

NATIONAL Assessment Centre Services

Wef 1 Jan 05 **MA2005315**

Date In: 11/01/05 - 16:31	Job description	Date & Time Completed	Done by
Ref No: MA2005315	SAS e-filing		
Veh No: JMF66465	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/9/05 - 19:12	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: JMF66465	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:	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 30		
	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	01/10/2020 16:31
Date Of Accident	30/09/2020 19:10
Exact Location Of Accident	PIE (CHANGI) AFTER BKE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF6696S
Insured/Policyholder	
Name Of Registered Owner	TAN KEAN LYE
NRIC No	SXXXX054F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93807070
Alternative Phone No	OFFICE-93807070

Vehicle Particulars

Manufacturer	KIA
Model	CARENS 1.7 DCT DIESEL 5DR FWD
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	1800138073-01
Cover Note Number	

Driver

Name of Driver	TAN KEAN LYE
NRIC No	SXXXX054F
Date Of Birth	02/01/1981
Occupation	INDOOR
Date Of Driving Pass	11/02/2010
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93807070
Fax Number	
Contact Number	OFFICE-93807070
Email Address	NOEMAIL

Address	BLK 552 PASIR RIS STREET 51 #02-83
Postcode	510552
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JTG5346 (MOTORCYCLE)
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20201001/7001.

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	SKG650G
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 SFT6881H
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 JTG5346
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
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 TAN KEAN LYE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMF6696S
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

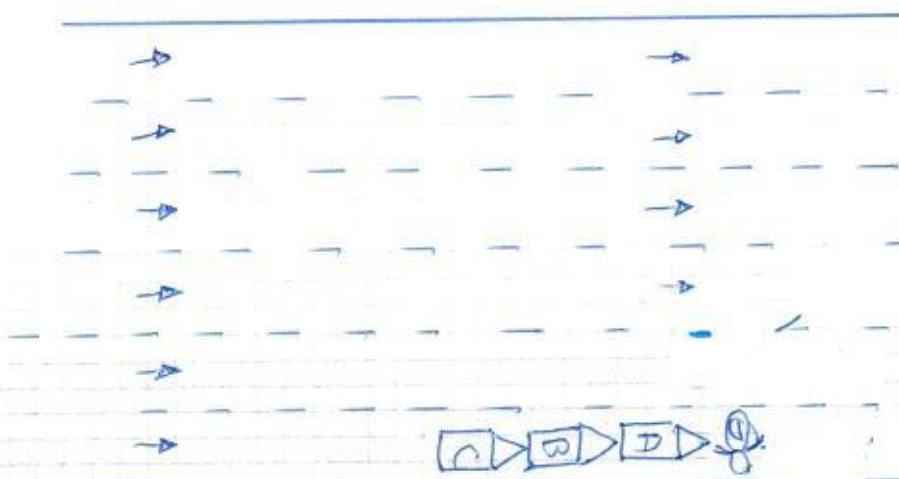
PIE - CHANGI AFTER BKE EXIT.

VEH A = SMF 66965

VEH B = SKG 650G

VEH C = SFT 6881H

VEH D = JTG 5346



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Per Police Report.

DECLARATION

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

Conk

Policyholder's Signature
Date & Time:

Conk

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

[Signature]

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

PCV Accident Report

(For Reporting only)



☐ Braddell ☐ Sin Ming ☐ Sg. Kadut ☐ Pandan ☐ Loyang ☒ Ubi

Section A - To Be Completed By Driver Who Is Involved in The Accident

Date & Time of Accident	Date: 30/09/2020	Time: 1910 hrs
Date & Time of Reporting	Date:	Time:
Place of Accident	PIE - CHANGI AFTER BKE EXIT	
Vehicle Reg. No.:	SMF 6696 S	Make / Model: KIA CARENS
Purpose of Use at Time of Accident:	Goods transportation (private usage) others:	
Name:	TAN KEAN LYE	NRIC / FIN No. S8171054F
Address:	BLK 552 PASIR RIS ST51 #02-83 SINGAPORE 510552	
Postcode:	510552	Date Of Birth: 02/01/1981
Home:		Handphone: 9380 7070
Email:	TANKEANLYE@HOTMAIL.COM	Gender: (Male) Female
Occupation:	Management / Sales / Retiree / Housewife (Technical) Education / Others:	
Type of Claims:	(Third Party) Own Damage / Reporting Only	
Driver Status:	(Owner) Non-owner	Years of Driving Experience: 11 Feb 2010

If you are not the owner, the owner's name & tel:

Owner's Address:

Relationship with Owner:

Owner's NRIC / Company Reg. No.:

Vehicle Towed In?	(Yes) No	My Insurance Company:	AIG
Police Reported?	(Yes) No	Police Report Reference No.:	
Company's Vehicle?	Yes (No)	Insurance Policy No.:	1800138073-01
Do you have witness?	Yes (No)	Type of Policy:	(Comprehensive) Third Party Fire & Theft / Third Party Only

(If Yes, Witness Name & Contact No.:

Weather Condition:	Clear / Cloudy (Light Rains) Heavy Rains
Road Condition:	Dry (Wet) Was anyone injured in the accident? (Yes) No
Other vehicle or property damage?	(Yes) No Was Notice of Intended Prosecution given? (Yes) No

Describe How Accident Happened: Please use **SKETCH PLAN** for accident description & sketch of accident scene

Third Party's Details (Use Annex 2 for Chain Collision as attachment)

Vehicle Make / Model:	(B) SKG 650 G	Vehicle Reg. No.:	(D) JTG 5346
Name of Driver:		NRIC No.:	(C) SFT 6881 H
Insurance Company:		Handphone:	

Driver's Declaration: I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue.

Signature:

[Signature]

Date:

30/09/2020



SINGAPORE POLICE FORCE



G/20201001/7001

1 of 2

POLICE REPORT (NP299)

Report No. G/20201001/7001

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 01/10/2020 00:03	Vide Report No.	Station Diary No.
Name Of Informant TAN KEAN LYE	Address 552 PASIR RIS STREET 51 #02-83 SINGAPORE 510552	
ID Type / ID No. NRIC NO / S8171054F	Contact No. Home/Office:	Mobile: 93807070
Nationality SINGAPORE CITIZEN	Email Address TANKEANLYE@HOTMAIL.COM	
Occupation Other assistant engineers	Sex Male	Age 39
Institution/School Name	Date of Birth 02/01/1981	Race Chinese
Date/Time Of Incident 30/09/2020 19:10	Language English	
	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

Vide E/20200930/0118

On the above mentioned date and time, I was driving my vehicle SMF6696S along lane 1 of PIE(Changi) after BKE EXIT.

I noticed that a Malaysian Motorbike JTG 5346 had fallen into my vehicle's lane from the lane on the left.

As such, I gradually came to a stop. I managed to stop with safety distance from the fallen motorbike.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2020 00:03
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20201001/7001

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201001/7001

About 3 seconds later, I felt a sudden impact from the rear, propelling my vehicle forward, and kissing the fallen motorbike.

The back of my head hit against the head rest as a result of the impact.

I alighted to realise that I was involved in a 3 car chain collision involving:

- 1) SMF6696S
- 2) SKJ 650G
- 3) SFT6881H

Hours later, I started feeling pain at the back of my head and soreness over my Neck area. I went to Unihealth 24-Hr Clinic (Toa Payoh) to seek treatment and was given 2 days MC.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

01/10/2020 00:03

Classification Of Case:

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan Kean Lye
 Period of Insurance : 21 Nov 2019 To 20 Nov 2020
 Engine No. : D4FDJD025960
 Chassis No. : KNAHU815VJ7211609

Vehicle No. : SMF6696S
 Policy No. : 1800138073-01
 Endorsement No. :
 Issued Date : 07 Oct 2019

ABOUT THE COVER

Make/Model : KIA Carens 1.7 Diesel SX
 Engine Capacity/Tonnage : 1,685.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2018
 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 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

* Limitations rendered inoperative by Section 6 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)

Tan Kean Lye - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000
2. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800
4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

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.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: United Overseas Bank Limited

I/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).

0500710050

C&G FULCO-CORP SALES

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manik

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPOCC