

NATIONAL Assessment Centre Services

[part 1 Jan09]

MMA 120029532

Date In: 7/3/20 13:16	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/1AIG20003707/64	E-mail (within 3hrs, AIG 2hrs)		
Veh No: SMM 7265J	I-Motor Claim Form		
ICCA: 513/20 20:15	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SKE 4386 D	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 Ref No: 67486616)	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 2001860	Invoice Preparation Checklist	Amount (\$)	Actual (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (w/c 10 Jan 2009)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NFUC Additional Services:		
	Q1:		
	*N5: Courtesy Car / Tpt 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	07/03/2020 13:16
Date Of Accident	05/03/2020 20:15
Exact Location Of Accident	PIE(TUAS) BEFORE BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM7265J
Insured/Policyholder	
Name Of Registered Owner	CHONG KI PING (ZHONG QIPING)
NRIC No	SXXXX677B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96336044
Alternative Phone No	OFFICE-96336044

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	1900106032
Cover Note Number	

Driver

Name of Driver	CHONG KI PING (ZHONG QIPING)
NRIC No	SXXXX677B
Date Of Birth	15/03/1974
Occupation	INDOOR
Date Of Driving Pass	04/04/1996
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96336044
Fax Number	
Contact Number	OFFICE-96336044
Email Address	NOEMAIL

Address	BLK 93 CASHEW RD #09-03
Postcode	679664
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	4
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)	2
Passenger 1	NAME: : CHONG LE FAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200306/2101

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	SKE4386D
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 SMC2178M
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 3

Vehicle Registration Number SMQ4335P
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 CHONG KI PING (ZHONG QIPING)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMM7265J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHONG LE FAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMM7265J
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.

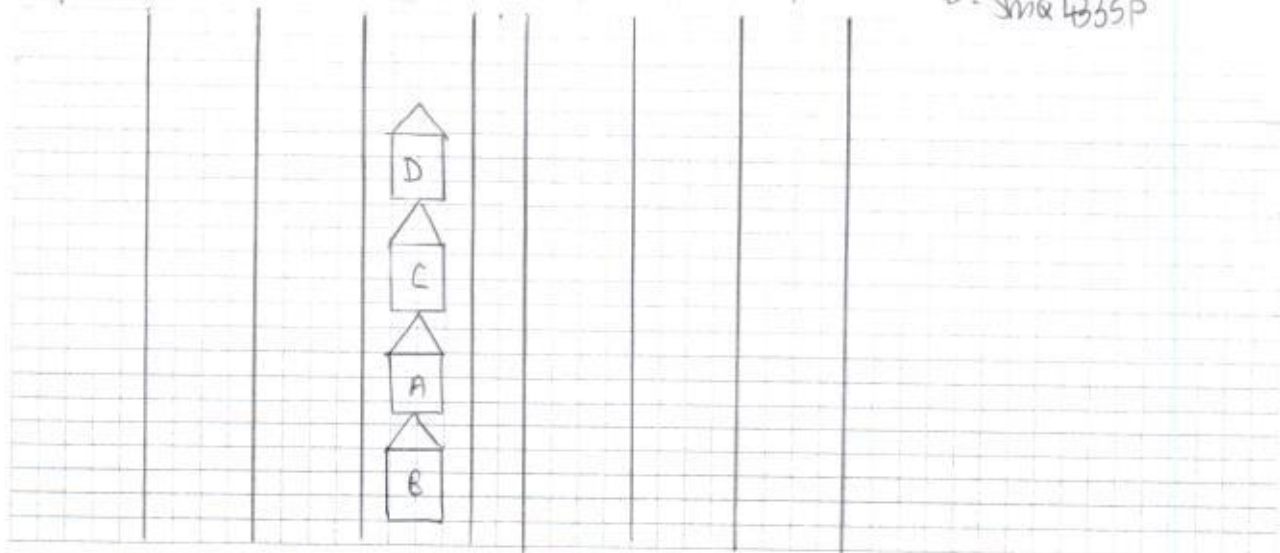

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

A = SMM7265J
 E = SKE4386D
 C = SMC2178M
 D = SMO4335P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On the stated date & time, I, vehicle A was travelling straight on the stated venue. Suddenly I felt a strong impact from the rear of my vehicle. I went down and realize that 4 cars I was involved in a chain collision

1st vehicle D: SMO4335P
 2nd vehicle C: SMC2178M
 3rd vehicle A: SMM7265J
 4th vehicle B: SKE4386D

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/20200306/2101

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20200306/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2020 16:31	Vide Report No.: T/20200305/7027	Station Diary No.: 75
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Informant's Particulars

Name of Informant: CHONG KI PING			Address: APT BLK 93 CASHEW ROAD #09-03 SINGAPORE 679664	
ID Type / ID No.: NRIC NO / S7408677B			Contact No.: Home/Office: Mobile: 96336044	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 45	Date of Birth: 15/03/1974	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/03/2020 20:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
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
SKE4386D	Car				Seriously Damaged	0
SMC2178M	Car				Seriously Damaged	0
SMM7265J	Car	TOYOTA	CAMRY 4- DOOR SEDAN (AUTO) 2.5	Silver	Seriously Damaged	1
SMQ4335P	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200306/2101

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20200306/2101

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM7265J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900106032	10/06/2019	09/06/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHONG KI PING	ID No.	S7408677B
Related Vehicle	SMM7265J (Car)	Contact No.	96336044
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/03/2020	Date Discharge	05/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	CHONG LE FAN	ID No.	T0890575J
Related Vehicle	SMM7265J (Car)	Contact No.	NIL
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/03/2020	Date Discharge	06/03/2020
No. of Days granted Medical Leave	02	Degree of Injury	Serious

Brief Details.

At approximately 2015hrs, I was travelling straight on lane 4 along PIE towards Tuas. Suddenly, I felt a strong impact from the rear of my vehicle. I went down the accident scene and realized I was involved in a chain collision.

I like to state that after the accident, I felt pain on my neck and back so I went to consult a Doctor at intermedical 24 HR clinic and received 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20200306/2101

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20200306/2101

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 LIN WEILIANG, JOEL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168



Signature Of Informant:

Date/Time:

06/03/2020 16:31

Classification Of Case:

VEHICLE NO: SMM72653

MAKE & MODEL: TOYOTA CAMRY

DATE OF ACCIDENT

05 / 03 / 2020

TIME OF ACCIDENT

0815

AM/PM

LOCATION OF ACCIDENT

PIE / TUA BEF BKE

Exact Purpose use during accident

PRIVATE USE

NAME OF OWNER

CHONG KI RING

TELP NO

9633 6044

NRIC

S74086778

CLAIM TYPE

OD

THIRD PARTY

Reporting Only

PRIVATE HIRE

YES (NO)

INSURANCE CO.

AIG

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO

1900106032

NAME OF DRIVER

As above / If No:

NRIC

S74086778

Any passengers: 01

DATE OF BIRTH

15 / 03 / 1974

① Chong Le Fan (M)

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

11 / 04 / 2003

GENDER

Male

Female

CONTACT NO

AS ABOVE

Office:

Home:

ADDRESS

93 CASHEW RD #09-03 (S) 674664

DRIVER HAVE ANY OWN Vehicle NO / If yes: Reg No:

RELATIONSHIP

Employee / If No:

WEATHER CONDITION

Clear / Raining / Other:

ROAD SURFACE

Dry / Wet / Other:

ANY INJURIES

No / If yes: Who? DRIVER, PASSENGER

CONTACT NO

POLICE REPORT

No / If yes: Where? ONLINE

VEHICLE B NO

SKE 43860

Any Passenger:

NAME

CONTACT NO

VEHICLE C NO

S,mc2178m

Any Passenger:

VEHICLE D NO

SmR 4335P

Any Passenger:

VEHICLE E NO

Any Passenger:

VEHICLE F NO

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO

Have you been approach by unknown person soliciting (s) /

ering accident claims assistance?

YES/NO

PARTICULAR WORKSHOP

Sme Motor Pte Ltd

Email: rico60auto.services@gmail.com

P NO

1 Kaki buldt ave 6 #02-15

CONTACT PERSON

Autobay @ kaki buldt

V NO

Singapore 417883

Telp: 67476106 (6 lines)

Fax: 67442368



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHONG KI PING (ZHONG QIPING)
Period of Insurance : 03 Jun 2019 To 02 Jun 2020
Engine No. : A25A0379985
Chassis No. : MR2B63HK404002429

Vehicle No. : SMM7265J
Policy No. : 1900106032
Endorsement No. :
Issued Date : 12 Jun 2019

ABOUT THE COVER

Make/Model : TOYOTA CAMRY 2.5
Engine Capacity/Tonnage : 2,487.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
Insuring with COE/PAFF : 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 - 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 - \$1000 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CHONG KI PING (ZHONG QIPING) - \$1000 (Own Damage)

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

1. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1666
2. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188

For other Approved Reporting Centres/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: NA

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).

0504667216

INCHCAPE AUTO TOYOTA - BSTL032

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE
Pei Li Christina