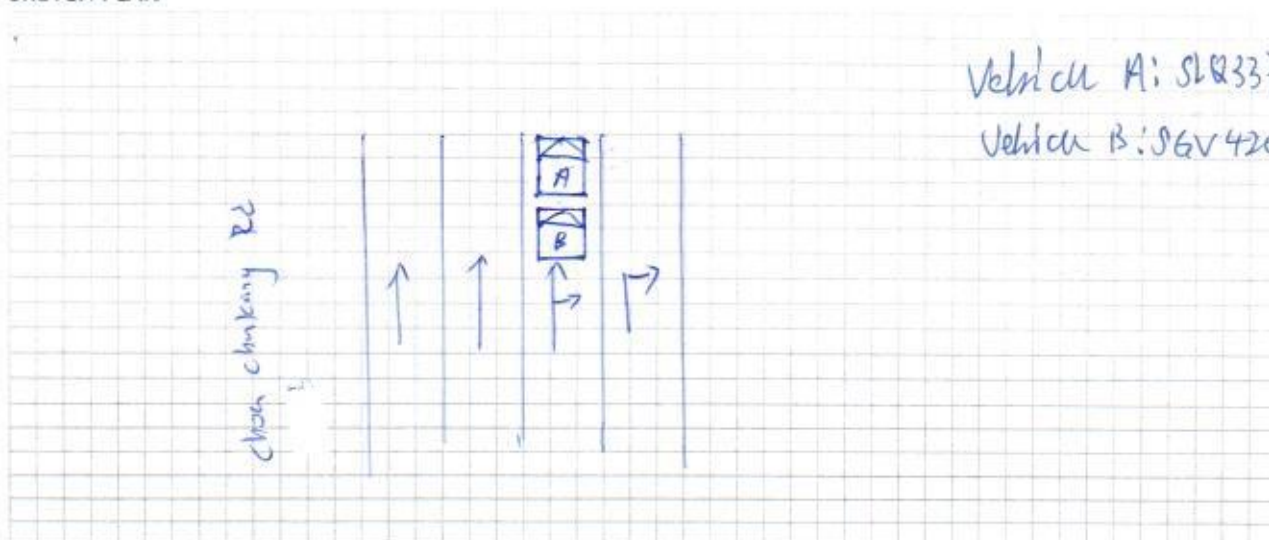


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



Vehicle A: SLQ3370E

Vehicle B: SGV4202J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/02/2020 at about 2126 hrs, I am driving my car (SLQ3370E) along Bukit Batok Road towards Choa Chu Kang Road. While proceeding, I stopped my car (SLQ3370E) at the junction while waiting for the traffic to be clear before making a right turn. I felt an impact on the rear of my car. I got out of my car and realised that this car (SGV4202J) front hit on to my car rear. Both parties took photo of the scene, exchanged particulars and left the scene.

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 : 8/2/2020 Accident Time: 2130 (24-HR-Format)
Accident Place : Choa Chuan Road
Vehicle No. (Car Plate No.) : SLQ3370E Make Model: Mazda 3
Insurance Company : AIA Policy No: 2100510466-02
Owner or Company Name / IC No. : Lim Chye Guan (S13692143)
Owner or Company Contact No. : 9834 8989 Owner's Hp : Company Tel :
DRIVER'S Name / IC No. : Same as Above
DRIVER'S Date Of Birth : 10 Sep 1959 DRIVER'S License Pass Date : 10 May 1977
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : 525 Jelapang Road #12-115 S670525
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): 03
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): Back, Neck, shoulder area.

Other Party Driver's Particular (if any)

Vehicle No: SGV 4202J
Vehicle Make/Model: Mitsubishi Lancer GLX
Name Driver: Ker Ah Huan
IC No. Driver/Contact: S0888636I

Vehicle No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

① Chee May Ying (F)
② Lim Yan Hoo (M)



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20200209/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2020 00:17		Vide Report No.:		Station Diary No.: 11	
Informant's Particulars					
Name of Informant: LIM CHYE GUAN			Address: APT BLK 525 JELAPANG ROAD #12-115 SINGAPORE 670525		
ID Type / ID No.: NRIC NO / S1369214I			Contact No.: Home/Office: Mobile: 98348989		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 10/09/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROJECT MANAGER			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/02/2020 21:25	Type of Location: X-Junction
Location: Along Road 1 BUKIT BATOK ROAD				
Along Bukit Batok Road toward Choa Chu Kang Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SGV4202J	Car				Slightly Damaged	0
SLQ3370E	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Grey	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20200209/2000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ3370E	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100510466-02	04/07/2019	03/07/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KER AH HUAT		ID No.	S0888636I
Related Vehicle	SGV4202J (Car)		Contact No.	NIL
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
Driver				
Name	LIM CHYE GUAN		ID No.	S1369214I
Related Vehicle	SLQ3370E (Car)		Contact No.	98348989
Hospital/Clinic	CCK FAMILY CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	08/02/2020		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	NIL
Passenger				
Name	CHEE MAY YING		ID No.	S1542733G
Related Vehicle	SLQ3370E (Car)		Contact No.	98348989
Hospital/Clinic	CCK FAMILY CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/02/2020		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	NIL



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20200209/2000

CONTINUATION OF REPORT

Passenger			
Name	LIM YAN HAO	ID No.	S8518456C
Related Vehicle	SLQ3370E (Car)	Contact No.	93220297
Hospital/Clinic	CCK FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/02/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 08/02/2020 at about 2126hrs, I am driving my car (SLQ3370E) along Bukit Batok Road toward Choa Chu Kang Road going to my son's house. While proceeding, I stopped my car (SLQ3370E) at the junction while waiting for traffic to be clear before making a right turn. While waiting for the traffic to be clear, suddenly I felt an impact from the rear of my car (SLQ3370E). I ensured that everyone in the vehicle was safe before getting out of my car (SLQ3370E). I get out of my car (SLQ3370E) and realised that this car (SGV4202J) front hit on to my car (SLQ3370E) rear. Both parties took photo of the scene, exchanged particulars, and left the scene. No police or ambulance were at scene and no government property damage. I am lodging this report for insurance claims purposes.



**SINGAPORE
POLICE FORCE**



T/20200209/2000

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20200209/2000

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:

J /

Sgt 2 SOO AU EN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr. Staff Sgt ONG YONG HOCK

Contact No: 65476436

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

09/02/2020 00:17

Classification Of Case:

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Policy No. : 2100510466-02
 Period of Insurance : 04 Jul 2019 to 03 Jul 2020

Issued Date : 18 Jun 2019

ABOUT THE POLICYHOLDER

Name of Policyholder : Lim Chye Guan
 Address : 525 Jelapang Road
 #12-115
 SINGAPORE 670525
 Occupation/Nature of Business : Manager/Director/Management

ABOUT THE VEHICLE

Registration No. : SLQ3370E
 Chassis No. : JM6BN22A8H0153626
 Seating Capacity : 5
 Make/Model : MAZDA 3 1.5 SKYACTIV
 Hire Purchase Company/Employer's Loan : HONG LEONG FINANCE LTD
 Engine Capacity/Tonnage : 1,496.00 CC
 Engine No. : P520445430
 Body Type : Sedan
 First Year of Registration : 2017

ABOUT THE COVER

Sum Insured : Market Value
 Driver 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.
- 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.

Other Key Policy Benefits :

Act of God, PA to Authorised Driver / Unnamed Passengers - \$10000, Ficture and Accessories (Cosmetic) - \$5000, Strike, Riots and Civil Commotions, Glass Roof/ Moon Roof/ Sun Roof/ Panoramic Glass Roof, In-Car Camera Excess Waiver, NCD Protector, Dealer + AIG Authorised Workshops, PA Insured - \$100000, Solar Film - \$1150, Loss of Use 1500cc - 1800cc Optional, New For Old (36 months)

EXCESS

Section 1
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver
 Lim Chye Guan - \$800 (Own Damage)

PREMIUM

Premium	:	\$	1,031.29
GST (7%)	:	\$	72.19
Total	:	\$	1,103.48

Your Premium includes the following discount(s):
 Online Driver Risk Test Disc_2 - 10.00%, Safe Driver Discount - 5.00%, Group Discount - 10.00%, Loyalty Discount - 5.00%, No Claim Discount - 50%