

# NATIONAL Assessment Centre Services

Wef 10 Jan 2005

SNO9211M000E

Date In: 22/1/21 15:59	Job description	Date & Time Completed	Done by
Ref No: MAI AIG 2100107514	SAS e-filing		
Veh No: SLL 67C	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 22/1/21 08:45	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 Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SJW 5763J	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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2/3:	<b>Invoice Preparation Checklist</b>		Amt (\$) 30	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$30)			
	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:-			
ON* *N5: Courtesy Car / Tp 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		30		
9) N12: Idao 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 Submission ..... 22/01/2021 15:59 (SGT)  
Date of Accident ..... 22/01/2021 08:45 (SGT)  
Exact Location of Accident ..... BKE, Singapore  
Additional Location Information ..... TWDS PIE 1.2 KM L/2  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLL67C

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TEN & HAN TRADING PTE LTD  
Company Reg No ..... 1XXXXX049R  
Email Address ..... PHILIP\_CHOW@OLDCHANGKEE.COM  
Mobile Phone No ..... (Phone) +65-63032400  
Alternative Phone No ..... +65-63032400

#### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 5  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 999993755/100860087-00000  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... CHOW PHEE LIAT  
NRIC No ..... SXXXX898D  
Date Of Birth ..... 26/10/1968  
Occupation ..... Outdoor

Date Of Driving Pass .....	03/04/1987
Driving experience .....	33 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94319018
Alt. Phone Number .....	-
Email Address .....	PHILIP_CHOW@OLDCHANGKEE.COM
Address .....	BLK 508 SERANGOON NORTH AVE 4 #08-394
Address complement .....	-
Postcode .....	550508
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	YIP LAI CHING CARINE
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

#### 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 .....	SJW5763J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBH91X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	CHOW PHEE LIAT
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SLL67C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	YIP LAI CHING CARINE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SLL67C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



## **IMPORTANT NOTICE**

- ## 8. Consent under the Personal Data Protection Act (PDPA)

(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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Witnessed by Reporting Centre  
Personnel

### Sketch Plan

A) SLL 67C  
B) SJW 5763J  
C) GBH 91X

### **Describe Circumstances of the Accident**

On 22.01.2021 at about 8:45am. I was travelling along BKE Towards  
PIE 1.2 km L/2. The front vehicle slow down and stopped. I follow.  
Suddenly I felt an impact from my rear and my car move forward and hit the  
front vehicle. I was involved in a 3 vehicles chain collision.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

X



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

*[Signature]*

Witnessed by Reporting Centre  
Personnel



HOTLINE TEL: (65) 6419-3000

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

M.X.4

ENHANCED AUTOPLUS

CERTIFICATE NO. 999993755/100860087-00000

OWN DAMAGE EXCESS S\$600.00 (1)  
WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00  
INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

SLL67C

2) NAME OF INSURED

Ten &amp; Han Trading Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT  
OF INSURANCE FOR THE PURPOSES OF THE ACT

1 Sep 2020

4) DATE OF EXPIRY OF INSURANCE

31 Aug 2021

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

Any person who is driving on the Insured's order or with their permission.

An additional Young and Inexperienced Driver (YIDR) Excess of S\$3,000 (unless otherwise stated) applies to any drivers (named and unnamed) who is below age 23 or has less than 2 years driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

**6) LIMITATION AS TO USE \***

Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

SOLE AGENT'S WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

- |  |  |
|--|--|
| 1. Lai Huat Meng Kee Motors - Sin Ming Ind (Tel: 64538110)     | 2. Sin Yew Hup Welding - Woodlands (Tel: 67600819)         |
| 3. DelGro Engng Pte Ltd - Braddell Rd (Tel: 63837118)          | 4. Kan Fook Sing Motor - Eunos Ave (Tel: 67479560)         |
| 5. Ban Choon Motor - Pioneer Rd (Tel: 62641191)                | 6. Shu Fatt Auto Works - Bl Merah Lane (Tel: 62730119)     |
| 7. STAR Auto Ctr - Portsdown Rd (Tel: 65620000/97189999)       | 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336) |
| 10. Ready Autocare - 10 AMK AutoPoint (Tel: 96606551/84810304) |  |

LOSS OF USE NOT INCLUDED

\* NAMED DRIVER N/A

HIRE PURCHASE COMPANY HONG LEONG FINANCE LTD


\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 18 Sep 2020

AIG ASIA PACIFIC INSURANCE PTE. LTD.

438003-000  
HING GEE MONG  
3 MOUNT FABER ROAD  
#02-07  
SINGAPORE 099198  
SP-LAWRENCELEE

  
Authorised Representative

ORIGINAL

SSCANA



Date of Accident : 22.01.2021 Accident Time: 8.45am (24-HR-Format)  
 Accident Place : BKE Towards PIE 1.2 km L/2.  
 Vehicle. No. (Car Plate No.) : SL67C Make/Model: Mazda 5  
 Insurance Company : AIG Policy No: 999993755/100860087-00000  
 Owner or Company Name /IC No. : Ten X Han Trading Pte Ltd (198800049R)  
 Owner or Company Contact No. : 6303 2400 Owner's Hp - Company Tel  
 DRIVER'S Name / IC No. : chow Phee liat (S6841898D)  
 DRIVER'S Date Of Birth : 26.10.1968 DRIVER'S License Pass Date 03.04.1987  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
 DRIVER'S Address : BKE 508 Brangoon North Avenue 4 # 08-394 (1) 550508  
 DRIVER'S Contact No./ Alt No. : 1) 9431 9018 2) -  
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
 Email Address : philip\_chow@oldchangkee.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): 1 Driver / 1 passenger  
 Was there any video Captured by car camera: YES \ NO .  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): Yes (2 person)

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>STW 5763J</u>	Vehicle. No: <u>GBH 91X</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:  
 YIP LAI CHING CARINE - Female.

  
  
 X