

NATIONAL Assessment Centre Services.

Just 1 Job! *NA2005366*

Date In: <i>09/10/2000 18:22</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA/AG 29109814</i>	SAS e-illing		
Veh No: <i>SLD 6685 Y</i>	E-mail (by date time, AG time)		
O.O.A. <i>09/10/2000 18:22</i>	1-Motor Claims Form		
OD <i>TP</i> Reporting Only	1-Motor W/O (With: OD time, TP time)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / OW: (Tel:	Fax:
TP Particulars: Vch No: <i>FBD 51355</i>	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: (\$)	Landing: \$1,000 () / \$2,000 ()	

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

<i>NA2005366</i>	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$100	
Unamaged Portion:	4) PT: Yellow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Yellow-Through Survey (Resurvey) \$20	
	For claiming against INC Only (over 10 Jan 2001)	
	6) TR: Re-inspection \$75	
	7) NI: 1000 DA + SMRT Survey \$100	
	8) NTUC Additional Services:	
	9) NI: 1000 DA + SMRT Survey \$100	
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	100) NI: 1000 DA + SMRT Survey \$100	

Invoice dated	Fee Charged
Invoice dated	Fee Charged
	Remark

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	09/10/2020 18:22
Date Of Accident	08/10/2020 18:45
Exact Location Of Accident	AYE TOWARDS TUAS BEFORE EXIT 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6635Y
Insured/Policyholder	
Name Of Registered Owner	CHIONG LIN LEE
NRIC No	SXXXX111E
Email Address	CHIONGLL@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90088812
Alternative Phone No	OTHERS-90088812

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	2070101066
Cover Note Number	

Driver

Name of Driver	CHIONG LIN LEE
NRIC No	SXXXX111E
Date Of Birth	19/08/1978
Occupation	INDOOR
Date Of Driving Pass	29/07/1998
Driving Experience	22 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90088812
Fax Number	
Contact Number	OTHERS-90088812
Email Address	CHIONGLL@YAHOO.COM

Address	BLK 57 TEBAN GARDENS ROAD #04-469
Postcode	600057
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	RAINING
Road Surface	WET

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: : PAULINE KER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20201009/7016

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD5135S
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 CHIONG LIN LEE
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLQ6635Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PAULINE KER
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLQ6635Y
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

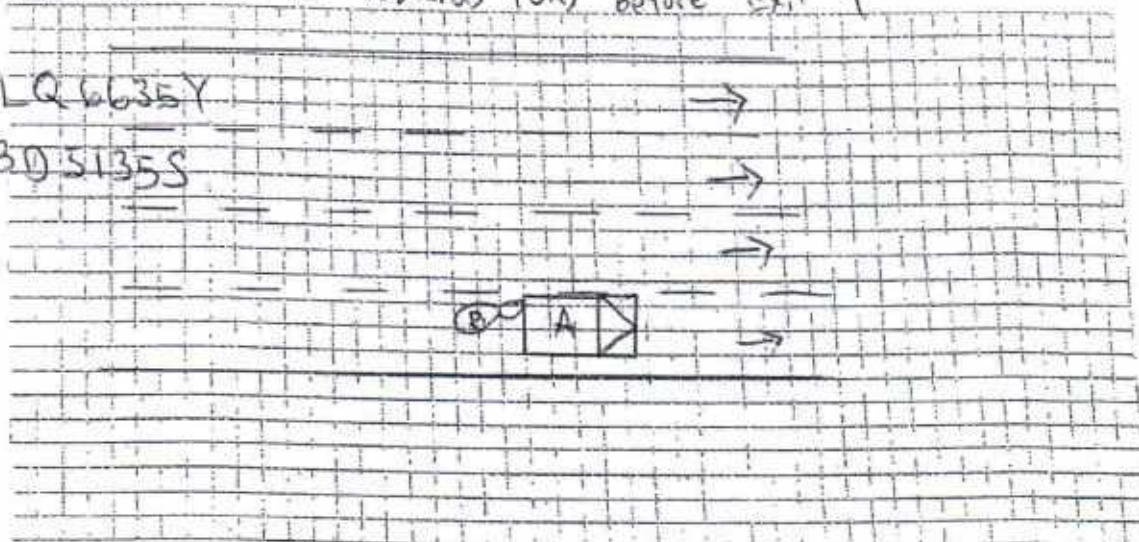
Reporting Centre Personnel's Signature
Name
NRIC/FIN No

SKETCH PLAN

AYE Towards Tuns before Exit 9

Veh A ⇒ SLQ 6635Y

Veh B ⇒ FBD 5135S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report No. D/20201009/7016.

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 Signature
Name: *Lee Seng Guan*
NRIC/PRN No. *991010097016*



**SINGAPORE
POLICE FORCE**



D/20201009/7016

1 of 2

POLICE REPORT (NP299)

Report No. D/20201009/7016

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-7740000

Date/Time Report Made 09/10/2020 13:59	Vide Report No.	Station Diary No.
Name Of Informant CHIONG LIN LEE	Address 57 TEBAN GARDENS ROAD #04-469 SINGAPORE 600057	
ID Type / ID No. NRIC NO / S7825111E	Contact No. Home/Office: Mobile: 90606076	
Nationality SINGAPORE CITIZEN	Email Address CHIONGLL@YAHOO.COM	
Occupation Private tutor (academic)	Sex Female	Age 42
Institution/School Name	Date of Birth 19/08/1978	Race Chinese
Date/Time Of Incident 08/10/2020 18:45	Location Of Incident AYER RAJAH EXPRESSWAY	

Brief details.

Vide D/20201008/0105

On the above mentioned date and time, I was driving my vehicle SLQ6635Y along AYE(Tuas) lane 1 with 1 passenger (Pauline Ker, S7818965G) on board.

The vehicle in front braked and as such I did the same. My vehicle was stationary for quite a few seconds while waiting for the cars in front to move off when suddenly, I felt a huge impact from the rear of my car.

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: 09/10/2020 13:59
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



D/20201009/7016

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201009/7016

I alighted to realize that FBD5135S had crashed into my vehicle's rear.

My passanger and I are feeling abit unwell and we may be seeking treatment later.

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:

09/10/2020 13:59

Classification Of Case:

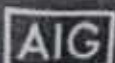
Date of Accident : 8/10/2020 Accident Time: 1545 (24-HR-FORMAT)
 Accident Place : AYE Towards Tuns before Exit 9
 Vehicle Reg. No (Car plate No.) : SLQ 6635Y Vehicle Make/Model: Honda Vezel
 Insurance Company : AIG Policy No. 2070101066
 Name of Registered Owner : Company/Individual CHIONG LIN LEE
 ID of Registered Owner : Co Reg No: - Owner's NRIC No: S782511E
 : Co Contact No: - Owner's Contact No: 90088812
 DRIVER'S Name : CHIONG LIN LEE DRIVER'S NRIC No: S782511E
 DRIVER'S Date of Birth : 14/08/1978 DRIVER'S License Pass Date: 29/7/1998
 Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others Owner
 DRIVER'S Address : Blk 57 Teban Garden Road #04-469 S600057
 DRIVER'S Contact No. / Alt No. : 1) 90088812 2) -
 DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of office)
 Email Address : Chiongll@yahoo.com
 Weather & Road Surface : CLEAR & DRY / RAINING & WET AFTER RAIN & WET
 Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance
 Number of Passengers (including Driver): 02 Passenger Name: Pwline Ker Gender: M/F
 Was the accident reported to the police? YES / NO Passenger Name: - Gender: M/F
 Was there any video Captured by car camera: YES / NO Any Injuries: YES / NO Injured Name: Chiong Lin Lee
 Injured Name: Pwline Ker
 Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>FBD 51355</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Chiong Lin Lee
Period of Insurance : 19 Jul 2020 To 18 Jul 2021
Engine No. : LEB5939488
Chassis No. : RU31239471

Vehicle No. : SLQ6635Y
Policy No. : 2070101066
Endorsement No. :
Issued Date : 14 Jul 2020

ABOUT THE COVER

Make/Model : HONDA Vezel Hybrid

Engine Capacity/Tonnage : 1,496.00 CC

Driver Restriction : NA

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 authorized 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 Authorized Driver (named or unnamed) has less than 2 years' driving experience.

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PAFF : Yes

Age Condition : 40 years old and above

Limitation as to use* :

Mileage Condition : Unlimited Mileage

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 - 1800cc 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 2018, 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)

Chiong Lin Lee

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

Approved Reporting Centres/ AIG Authorized Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorized 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 Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website 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: Maybank Singapore Limited

We hereby certify that the policy in 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 2018 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502263000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207

AIG Asia Pacific Insurance Pte. Ltd.

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