

# NATIONAL Assessment Centre Services

Date In: 06/08/20	Job description	Date & Time Completed	Done by
Ref No: NA/AIG20008/47/13	SAS e-filing		
Veh No: 5LL1454L	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 05/08/20 1710	I-Motor Claim Form		
OD: TP <u>Reporting Only</u>	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: FBC 7038G	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)	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

NA2004049	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
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) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl 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: Idm 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	06/08/2020 12:11
Date Of Accident	05/08/2020 17:10
Exact Location Of Accident	ALONG BUKI BATOK CENTRAL/BUKIT BATOK AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1454L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH SIANG CHOON(WU SHUANGCHUN)
NRIC No	SXXXX343D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98410011
Alternative Phone No	OTHERS-98410011
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	ALTIS
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100500715-03
Cover Note Number	
<b>Driver</b>	
Name of Driver	GOH SIANG CHOON(WU SHUANGCHUN)
NRIC No	SXXXX343D
Date Of Birth	27/06/1974
Occupation	INDOOR
Date Of Driving Pass	22/03/1999
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98410011
Fax Number	
Contact Number	OTHERS-98410011
Email Address	NOEMAIL

Address	BLK 30 EASTWOOD ROAD #04-07
Postcode	486365
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	- - -
<b>General Information of the Accident</b>	
Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY
<b>Other Information</b>	
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?	NO
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
<b>Details of Police Action</b>	
Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
<b>Circumstances of Accident</b>	
PLS REFER TO THE POLICE REPORT: T/20200805/2108 DUE TO THE ACCIDENT MY VEH HAD IT'S FRONT BUMPER DENTED WITH SCRATCHES AND DISLODGED. THE VEH IN CAR CAMERA WAS IN RECORDING MODE AND THE SD CARD WAS BEING HANDED OVE TO THE TRAFFIC POLICE OFFICER .	
<b>Attachment(s)</b>	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBC7038G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	YUSOF
NRIC/Passport Number	
Contact Number	91730987
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## 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:

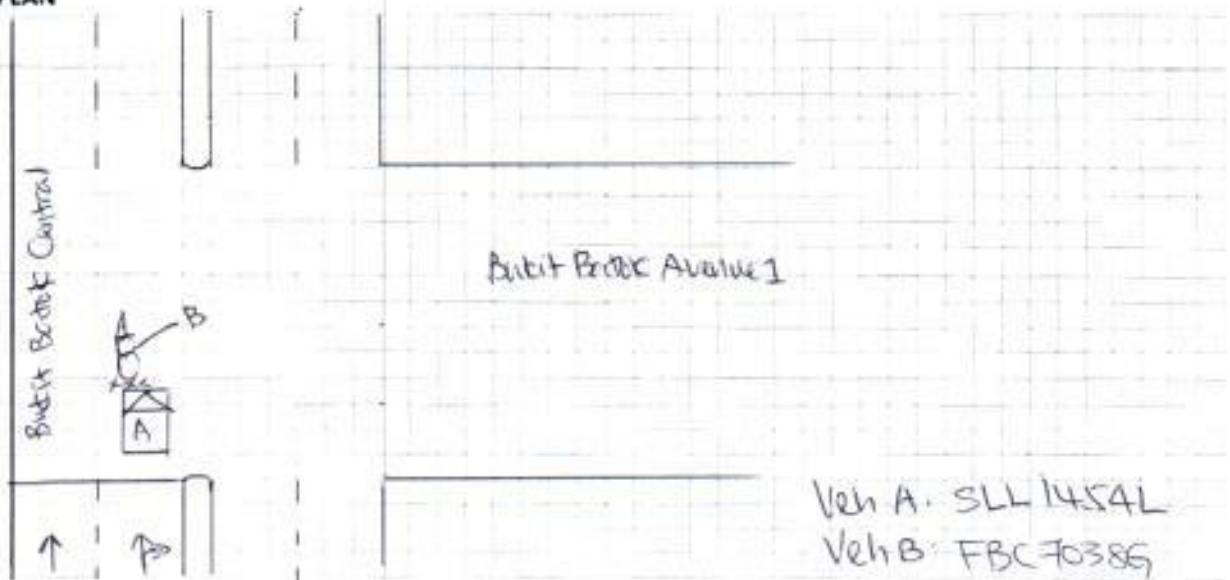
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

X

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 to police report

Report No: T120200805 / 2108

**DECLARATION**

I/We declare the foregoing particulars are true in every respect.

8

Policyholder's Signature  
Date & Time:

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

Signature 06/08/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20200805/2108

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 1  
Report No: T/20200805/2108

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2020 18:52		Vide Report No.: J/20200805/0112		Station: 50
<b>Informant's Particulars</b>				
Name of Informant: GOH SIANG CHOON		Address: APT BLK 30 EASTWOOD ROAD #04-07 SINGAPORE		
ID Type / ID No.: NRIC NO / S7420343D		Contact No.: Home/Office: Mobile: 984 111		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 46	Date of Birth: 27/06/1974	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SENIOR MANAGER		Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/08/2020 17:10	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BUKIT BATOK CENTRAL BUKIT BATOK AVENUE 1 T JUNCTION OF BUKIT BATOK CENTRAL AND BUKIT BATOK AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Any one ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC7038G	Motorcycle	HONDA	CB400	Black	Slightly Damaged	
SLL1454L	Car	TOYOTA	COROLLA ALTIS 1.6 CVT	Grey	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL1454L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100500715-03	15/02/2020	14/02/2021



**SINGAPORE  
POLICE FORCE**



T/20200805/2108

Station Of Origin  
NPP  
Bukit Reservoir Road #01-1520  
SINGAPORE 470629  
In. 1800-4438996

2 of 2  
Report No. T/20200805/2108

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name:	YUSOF	ID No.	NIL
Related Vehicle	FBC7038G (Motorcycle)	Contact No.	91730987
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Seatbelt	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Other Person Involved</b>			
Name:	GOH SENG CHOON	ID No.	S7420343D
Related Vehicle	SLL1454L (Car)	Contact No.	98410011
Class of Driving Licence & Expiry Date	NIL	Class: 3 Date of Expiry: NIL	
Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Driver's Details.**

On 5th August 2020 at about 1710hrs, I was driving vehicle bearing SLL1454L along Bukit Batok Central. The traffic was light at that point of time. The weather was clear. Subsequently, while I was on the right lanes of Bukit Batok Central and crossing the T junction of Bukit Batok Central and Bukit Batok Avenue 1, there was a motorcycle bearing FBC7038G at the front left side of me who suddenly stopped. I wish to state that the traffic light was green at that point of time.

I tried to break but could not manage to stop in time. As such, my vehicle collided to the rear side of his vehicle. The rider fell down together with the bike. Traffic police and ambulance came to scene and the rider was conveyed to hospital. I am not injured.

Due to the accident, my vehicle had its front bumper dented with scratches and dislodged. The vehicle in camera was in recording mode and the SD card was being handed over to traffic police officer. A flash as shown in the acknowledgement slip.





**SINGAPORE  
POLICE FORCE**



T/20200805/2108

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/ 2

**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:  
G /  
Sgt 3 AHMAD BIN HASHIM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SUFIYAN BIN KHAIRI  
Contact No.: 65476390

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
05/08/2020 18:52

Classification Of Case:

<b>Vehicle No.</b>	SLLK54L		<b>Model / Make</b>	Toyota ALTO
<b>Date of Accident</b>	5/8/2020			
<b>Time of Accident</b>	1710 HRS			
<b>Location of Accident</b>	Along Bukit Batok Central / Bukit Batok Avenue 1			
<b>Exact purpose use during accident</b>	Private use			
<b>Name of Owner</b>	Goh Seng Choon			
<b>Telephone No.</b>	H/P : 98410011		<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S7420343D			
<b>Address</b>	BLK 30 Eastwood Road #04-07 S(486365)			
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY	
<b>Insurance Company</b>	AIG			
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	2100500715-03			
<b>Name of Driver</b>	As Above If No,			
<b>NRIC</b>	Any Passengers :			
<b>Date of birth</b>	27/6/1974			
<b>Occupation</b>	Outdoor	/	Indoor	
<b>Driving License Pass Date</b>	22/3/1999			
<b>Gender</b>	Male	/	Female	
<b>Contact No.</b>	H/P :	Home :	Office :	
<b>Address</b>				
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state Owner		
<b>Weather condition</b>	Clear	Raining	Other	
<b>Road Surface</b>	Dry	Wet	Other	
<b>Any Injuries</b>	No,	If Yes, Who?		
<b>Name And Contact No.</b>				
<b>Name And Contact No.</b>				
<b>Police Report</b>	No,	(If Yes, Where?	Eunos NPP	
<b>Vehicle B No.</b>	FBC70389		<b>Any Passengers :</b>	—
<b>Name of Driver</b>	Yusof		<b>Contact No. :</b>	91730987
<b>Vehicle C No.</b>			<b>Any Passengers :</b>	
<b>Vehicle D No.</b>			<b>Any Passengers :</b>	
<b>Vehicle E no.</b>			<b>Any Passengers :</b>	
<b>Vehicle F No.</b>			<b>Any Passengers :</b>	
<b>Vehicle G No.</b>			<b>Any Passengers :</b>	
<b>Witness Name</b>			<b>Witness Contact :</b>	
<b>Accident Portion</b>	Front portion			
<b>Camera Recorder</b>	Yes / (No)			
<b>Email Address</b>				
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Brandon			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Goh Siang Choon (Wu Shuangchun)  
**Period of Insurance** : 15 Feb 2020 To 14 Feb 2021  
**Engine No.** : 1ZRY324896  
**Chassis No.** : MR053REH104556079

**Vehicle No.** : SLL1454L  
**Policy No.** : 2100500715-03  
**Endorsement No.** :  
**Issued Date** : 06 Jan 2020

### ABOUT THE COVER

**Make/Model** : TOYOTA COROLLA ALTIS 1.6 DUAL  
**Engine Capacity/Tonnage** : 1,598.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** :  
**Market Value** :  
**Off Peak Car** : No  
**First Year of Registration** : 2017  
**Insuring with COE/PAFF** : 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 "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\***

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 Optional**

\* Limitations rendered 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 - \$0 Own Damage - \$2400 Theft - \$0 Flood Cover - \$2400

#### Section 2

Property Damage - \$1000

Windscreens - \$100

**Named Driver and Excess (where applicable)**

Goh Siang Choon (Wu Shuangchun) - \$2400 (Own Damage) \$1000 (Property Damage), \$2400 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims 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 6338 6200. Alternatively, You may refer to AIG website [www.aig.sg](http://www.aig.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:** HONG LEONG FINANCE LTD

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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL

78 SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

99CPRU