

NATIONAL Assessment Centre Services (wef 1 Jan'05)

Date In: 07/03/21	Job description	Date & Time Completed	Done by:
Ref No: NA/11621005597/13	SAS e-filing		
Veh No: 525716B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/03/21 1740	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars:	Veh No: 5403572R	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

NA 2102832	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	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 : Idac DA + SMRT Survey \$160			
Driver/Owner:	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
Contact No:	*N7: Post Repair Inspection \$25			
Damaged Portion:	*N8: DV / Collect Excess Coordination \$5			
QC Checked by (Engr-In-Charge):	TE (N11) : TP (Non INC) against INC \$20			
Auditors' Comments :-	9) N12: Idac Mobile \$0			
	Invoice dated	Fee Charged		
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:				

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	07/05/2021 14:24 (SGT)
Date of Accident	06/05/2021 17:40 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	(BKE)B4 CHOA CHU KANG WAY EXIT 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS716B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH HONG EE(ZHOU HONGYI)
NRIC No	SXXXX291G
Email Address	FELIXTOH8@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96257565
Alternative Phone No	+65-96257565

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Ds4
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	1600

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700047774-03
Cover Note Number	-

DRIVER

Name of Driver	TOH HONG EE(ZHOU HONGYI)
NRIC No	SXXXX291G

Date Of Birth	18/06/1971
Occupation	Outdoor
Date Of Driving Pass	10/02/1996
Driving experience	25 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96257565
Alt. Phone Number	+65-96257565
Email Address	FELIXTOH8@HOTMAIL.COM
Address	1 QUEENSWAY
Address complement	#02-66
Postcode	149053
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SD CARD WITH TRAFFIC POLICE.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3572K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	YQ8480J
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	TOH HONG EE(ZHOU HONGYI)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLS716B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

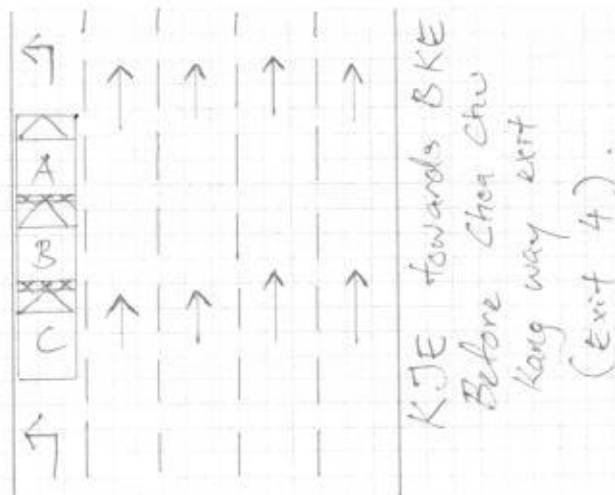
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SLS 716 B

B: SHC 3572K

C: YQ 8480J

Describe Circumstances of the Accident

On 06/05/2021 at about 17:40 hrs, I was driving my vehicle (SL871GB) along K7E towards BKE before Choa Chu Kang Way ~~at~~ Exit on the extreme left lane. The front traffic was heavy and slow and my vehicle was travelling slowly as well. Suddenly, I felt a strong impact from the rear. I alighted and realise it was a chain collision involving three vehicle. Ambulance and traffic police came and vehicle B (SHC3572K) driver was convey to hospital. Traffic police took my SD card and gave me a RT report no. J/20210506/0093.

Declaration

I/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

VEHICLE NO:	SLS 716B		MAKE & MODEL:	Citroen Crossback (DS4) AUTO / MANUAL	
DATE OF ACCIDENT:	06/05/2021		CC:	1.6	
TIME OF ACCIDENT:	17:40 HRS				
LOCATION OF ACCIDENT:	KJE (BKE) before Choa Chu Kang Way Exit (4)				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	Teh Hong Ee (Zhou Hong yi)				
TEL NO:	H/P: 96257565		OFFICE:	HOME:	
NRIC:	S7120291G				
ADDRESS:	1 Queensway #02-66 S(149053)				
EMAIL:	felix.teh8@hotmail.com				
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY				
FLEET POLICY:	YES / NO?				
INSURANCE COMPANY:	AIG				
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	1700047774-03				
NAME OF DRIVER:	AS ABOVE / IF NO:				
NRIC:	ANY PASSENGER: NO				
DATE OF BIRTH:	18/06/1971		LICENCE PASSED DATE: 19/02/2003		
OCCUPATION:	OUTDOOR / INDOOR				
GENDER:	MALE / FEMALE				
CONTACT NO:	H/P:		OFFICE:	HOME:	
ADDRESS:					
EMAIL:					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Owner				
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:				
ROAD SURFACE:	DRY / WET / OTHER:				
ANY INJURIES:	NO / IF YES, WHO?				
NAME & CONTACT:	Teh Hong Ee, 96257565				
NAME & CONTACT:					
POLICE REPORT:	NO / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?				
VEHICLE B REG NO:	SHC3572K		ANY PASSENGERS: YES (2M)		
NAME OF DRIVER:	-		CONTACT NO: -		
VEHICLE C REG NO:	YQ8480J		ANY PASSENGERS: NO		
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?	YES / NO With Traffic Police				
WAS THERE ANY AUDIO RECORDED?	YES / NO				
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO				
ACCIDENT PORTION:	Rear Portion				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?					YES / NO
WORKSHOP PARTICULAR:	N-S1 Automotive				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Leonard				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : TOH HONG EE (ZHOU HONGYI)
Period of Insurance : 06 Sep 2020 To 05 Sep 2021
Engine No. : 10JBHX3013389
Chassis No. : VF7NXBHZTGY551718

Vehicle No. : SLS716B
Policy No. : 1700047774-03
Endorsement No. :
Issued Date : 19 Aug 2020

ABOUT THE COVER

Make/Model : CITROEN DS4 1.6 BlueHDI Crossback
Engine Capacity/Tonnage : 1,560.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PAFF : 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

TOH HONG EE (ZHOU HONGYI) - \$800 (Own Damage), \$800 (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 Sole 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 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).

0692423000
HONG SHUI PING

371 ALEXANDRA ROAD #09-15 AIA ALEXANDRA
SINGAPORE 159963 SP-HONGSHUIPING-IVANGOH

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPLLC

1003566011/AC4



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No:

0/20210506 / 0093

20 Weili
6547 6394

I,

SS Father

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of

2827 Traffic Rule

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1

One Thinkware Dash Cam 16GB (SL5716B)

2

3

4

5

6

7

8

9

10

from

Tan Hong ER (S71202916)

(Name, NRIC or Passport No. / Rank and No.)

of

1 Queensway B02-66 S(149055)

(Address / Police Station / NPC / NPP)

on

06/05/2021

(Date)

at

(Time)

Witnessed by / * Handed over by:

(* Delete if applicable)

(Signature)

Tan Hong ER S71202916

(Name, NRIC or Passport No. / Rank and No.)

Received by:

(Signature)

SS Father

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: