

NATIONAL Assessment Centre Services

Date In: 16/08/21	Job description	Date & Time Completed	Done by
Ref No: NA/AIG21008549/13	SAS e-filing		
Veh No: SSC 67404	E-mail (within 8hrs. Aft. 2hrs)		
DOA: 15/08/21 0830	i-Motor Claim Form		
OD: (P) 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: SL25581C	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

NA2103751	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	16/08/2021 12:17 (SGT)
Date of Accident	15/08/2021 08:30 (SGT)
Exact Location of Accident	Bartley Rd East, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC6740J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG TECK MENG
NRIC No	SXXXX161E
Email Address	eric.angtm@gmail.com
Mobile Phone No	(Phone) +65-91171938
Alternative Phone No	+65-91171938

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1497

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	0100603674-15
Cover Note Number	-

DRIVER

Name of Driver	ANG TECK MENG
NRIC No	SXXXX161E

Date Of Birth	13/03/1957
Occupation	Indoor
Date Of Driving Pass	31/05/1978
Driving experience	43 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91171938
Alt. Phone Number	+65-91171938
Email Address	eric.angtm@gmail.com
Address	BLK 76 MARSILING DRIVE
Address complement	#10-09
Postcode	440076
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	Collision - Head to Rear
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 vehicle 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?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT: T/20210815/2019

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	SLZ5581C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	MOHAMMAD KHLID BIN SALMAN
NRIC No	SXXXX013G
Contact Number	(Phone) +65-83898539
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	ANG TECK MENG
Gender	Male
Phone No	(Phone) +65-91171938
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGC6740U
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.
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

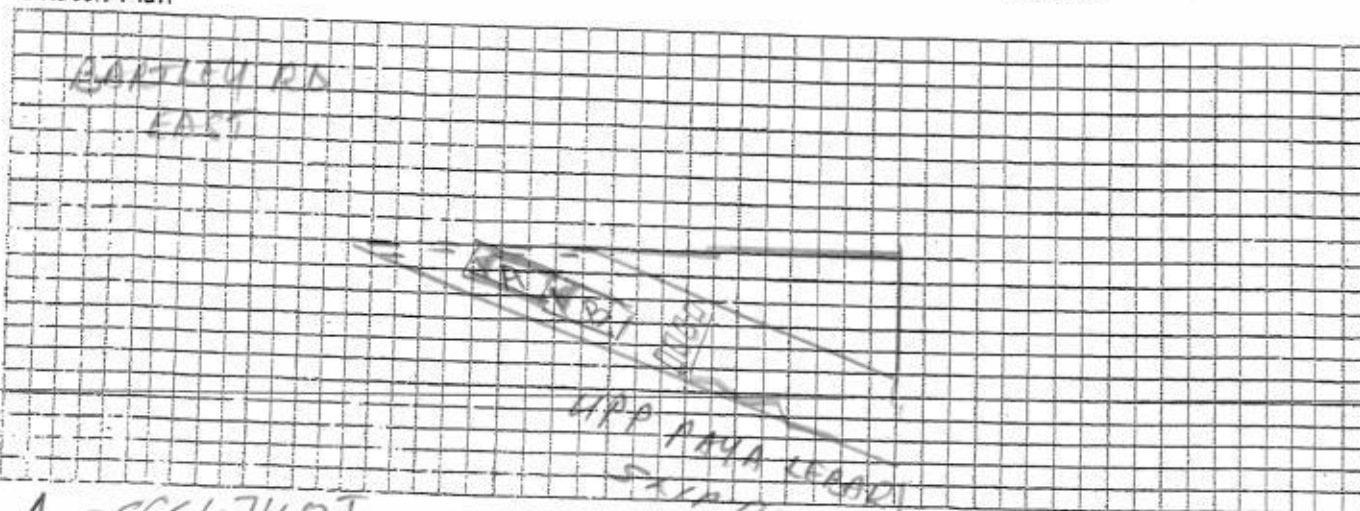
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SGK6740J

B - SLZ5581C

Describe Circumstances of the Accident


Pls refer to the police report: 7/20210815/2019

Declaration

We declare the foregoing particulars are true in every respect.

 16.08.21
Policyholder's Signature / Date &
Time

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

 16/08/21
Witnessed by Reporting Centre
Personnel

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SN0921840004 Vehicle Registration No: SGC6740U
Name (as shown in NRIC): ANG TECK MENG NRIC/FIN/Passport No: SXXXX161E
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: BLK 76 MARILYN DRIVE #10-09 Singapore (440076)
Contact (Tel): _____ Mobile No.: 91171938
Email Address: _____
Date of Accident: 15/08/21 Time of Accident: 08:30
Place of Accident: BARTLEY RD EAST
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 VEH NO : SHOULD BE : SGC6740J

Policyholder / Driver's Signature
Date:

 24/08/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



SINGAPORE POLICE FORCE



T/20210815/2019

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20210815/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2021 12:40		Vide Report No.: F/20210815/0094		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: ANG TECK MENG			Address: 76 MARINE DRIVE #10-09 SINGAPORE 440076		
ID Type / ID No.: NRIC NO / S1279161E			Contact No.: Home/Office: Mobile: 91171938		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 13/03/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: FNB			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/08/2021 08:30	Type of Location: Bend
Location: BARTLEY ROAD EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGC6740J	Car	TOYOTA	VIOS 1.5E M	Red	Slightly Damaged	0
SLZ5581C	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGC6740J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	0100603674-15	24/01/2021	23/01/2022



SINGAPORE POLICE FORCE

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20210815/2019

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Report No. T/20210815/2019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	ANG TECK MENG	ID No.	S1279161E
Related Vehicle	SGC6740J (Car)	Contact No.	91171938
Hospital/Clinic	DAILY MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/08/2021	Date Discharge	15/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MOHAMMAD KHLID BIN SALMAN	ID No.	S7428013G
Related Vehicle	SLZ5581C (Car)	Contact No.	83898539
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was driving my vehicle, SGC6740J at the said location. As I was approaching the bend I slowed down my vehicle and came to a stop before entering into Bartley Road East from Upper Paya Lebar road, to check for the oncoming vehicle. While I was check on the oncoming vehicle, another vehicle (SLZ5581C) hit on the rear of my vehicle. Police came and attended on the incident. Vide incident :F/20210815/0094
I would also like to state that I suffered neck pain due to the incident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20210815/2019

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Report No. T/20210815/2019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 1 MOHAMMAD FARIZUAN BIN
NASRUDDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD FARHAN BIN SAIRI
Contact No.: 65476224

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

15/08/2021 12:40

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (15/08/21) (DD/MM/YYYY), TIME: (08:30) (HH:MM)

LOCATION: BARTLEY RD EAS

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S4C67405
b) INSURANCE COMPANY: ANL
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: ANL TECK MENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1279161E CONTACT: 91171938
c) ADDRESS: BLK 76 MARINE DRIVE
#10-09 (440076)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (13/03/1957) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 31/05/1978

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

B. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: S125581C MODEL: _____

b) DRIVER'S NAME: MUHAMMAD KHALID BIN SALMAN

c) NRIC/FIN/PASSPORT: S74280139 CONTACT: 8898539

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

autohub335@gmail.com

Email = eric.qngtm@gmail.com

Fax =

VIDEO = NO

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()



CERTIFICATE OF INSURANCE

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder	: Ang Teck Meng	Vehicle No.	: SGC6740J
Period of Insurance	: 24 Jan 2021 To 23 Jan 2022	Policy No.	: 0100603674-15
Engine No.	: 1NZX368986	Endorsement No.	:
Chassis No.	: MR053HY4204173239	Issued Date	: 16 Dec 2020

ABOUT THE COVER

Make/Model	: TOYOTA VIOS	Sum Insured	: Market Value	First Year of Registration	: 2006
Engine Capacity/Tonnage	: 1,497.00 CC	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: NA				

Person or Classes of Persons Entitled to Drive*

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.

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.

* 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 Theft - \$0

Section 2
Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

Ang Teck Meng, Tan Ai Lin

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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For 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: GE MONEY PTE LTD

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).

0030210211

AIG - AUTO DIRECT

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

55CNFY