

NATIONAL Assessment Centre Services. [part 1 Jan 03]

Date In: 08/02/21	Job description	Date & Time Completed	Done by
Ref No NA/AIG21001802/13	SAS e-filing		
Veh No SMH5085B	E-mail (within 3hrs, AIC 2hrs)		
DDA 06/02/21 1415	I-Motor Claim Form		
OT: TP Reporting, Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Vch No: SLP70899 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Consented 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	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

NA2101816

Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	\$40/\$45
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) FT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30
Auditors Comments:	For claimants against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OT:	
	*NS: Courtesy Car / Tpt Allowance	\$3
	*NG: Repair Co-ordination	\$10
	*NT: Post Repair Inspection	\$25
	*NB: DV / Collect Excess Coordination	\$3
	TE (N11): TP (Non INC) against INC	\$20
	9) N12: Idao 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 Submission	08/02/2021 11:15 (SGT)
Date of Accident	06/02/2021 14:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS CHANGI B4 KIM KEAT LINK EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH5085B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PAY WEE CHONG(BAI WEIZONG)
NRIC No	SXXXX694J
Email Address	paywc@hotmail.com
Mobile Phone No	(Phone) +65-94774745
Alternative Phone No	+65-94774745

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1900007352-01
Cover Note Number	-

DRIVER

Name of Driver	PAY WEE CHONG(BAI WEIZONG)
NRIC No	SXXXX694J
Date Of Birth	21/05/1977
Occupation	Indoor

Date Of Driving Pass	14/03/1996
Driving experience	24 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94774745
Alt. Phone Number	+65-94774745
Email Address	paywc@hotmail.com
Address	65 TAMPINES CENTRAL 7
Address complement	#01-31 CITYLIFE@TAMPINES
Postcode	528597
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIM SZE YUN
Gender	Female

PASSENGER 2

Name	PAY JING YI
Gender	Male

PASSENGER 3

Name	PAY JING XIN
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

PLS REFER TO THE ATTACHED STTEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP7089Y
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	SJQ7103H
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PAY WEE CHONG(BAI WEIZONG)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMH5085B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIM SZE YUN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMH5085B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	PAY JING YI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

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 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.
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

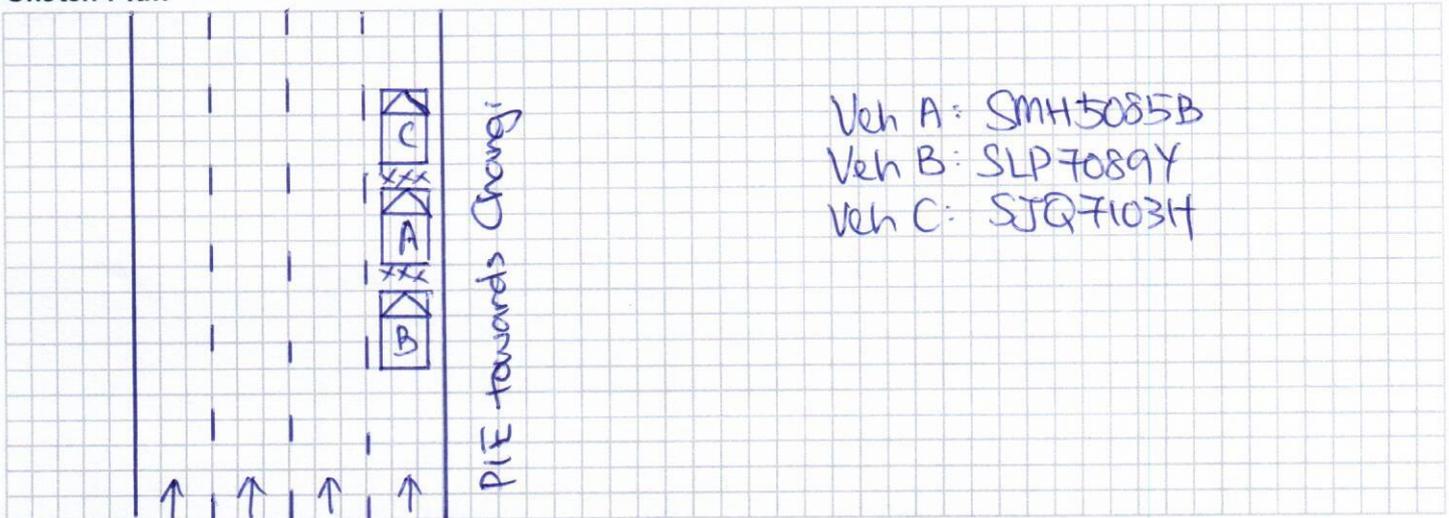
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 6/2/21
Policyholder's Signature / Date &
Time 1600

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

 08/02/21
Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

On above date & time, I was driving my vehicle A (SMH5085B) traveling along PIE towards Changi on first lane of a 4 lanes, expressway. Somewhere before Kim Keat Link exit, vehicle C (SJK7103H) slowed down and stopped due to heavy traffic flow. As such, I applied brake and stopped completely behind vehicle C. Out of sudden, vehicle B (SLP70894) came from rear and collided onto the rear portion of my vehicle. Due to the impact, my vehicle surged forward and collided onto the rear portion of vehicle C. After accident, I alighted and realised I was involved in a 3 car chain accident.

Declaration

We declare the foregoing particulars are true in every respect.

 6/2/21
Policyholder's Signature / Date & Time
1600


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

 08/02/21
Witnessed by Reporting Centre Personnel

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0901280007 Vehicle Registration No: SMH5085B

Name(as shown in NRIC) : DAY WEE CHONG NRIC/FIN/Passport No : SXXXX694J

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 65 TAMPAKUS CENTRAL 7 #01-31 Singapore(528597)

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 06/02/12 Time of Accident : 14:15

Place of Accident : PIC JWS CHANGI BY KIM KOAT LINK EXIT

Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND POLICY NO

Policyholder / Driver's Signature
Date:

[Signature] 08/02/12
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

VEHICLE NO: SMH5085B	MAKE & MODEL: KIA Cerato	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT: 6 / 2 / 2021		CC: 1.6
TIME OF ACCIDENT: 1415 HRS		
LOCATION OF ACCIDENT: Along PIE towards Changi before Kim Keat Link exit		
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / <input type="radio"/> PRIVATE HIRE		
NAME OF OWNER: Pay Wee Chong		
TEL NO:	H/P: 9477 4745	OFFICE: HOME:
NRIC: S7713694J		
ADDRESS: BLK 65 Tampines Central 7 #01-31 S(528597)		
EMAIL: paywc@hotmail.com		
CLAIM TYPE: OD / <input checked="" type="radio"/> THIRD PARTY / <input type="radio"/> REPORTING ONLY		
FLEET POLICY: YES <input checked="" type="radio"/> NO <input type="radio"/>		
INSURANCE COMPANY: AIG		
TYPE OF COVERAGE: Comprehensive / <input checked="" type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft		
POLICY NO: 1900007352-01		
NAME OF DRIVER: AS ABOVE / IF NO:		
NRIC:		ANY PASSENGER: 3 2(F), 1(M)
DATE OF BIRTH: 21 / 5 / 1977		LICENCE PASSED DATE: 14 / 3 / 1996
OCCUPATION: OUTDOOR / <input checked="" type="radio"/> INDOOR		
GENDER: <input checked="" type="radio"/> MALE / <input type="radio"/> FEMALE		
CONTACT NO:	H/P: OFFICE: HOME:	
ADDRESS:		
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE: <input checked="" type="radio"/> NO / IF YES, REG NO: INSURER:		
RELATIONSHIP: Owner		
WEATHER CONDITION: <input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / <input type="radio"/> OTHERS:		
ROAD SURFACE: <input checked="" type="radio"/> DRY / <input type="radio"/> WET / <input type="radio"/> OTHER:		
ANY INJURIES: NO / <input checked="" type="radio"/> YES, WHO? (F)		
NAME & CONTACT: Pay Wee Chong 9477 4745, Lim Sze Yun 9248 8036		
NAME & CONTACT: Pay Jing Yi (M), Pay Jing Xin (F)		
POLICE REPORT: <input checked="" type="radio"/> NO / IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN? <input checked="" type="radio"/> NO / IF YES, WHO?		
VEHICLE B REG NO: SLP7089Y		ANY PASSENGERS:
NAME OF DRIVER:		CONTACT NO:
VEHICLE C REG NO: SJQ7103H		ANY PASSENGERS:
VEHICLE D REG NO:		ANY PASSENGERS:
VEHICLE E REG NO:		ANY PASSENGERS:
VEHICLE F REG NO:		ANY PASSENGERS:
VEHICLE G REG NO:		ANY PASSENGERS:
ANY WITNESS? IF YES, NAME: WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE? <input checked="" type="radio"/> YES / <input type="radio"/> NO		
WAS THERE ANY AUDIO RECORDED? YES / <input checked="" type="radio"/> NO		
ACCIDENT SCENE PHOTOS TAKEN? <input checked="" type="radio"/> YES / <input type="radio"/> NO		
ACCIDENT PORTION: Front & rear portion		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / <input checked="" type="radio"/> NO		
WORKSHOP PARTICULAR: Twincar Automotive Pte Ltd		
CONTACT NO: 68420051 / 67440510		
CONTACT PERSON: Brandon		
FAX NO: 67410510		
WORKSHOP EMAIL: sales@n51.com.sg		



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Pay Wee Chong (Bai Weizong)
Period of Insurance : 25 Jan 2021 To 24 Jan 2022
Engine No. : G4FGJH715995
Chassis No. : KNAF3416MK5027281

Vehicle No. : SMH5085B
Policy No. : 1900007352-01
Endorsement No. :
Issued Date : 17 Dec 2020

ABOUT THE COVER

Make/Model : KIA Cerato
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
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 does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing.

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
Mileage Condition : Unlimited Mileage
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 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)

Pay Wee Chong (Bai Weizong) - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 406650 67461000
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: 600 Sin Ming Ave Singapore 575733 69328000

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 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

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).

0504524220
 FULCO - OSQ

22 UBI ROAD 4 FULCO BUILDING
 SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSMOBLEAPP