

**NATIONAL Assessment Centre Services.** [wef 1 Jan'05] **SN 0.921400003**

Date In: 26/4/21 11:24	Job description	Date & Time Completed	Done by
Ref No: MALAIG 2100 5104 164	SAS e-filing		
Veh No: GW 6215 D	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 23/4/21 16:15	i-Motor Claim Form		
OD: (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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )

TP Particulars: Vch No: **STW 4206 H** 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:	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: NA210 2698

Driver/Owner: \_\_\_\_\_

Contact No: \_\_\_\_\_

Damaged Portion: \_\_\_\_\_

QC Checked by (Engr-In-Charge): \_\_\_\_\_

Auditors' Comments: \_\_\_\_\_

Pat. 1: \_\_\_\_\_

Pat. 2 / 3: \_\_\_\_\_

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		Int Bill	Add Bill
1) AR: Accident Reporting (\$30);		30	
2) DA: Damage Assessment (\$100);	INC (\$80)		
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: Idac DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
* N5: Courtesy Car / Tpl Allowance	\$5		
* N6: Repair Co-ordination	\$10		
* N7: Post Repair Inspection	\$25		
* N8: DV / Collect Excess Coordination	\$5		
* N11: TP (Non INC) against INC	\$20		
9) N12: Idac Mobile	\$0		

Fee Charged \_\_\_\_\_  
 Invoice dated \_\_\_\_\_  
 Fee Charged \_\_\_\_\_  
 Invoice dated \_\_\_\_\_

# 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	26/04/2021 11:24 (SGT)
Date of Accident	23/04/2021 16:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW6215D
-----------------------------	---------

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHAI HUAT TRADING PTE LTD
Company Reg No	2XXXXX263N
Email Address	JASONKCAPL@GMAIL.COM
Mobile Phone No	(Phone) +65-62646977
Alternative Phone No	(Office) +65-62646977

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FB511BOJSRDE
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2835

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	2100383572-06
Cover Note Number	-

### DRIVER

Name of Driver	SHIEW KING HOOI
Work Permit No	GXXXX046R

Date Of Birth	17/09/1988
Occupation	Outdoor
Date Of Driving Pass	22/07/2019
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91391101
Alt. Phone Number	-
Email Address	JASONKCAPL@GMAIL.COM
Address	11 CHIN BEE DRIVE #02-N9
Address complement	-
Postcode	619862
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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	SJW4206H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD SHUKRI BIN KAMARUDDIN
Contact Number	(Phone) +65-84446915
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 SMT6794T  
Vehicle Manufacturer -  
Vehicle Model -  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Private car  
Name of Driver PENG KOK CHONG  
Contact Number (Phone) +65-83388943  
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 SHIEW KING HOOI  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old -  
Injuries Sustained BODY  
Injured person in which vehicle? GW6215D  
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 willful 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

	<p>A: GW6215D</p> <p>B: SJW4206H</p> <p>C: SMT6794T</p>
--	---

**Describe Circumstances of the Accident**

On 23.04.2021 at about 16:15pm. I was travelling along PIE towards TUAS (After  
Paya Lebar). The front vehicle stopped, I was stationary. Suddenly, I felt an impact  
from my rear and my vehicle moved forward to 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

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

Witnessed by Reporting Centre  
Personnel



Date of Accident : 23.04.2021 Accident Time: 16:15 pm (24-HR-Format)  
 Accident Place : PIE towards TUAS (After Paya Lebar).  
 Vehicle No. (Car Plate No.) : GW 6215D Make/Model: Mitsubishi FB511B0JSRDE  
 Insurance Company : AIG Policy No: 2100383572-06  
 Owner or Company Name /IC No. : Chai Hwat Trading Pte Ltd (200919263N).  
 Owner or Company Contact No. : 6264 6977 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Shiew King Hani (G8014046R)  
 DRIVER'S Date Of Birth : 17 Sep 1988 DRIVER'S License Pass Date 22 Jul 2019  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 11 Chin Bee Drive #02-N9 Singapore 619862.  
 DRIVER'S Contact No./ Alt No. : 1) 9139 1101 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : Jasonkrapl@gmail.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  
 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

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

Vehicle No: <u>STW 4206H (vehicle B)</u>	Vehicle No: <u>SMT 6794T (vehicle C)</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: <u>Muhammad Shukri Bin Kamaruddin</u>	Name Driver: <u>Peng Kok Chong</u>
IC No. Driver/Contact: <u>8444 6915</u>	IC No. Driver/Contact: <u>8338 8943</u>

\* NEW - Passenger's name & gender:

