

NATIONAL Assessment Centre Services.

Print 1 Jan 2021

8/10/21/2/0008

Date In: 15/10/2021 18:53	Job description	Date & Time Completed	Done by
Ref No: N/A/2100210014	SAS e-Milling		
Veh No: S/A 2209 T	E-mail (by job sheet, A/C sheet)		
D.O.A: 11/02/2021 12:30	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (With: OD sheet, TP sheet)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Vikar		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKB 3671C	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 ()	

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

() 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: _____

1/10/21/161

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow Through Survey	\$120
	5) PT: Follow Through Survey (Resurvey)	\$30
	6) PT: Follow Through Survey (Resurvey) (over 10 Jan 2021)	\$75
	7) Tilt: Re-inspection	\$160
	8) NI: IDA + EMRT Survey	
	9) NIUC Additional Services	
	ON:	\$3
	• NS: Courtesy Car / Tpl Allowance	\$10
	• NG: Repair Coordination	\$25
	• NI: Post Repair Inspection	\$5
	• NI: DV / Collect Excess Coordination	\$30
	• TP (NI) TP (NG) (INC) (at last ENG)	\$0
	5) NI: IDA 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	15/02/2021 18:53 (SGT)
Date of Accident	11/02/2021 12:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA2209T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN QIUBO
NRIC No	SXXXX229J
Email Address	cqb3172@gmail.com
Mobile Phone No	(Phone) +65-96684765
Alternative Phone No	+65-96452693

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	1800062088-02
Cover Note Number	-

DRIVER

Name of Driver	PAN ZHENYING
NRIC No	SXXXX536A

Date Of Driving Pass	18/09/2013
Driving experience	7 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96452693
Alt. Phone Number	-
Email Address	pzhying@gmail.com
Address	23 SEMBAWANG CRESCENT #03-07
Address complement	-
Postcode	757054
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	PU JING
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210211/7032

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	SKB3671C
Vehicle Manufacturer	-

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	FBM2831M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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 3

Vehicle Registration Number	SGA88J
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	UNKNOWN RIDER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBM2831M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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:

15/02/2021
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CTE towards city

A/V: SMA2209T
 B/V: SKB3671C
 C/V: FBM2831M
 D/V: SGA883

refer to police report
no. T/20210211/7032

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

Date & Time:

Date & Time:

Name:

NRIC/FIN No.:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 11/02/2021 (dd/mm/yy) Time of Accident: 12 : 30 (24-HR-FORMAT)
Vehicle No.: SMA 2209 T Vehicle Make & Model / Engine (cc): Subaru Forester 1995 cc Private Hire: (Y/N) ☒
Exact location of Accident: CTE TOWARDS CITY
Policyholder's Name / IC No.: CHEN QIUBO S8361229J
Driver's Name / IC No.: PAN ZHENYING S8186536A (As Above) ☐
Driver's Contact No.: 9645 2693 Company Contact No / Owner Contact No: 9668 4765
Driver's Address: 23 SEMBAWANG CRESCENT #03-07 S757054
Owner Email address: cq3172@gmail.com Insurance Company: AIG
Driver Email address: pzhying@gmail.com

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: SPOUSE

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

***No. of Passengers (Including Driver):** 02

***Passanger Name:** PU JING

Gender: Female

***Passanger Name:**

Gender:

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☒ No (If YES) Injured Person's Name: FBM2831M

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☒ No (If YES) Which Police Station: 10 Ubi Ave 3

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SKB 3671 C (B)

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: FBM 2831 M (C)

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: SG4887 (D)

Preferred Workshop Name: _____ Contact No: _____



**SINGAPORE
POLICE FORCE**



T/20210211/7032

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

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Report No. T/20210211/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2021 15:41		Vide Report No.: F/20210211/0114		Station Diary No.:	
Informant's Particulars					
Name of Informant: PAN ZHENYING			Address: 23 SEMBAWANG CRESCENT #03-07 SINGAPORE 757054		
ID Type / ID No.: NRIC NO / S8186536A			Contact No.: Home/Office: Mobile: 96452693		
Nationality: SINGAPORE CITIZEN			Email: PZHYING@GMAIL.COM		
Sex: Female	Age: 39	Date of Birth: 02/10/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: others			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/02/2021 12:30	Type of Location: Straight Road
Location: CENTRAL 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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBM2831M	Motorcycle					0
SGA88J	Car					0
SKB3671C	Car					0
SMA2209T	Car					0



**SINGAPORE
POLICE FORCE**



T/20210211/7032

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

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Report No. T/20210211/7032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBM2831M (Motorcycle)	Contact No.	NIL
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	Serious
Driver			
Name	PAN ZHENYING	ID No.	S8186536A
Related Vehicle	SMA2209T (Car)	Contact No.	96452693
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
Passenger			
Name	PU JING	ID No.	NIL
Related Vehicle	SMA2209T (Car)	Contact No.	NIL
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

Brief Details.

ON THE STATED DATE AND TIME, I WAS DRIVING MY VEHICLE SMA2209T ALONG CTE TOWARDS CITY. AS I WAS TRAVELLING STRAIGHT IN MY LANE ALONG LANE 2. SUDDENLY A VEHICLE SKB3671C FROM LANE 1 SWERVED INTO MY LANE, UPON SEEING I IMMEDIATELY APPLIED BRAKES TO MY VEHICLE TO AVOID THE COLLISION. HOWEVER, SKB3671C STILL COLLIDED AGAINST MY VEHICLE RIGHT PORTION. THE NEXT MOMENT A MOTORCYCLE FBM2831M HIT AGAINST MY VEHICLE REAR PORTION. SHORTLY WE MANAGE TO GET OUT OF MY VEHICLE AND REALISED I WAS INVOLVED IN A 4 VEHICLE CHAIN COLLISION. SKB3671C ALSO HIT AGAINST A VEHICLE BEARING SGA88J ALONG LANE 1. THE MOTORIST WAS



**SINGAPORE
POLICE FORCE**



T/20210211/7032

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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210211/7032

CONTINUATION OF REPORT

CONVEYED BY AMBULANCE TO THE HOSPITAL AND THE TRAFFIC POLICE PROVIDED ME A
CASE CARD NUMBER F/20210211/0114. I WISH TO STATE THAT I STILL KEPT WITHIN MY LANE.



**SINGAPORE
POLICE FORCE**



T/20210211/7032

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

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Report No. T/20210211/7032

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 / TPB /
MUHAMMAD SYARIFUDDIN MUHAMMAD
AJMAIN
Contact No.: 65476367

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:
11/02/2021 15:41

Classification Of Case:



SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Chen Qubo
Period of Insurance : 31 May 2020 To 30 May 2021
Engine No. : FB20YD75841
Chassis No. : JF1SJ5KC5JG109532

Vehicle No. : SMA2209T
Policy No. : 1800062088-02
Endorsement No. :
Issued Date : 22 Apr 2020

ABOUT THE COVER

Make/Model	: SUBARU Forester 2.0i-L		
Engine Capacity/Tonnage	: 1,995.00 CC	Sum Insured	: Market Value
Driver Restriction	: NA	Off Peak Car	: No
Person or Classes of Persons Entitled to Drive*		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 \$3,030 as "Inexperienced Driver Fee" ("IDF") if You are in Your Authorized Driver (signed or assigned) 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, racing, game playing, reliability year 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.

Log of Unb 150Sec - 1600log

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 188), 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 - \$100 Theft - \$0 Flood Cover - \$100

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Chen Quhai - \$800 (Car Damage), \$500 (Food Costs)

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

Motor Image Enterprises Pte Ltd, Amd 18 Lorong 8 Toa Payoh, Singapore 319258, 64170100

For other Approved Reporting Centres/A&E Authorised Repairs, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AXI 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

(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. 109), Part (V) of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1950 (Malaysia).)

050819213

TAN CHONG CREDIT SUBARU-TJO

913 BUKIT TIMAH ROAD

SINGAPORE 589623

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

ACCEPTED FOR PUBLICATION