

NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

NA20030332

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 09/03/2020 18:25 | Job description | Date & Time Completed | Done by |
| Ref No: N/A/AIG20003786/Y | SAS e-filing | | |
| Veh No: SCM 80128 | E-mail (Upload sheet, AIG sheet) | | |
| D.O.A: 06/03/2020 17:20 | I-Motor Claims Form | | |
| OID: TP 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/Whse | | |

Preferred Wkep / INC Assign Wkep / OW: (

Tel:

Fax:

TP Particulars:

Veh No:

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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date:

NA2001923

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Date:

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| | |
|--|-------------|
| 1) All Incident Reporting (\$30) | |
| 2) DA: Damage Assessment (\$100) | INC (\$10) |
| 3) TP: Towing Fee | \$40/\$40 |
| 4) PT: Follow-Through Survey | \$120 |
| 5) PT: Follow-Through Survey (Resurvey) | \$30 |
| For claiming against INC Only (ver 10 Jan 200) | |
| 6) TR: Re-inspection | \$75 |
| 7) NI: 1 Day DA + EMRT Survey | \$160 |
| 8) NTUC Additional Services | |
| OID: | |
| *NI: Courtesy Car / Tpt Allowance | \$3 |
| *NI: Repair Coordination | \$10 |
| *TP: Post Repair Inspection | \$25 |
| *NI: DV / Collect Excess Coordination | \$3 |
| TE (Nil) / TP (Nil) against INC | \$30 |
| 9) NI: 1 Day Mobile | |
| 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 09/03/2020 18:25
 Date Of Accident 06/03/2020 17:20
 Exact Location Of Accident AYE TOWARDS TUAS (LAMPOST 395)
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCM3012S
Insured/Policyholder
 Name Of Registered Owner SEOW BOON QUEY
 NRIC No SXXXX794J
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-96393417
 Alternative Phone No OTHERS-96393417
Vehicle Particulars
 Manufacturer MAZDA
 Model CX-5
 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 2100470262-03
 Cover Note Number
Driver
 Name of Driver SEOW BOON QUEY
 NRIC No SXXXX794J
 Date Of Birth 18/11/1954
 Occupation INDOOR
 Date Of Driving Pass 02/10/1974
 Driving Experience 45 YEARS AND 5 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96393417
 Fax Number
 Contact Number OTHERS-96393417
 Email Address NOEMAIL

Address 11 GREENRIDGE CRESCENT
 Postcode 598899
 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? YES
 Foreign Vehicle Registration Number JSR137 (MOTORCYCLE)
 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) 3
 Passenger 1
 NAME: : QUEK LI-EN
 GENDER: : MALE
 Passenger 2
 NAME: : QUEK LI YUAN
 GENDER: : FEMALE

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 - SINGAPORE CITY
 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

PLEASE REFER TO SKETCH PLAN

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 FBL9191K
 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 JSR137
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number 90181073
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name QUEK LI YUAN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SCM3012S
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:

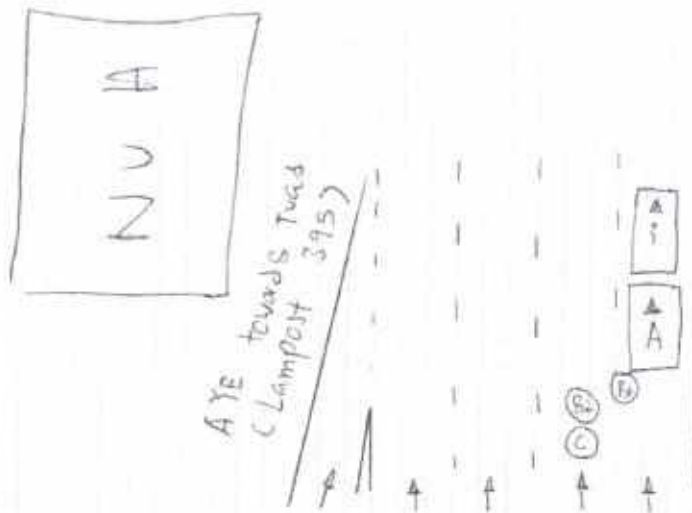
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 09/03/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



Vehicle A: SCM30123

Vehicle B: FBL9191K

Vehicle C: JS2137

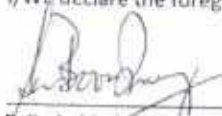
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

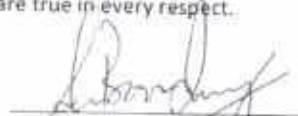
on the stated date and time, i vehicle 'A' was travelling on my designated lane along AYE towards tuas. Traffic was heavy as such i kept my safety distance from the vehicle in front. The car in front of me came to a stop as such i followed suit, shortly after i felt a huge impact hitting me from the rear left portion. I got down to realised that i was involved in a 3 vehicle chain collision.

POLICE REPORT 7/202003577/2020

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.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 06/03/2020 (dd/mm/yy) Time of Accident: 17:20 (24-HR-FORMAT)
Vehicle No.: SCM3012S Vehicle Make & Model: MAZDA CX 5
Exact location of Accident: AYE TOWARDS TUAS (LAMPOST 395)
Policyholder's Name / IC No.: SEOW BOON QUEY S0163794J
Driver's Name / IC No.: (As Above) ☒
Driver's Contact No.: 9639 3417 Company Contact No.:
Driver's Address: 11 GREENRIDGE CRESCENT SINGAPORE 598899
Insurance Company: AIG Email address (if any):

Relationship between Owner & Driver: Owner or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) ☒ Indoor/ ☐ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (Including Driver): 3

Passenger Name: QUEK LI-EN
Passenger Name: QUEK LI YUAN

Gender: Male
Gender: Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No.: Vehicle No: FBL9191K (B)

Driver's Contact No.: Insurance Company (If any):

2. Driver's Name / IC No.: Vehicle No: JSR137 (C)

Driver's Contact No: 9018 1073 Insurance Company (If any):

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



**SINGAPORE
POLICE FORCE**



T/20200309/7020

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

1 of 4

Report No. T/20200309/7020

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 09/03/2020 16:55 | | Vide Report No.: D/20200306/0092 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: SEOW BOON QUEY | | | Address: 11 GREENRIDGE CRESCENT SINGAPORE 598899 | | |
| ID Type / ID No.: NRIC NO / S0163794J | | | Contact No.: Home/Office: Mobile: 96393417 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: BOONQUEY@GMAIL.COM | | |
| Sex: Female | Age: 65 | Date of Birth: 18/11/1954 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Retiree | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|----------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident: | Injury Attended by Police: | Drink Drive: No | Date/Time of Accident: 06/03/2020 17:20 | Type of Location: Straight Road |
| Location: AYER RAJAH EXPRESSWAY ALONG AYE(TUAS) Outside of NUH, LP no. 395 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 90 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: CHAIN | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|-------|--|-------|-----------|-----------------|
| FBL9191K | Motorcycle | SYM | OYRIDE 200I EVO CVT | Grey | | 0 |
| JSR137 | Motorcycle | | | | | 0 |
| SCM3012S | Car | MAZDA | CX-5 2.0L SP 6EAT ABS D/AB 5DR SR HID | White | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



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

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SCM3012S | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 2100470262-03 | 24/06/2019 | 23/06/2020 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------|--|--|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Passenger | | | | |
| Name | QUEK LI YUAN | | ID No. | S94XXX50C |
| Related Vehicle | SCM3012S (Car) | | Contact No. | 96393417 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 07/03/2020 | | Date Discharge | 07/03/2020 |
| No. of Days granted Medical Leave | 03 | | Degree of Injury | Slight |
| Driver | | | | |
| Name | SEOW BOON QUEY | | ID No. | S0163794J |
| Related Vehicle | SCM3012S (Car) | | Contact No. | 96393417 |
| 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.

I am making this report again to make change in my previous report that i am unable to change T/20200306/2156.

On 06/03/2020, 1720hrs i was driving (SCM3012S) on my designated land along AYE towards TUAS which was outside NUH (lamp post 395). Traffic conditions was heavy so i kept a safety distance from the vehicle in front of me, the car in front suddenly came to a stop as such i followed, shortly after i stopped i felt a huge impact from the rear of my vehicle, i get off my car and realized that i am involved in a 3 vehicle chain accident. I wish to highlight that JSR137 was ahead of my vehicle and FBL9191K. FBL9191K was at the rear left of my vehicle. I believe that FBL9191K collided onto my vehicle and fell upon my left side. I wish to add on that my daughter was injured due to this accident. She felt pain on her neck the next day 07/03/2020 and went to Silver Cross Family Clinic and was given 3 Days MC.



**SINGAPORE
POLICE FORCE**



T/20200309/7020

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

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Report No. T/20200309/7020

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200309/7020

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

4 of 4

Report No. T/20200309/7020

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 / TPHQ /
TAN JUN YAN
Contact No.: 65476311

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:
09/03/2020 16:55

Classification Of Case:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Seow Boon Quay
 Period of Insurance : 24 Jun 2019 To 23 Jun 2020
 Engine No. : PE30355310
 Chassis No. : JM6KE1071D0111172

Vehicle No. : SCM3012S
 Policy No. : 2100470262-03
 Endorsement No. :
 Issued Date : 13 Jun 2019

ABOUT THE COVER

Make/Model : MAZDA CX 5 2.0
 Engine Capacity/Tonnage : 1,998.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2013
 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 \$5,000 as "Young and/or Inexperienced Driver Excess" ("YIDEX") if You are or Your Authorised Driver (named or unnamed) is under the age of 25 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 150000 - 180000 Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 159) 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 - \$500 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Seow Boon Quay - \$500 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For damage related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
 For other Approved Reporting Centres/AIG Authorised 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 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. 159), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1982 (Malaysia).

932006000

JOHN LEE JER LAM
 AIG BUILDING 78 SHENTON WAY #07-16
 SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

John Lee Jer Lam

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE