

# NATIONAL Assessment Centre Services

Print: 1 Jan 2005 MHA 1207555

Date In: 2/1/02-19:33	Job description	Date & Time Completed	Done by
Ref No: M/0147202892424	SAS e-filing		
Veh No: 5458924	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/1/02-20:00	i-Motor Claim Form		
OD / <input checked="" type="radio"/> 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: 6056211D	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

<b>Claimant's Particulars:</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
	1) AR: Accident Reporting (\$30);		In Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	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) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QD: *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: Idac Mobile 30				
Invoice dated _____ Fee Charged _____ Invoice dated _____ Fee Charged _____				

Pat 1:

Pat 2 / 3:



## 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	24/08/2020 19:53
Date Of Accident	21/08/2020 20:00
Exact Location Of Accident	TPE (SLE) AFTER PUNGGOL EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN5890Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM YEW KIAT
NRIC No	SXXXXX759A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97766555
Alternative Phone No	OFFICE-97766555
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	VIOS E AUTO
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100391929-05
Cover Note Number	
<b>Driver</b>	
Name of Driver	NG FEI JIEN
NRIC No	SXXXXX451E
Date Of Birth	27/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2007
Driving Experience	13 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92719333
Fax Number	
Contact Number	OFFICE-92719333
Email Address	NOEMAIL

Address	11 PUNGGOL FIELD WALK #01-24
Postcode	828744
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2
Passenger 1	NAME: : LIM XUXIN 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200821/7032.

#### 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	GBC6211D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF INJURED PERSON 1

Name NG FEI JIEN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJN5890Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name LIM XUXIN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJN5890Y  
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.:

A: SJN5890Y  
B: GBD6211D

Refer to attached police report.

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

Date &amp; Time:

NRIC/FIN No.:



VEHICLE NO.:	SJH 5890 Y			MAKE & MODEL:	Vios (Toyota)		
DATE OF ACCIDENT	21 / 08 / 2020						
TIME OF ACCIDENT	8 AM/PM						
LOCATION OF ACCIDENT	TPE (SLE) After Runggol Exit						
EXACT PURPOSE USE DURING ACCIDENT	Private						
NAME OF OWNER	Lim Yew Kiat						
TELP NO.	97766555						
NRIC	S8127759 A.						
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.	2100391929-05						
NAME OF DRIVER	As above /	If No: Ng Fei Jien					
NRIC	S8178451 E						Any passengers: 1 (Lim Xu Xian)
DATE OF BIRTH	27 / 08 / 1991						
OCCUPATION	Outdoor	/	Indoor				
DATE OF DRIVING PASS	16 / 06 / 2007						
GENDER	MALE	/	FEMALE				
CONTACT NO.	92719333		Office:		Home:		
ADDRESS	11 Punggol Field Walk. #01-24, S(828744)						
DRIVER HAVE ANY OWN VEHICLE	NO	/	If yes: Reg No.:				
RELATIONSHIP	Employee	/	If No: Spouse.				
WEATHER CONDITIONS	Clear	/	Raining	/	Other:		
ROAD SURFACE	Dry	/	Wet	/	Other:		
ANY INJURIES	No	/	If yes: Who? Driver & Passenger				
CONTACT NO.	-1-						
POLICE REPORT	No	/	If yes: Where? T/20200821/7032				
VEHICLE B NO.	6BC6211D						Any Passengers: 6.
NAME							
CONTACT NO.							
VEHICLE C NO.	Any Passengers:						
VEHICLE D NO.	Any Passengers:						
VEHICLE E NO.	Any Passengers:						
VEHICLE F NO.	Any Passengers:						
ANY WITNESS							
WITNESS CONTACT NO.							
Have you been approach by unknown person soliciting (s) / Offering accident claims assistance?	YES/NO						
PARTICULAR WORKSHOP	SME Motor Pte Ltd 1 Kaki Bukit Avenue 6 #02-15 Autobay @ Kaki Bukit Singapore 417883						
Telp NO.	Telp : 67476106 (6 lines)						
CONTACT PERSON	Email : xingchenxingchen@hotmail.com						
FAX NO.	Fax : 67442368						



# SINGAPORE POLICE FORCE



T/20200821/7032

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

1 of 3

Report No. T/20200821/7032

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/08/2020 22:14			Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>					
Name of Informant: NG FEI JIEN			Address: 11 PUNGGOL FIELD WALK #01-24 SINGAPORE 828744		
ID Type / ID No.: NRIC NO / S8178451E			Contact No.: Home/Office: Mobile: 92719333		
Nationality: MALAYSIAN			Email: KENNIXMAIL@YAHOO.COM		
Sex: Female	Age: 38	Date of Birth: 27/08/1981	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Banker			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/08/2020 20:00	Type of Location: Straight Road
Location:  TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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	Conditio	No of
GBC6211D	Lorry	TOYOTA		Silver	Seriously Damaged	0
SJN5890Y	Car	TOYOTA	Vios		Seriously Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20200821/7032

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

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Report No. T/20200821/7032

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	LIM XUXIN	ID No.	S8975003B
Related Vehicle	SJN5890Y (Car)	Contact No.	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	NG FEI JIEN	ID No.	S8178451E
Related Vehicle	SJN5890Y (Car)	Contact No.	92719333
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	21/08/2020	Date	21/08/2020
No. of Days granted Medical Leave	04	Degree of	Slight

**Brief Details.**

I was travelling along the extreme left lane of TPE(SLE) after Punggol when a vehicle hit me from behind. We exchanged particulars and left the scene. I sought medical attention thereafter for soreness over my neck and back and was advised to lodge a report on this said matter. I have retrieved my video footage should the traffic police needs.



**SINGAPORE  
POLICE FORCE**

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



T/20200821/7032

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Report No. T/20200821/7032

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
21/08/2020 22:14

Classification Of Case:



## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Lim Yew Kiat  
**Period of Insurance** : 20 Feb 2020 To 19 Feb 2021  
**Engine No.** : 1NZX842202  
**Chassis No.** : MR053HY9305092075

**Vehicle No.** : SJN5890Y  
**Policy No.** : 2100391929-05  
**Endorsement No.** :  
**Issued Date** : 13 Jan 2020

### ABOUT THE COVER

**Make/Model** : TOYOTA VIOS  
**Engine Capacity/Tonnage** : 1,497.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2009  
**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.

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 - \$600 Theft - \$0 Flood Cover - \$600

**Section 2**  
Property Damage - \$0

**Windscreen** : \$100

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

Lim Yew Kiat - \$600 (Own Damage), \$600 (Flood Cover), Ng Fei Jen - \$600 (Own Damage), \$600 (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:** TOKYO CENTURY LEASING (SINGAPORE) PTE 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).

0501295000

INSURE LINK PTE LTD

2 KALLANG AVE #08-16 CT HUB

SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

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