

NATIONAL Assessment Centre Services [wef 1 Jan'05] **SM0821470001**

Date In: <b>19/04/2021 09:42</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA2102605</b>	SAS e-filing		
Veh No: <b>SMO, 3270S</b>	E-mail (within Shrs, AIC 2hrs)		
D.O.A: <b>16/04/2021 08:35</b>	i-Motor Claim Form		
OD <b>TP</b> : Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

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

TP Particulars: Vch No: **GBG 7374P** 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 repalrer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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 (\$) Inc 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		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Pat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 2 / 3:	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 Submission	19/04/2021 09:42 (SGT)
Date of Accident	16/04/2021 08:35 (SGT)
Exact Location of Accident	Jln Boon Lay, Singapore
Additional Location Information	NEAR ENTERPRISE ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD3270S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TOH JUN CHANG
NRIC No	SXXXX017F
Email Address	chang_toh@yahoo.com.sg
Mobile Phone No	(Phone) +65-98626814
Alternative Phone No	+65-98626814

## VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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
Transmission	Auto
CC	1591

## INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070105628
Cover Note Number	-

## DRIVER

Name of Driver	TOH JUN CHANG
NRIC No	SXXXX017F

Date Of Birth	09/05/1981
Occupation	Indoor
Date Of Driving Pass	18/12/2007
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98626814
Alt. Phone Number	+65-98626814
Email Address	chang_toh@yahoo.com.sg
Address	BLK 870 YISHUN STREET 81 #06-109
Address complement	-
Postcode	760870
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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	THAM KAR KIT
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT J/20210417/7022

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7374P
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Vehicle Manufacturer	Nissan
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	TOH JUN CHANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMD3270S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### INJURED 2

Name of injured person	THAM KAR KIT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMD3270S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

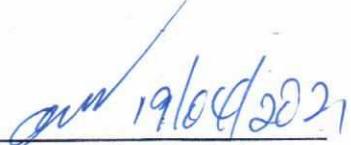
**IMPORTANT NOTICE**

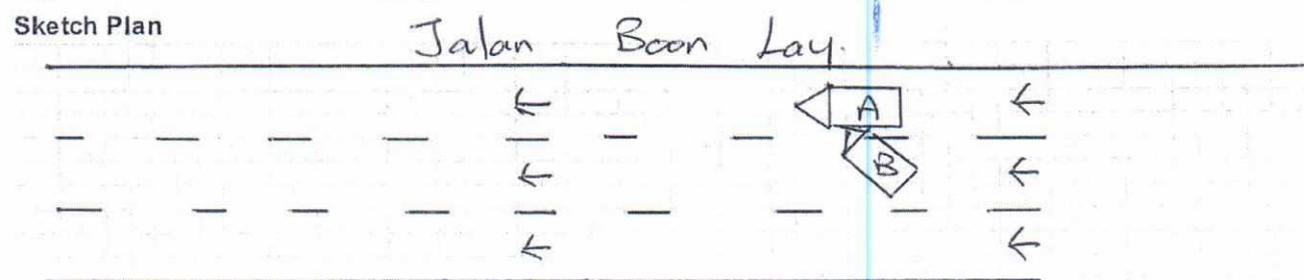
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability.**
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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.

 _____ Policyholder's Signature / Date & Time	 _____ Driver's Signature (If driver is not the policyholder) / Date & Time	 _____ Witnessed by Reporting Centre Personnel
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(A) SMD 3270 S

(B) GBG 7374 P

Describe Circumstances of the Accident

On the stated date and time, I was driving along Jalan Boon Lay on the right lane. While driving straight, a van (GBG 7374P) on the middle lane suddenly cut into my lane and hit onto my veh front portion all the way to the rear bumper area. I then slow down and stop my veh. Both drivers came down to exchange particulars. After that, we left the accident scene. When I drive my veh again, I realized that my veh wheel alignment was not straight anymore. My wife (Tham Kar Kit) was inside my veh front passenger seat when the accident happened. After the accident, she felt numbness on her left shoulder. She also felt pain on her neck and back area. I also felt some strain on my body neck and back. Both of us may seek medical treatment later on.

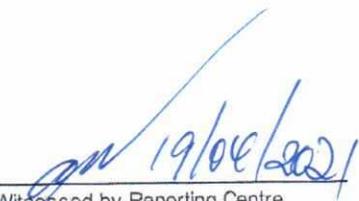
POLICE REPORT J/20210417/7022

Declaration

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

 19/04/2021  
Witnessed by Reporting Centre Personnel

Date of Accident : 16/4/2021 Accident Time: 08:35 (24-HR-FORMAT)  
 Accident Place : Jalan Boon Lay (Near Enterprise Rd)  
 Vehicle Reg. No (Car plate No.) : SMD 3270 Vehicle Make/Model: Hyundai elantra  
 Insurance Company : AIG Policy No. 2070105628  
 Name of Registered Owner : Company/ Individual Toh Jun Chang  
 ID of Registered Owner : Co Reg No: — Owner's NRIC No: 88115017F  
 Co Contact No: — Owner's Contact No: 98626814

DRIVER'S Name : As Above DRIVER'S NRIC No: As Above  
 DRIVER'S Date of Birth : 9/9/1981 DRIVER'S License Pass Date 18 Dec 2007  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —  
 DRIVER'S Address : 161 Enterprise Rd (627660)  
 DRIVER'S Contact No / Alt No. : 1) 98626814 2) —  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : chang-toh@yahoo.com.sg  
 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): 2 Passenger Name: Tham Kar Kit 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: —  
 Injured Name: —  
 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>GBG 7374 P</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>Nissan Van</u>	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: _____



**SINGAPORE  
POLICE FORCE**



J/20210417/7022

1 of 2

**POLICE REPORT (NP299)**

Report No. J/20210417/7022

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 17/04/2021 14:45		Vide Report No.		Station Diary No.	
Name Of Informant TOH JUN CHANG		Address 870 YISHUN STREET 81 #06-109 SINGAPORE 760870			
ID Type / ID No. NRIC NO / S8115017F		Contact No. Home/Office:		Mobile: 98626814	
Nationality SINGAPORE CITIZEN		Email Address chang_toh@yahoo.com.sg			
Occupation IT CONSULTANT		Sex Male	Age 39	Date of Birth 09/05/1981	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 16/04/2021 08:35		Location Of Incident JALAN BOON LAY			

**Brief details.**

On the above mentioned date and time, I was driving my vehicle SMD3270S along Jalan Boon Lay towards enterprise road, travelling in the extreme right lane.

My wife Tham Kar Kit was the front passenger on board my vehicle at that time and both of us were belted.

As I was passing the junction of Chin Bee Drive, GBG7374P, which was initially travelling along the middle of 3 lanes, abruptly swerved into the left portion of my vehicle.

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: 17/04/2021 14:45
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



J/20210417/7022

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210417/7022

There was absolutely no way I could have avoided the accident. My vehicle shook violently as a result of the impact.

Initially we felt fine. However, around noon later the same day, both my wife and I started feeling soreness over our neck and shoulder areas.

We proceeded to a nearby doctor after work at Unihealth 24-Hr Clinic (Jurong East) for treatment later the same evening.

My wife was given 5 days MC while I was given 3 days MC for our injuries caused by the accident.

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:

17/04/2021 14:45

Classification Of Case:



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Toh Jun Chang  
**Period of Insurance** : 15 Aug 2020 To 14 Aug 2021  
**Engine No.** : G4FGJU236529  
**Chassis No.** : KMHD841CMJU728126

**Vehicle No.** : SMD3270S  
**Policy No.** : 2070105628  
**Endorsement No.** :  
**Issued Date** : 28 Jul 2020

### ABOUT THE COVER

**Make/Model** : HYUNDAI ELANTRA 1.6 GLS  
**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** : 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** : 30 years old and above  
**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 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 2019, are not to be included under these headings.

### EXCESS

**Section 1**  
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$800

**Section 2**  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Toh Jun Chang - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised 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 Side Agent's workshop. 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](http://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: Standard Chartered Bank (Singapore) 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).

0504389000

DS INSURANCE AGENCY

131 PASIR RIS GROVE #06-16  
 SINGAPORE 518130

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

Sumera