

# NATIONAL Assessment Centre Services

Date In: 6/10/21 16:15	Job description: SAS e-illing	Date & Time Completed: /	Done by: /
Ref No: NBA/ALG21010308/T1	E-mail (by date sent, A/C #):		
Ver No: SMS 3648H	I-Motor Claims Form		
DOA: 5/10/21 18:00	I-Motor W/O (Within 60 days, TP 40%)		
	I-Photo Uploaded		
	Assessment Survey Report		
	Assessment Report by Fax/Hand to Owner/Driver		

Preferred Wreck / INO Assessor / Wreck / QW:	Tel:	Fax:
TP Handling Agency:	Yeh No: FB3 2805E, INC ( ) / Non-INO ( )	
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 ( )	

( ) Walk-In Customer: Customer's information strictly confidential & strictly NO Referral of reputation

( ) 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) QO Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3,000) ( )

Injury: /

/

/

/

/

NA2104053

Driver/Owner:	1) All Roadwork (WO)	
Contract No:	2) BA Damage Allowance (\$1000) INO (H)	
Damage Portion:	3) FR Following Up	\$120
	4) PT Follow Through Survey	\$30
	5) PT Follow Through Survey (Recovery)	\$30
	6) PT Follow Through Survey (Recovery) (NO ONLY, with 10 min 700)	\$75
	7) NI Follow Up + BMR Survey	\$160
	8) NI Follow Up + BMR Survey	
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QC Checked by (Engr-In-Charge):

Signature: /

Date: /



## 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	06/10/2021 16:15 (SGT)
Date of Accident	05/10/2021 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HALUS LINK SLIP ROAD TOWARDS PASIR RIS INDUSTRIAL DRIVE 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS3648H
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM HENG CHUAN
NRIC No	SXXXX356Z
Email Address	SHANNON97SIM@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96350272
Alternative Phone No	(Office) +65-96350272

#### 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	1496

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070029516
Cover Note Number	-

#### DRIVER

Name of Driver	SHANNON SIM JUN HAO
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NRIC No	SXXXX832C
Date Of Birth	25/09/1997
Occupation	Outdoor
Date Of Driving Pass	30/11/2018
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91150443
Alt. Phone Number	-
Email Address	SHANNON97SIM@HOTMAIL.COM
Address	BLK 90 PUNGGOL DRIVE
Address complement	#02-03
Postcode	828794
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	Yes
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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO: G/20211005/7079.

#### 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	FBJ2805E
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) .....	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	RIDER VEHICLE B
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	UNKNOWN
Injured person in which vehicle? .....	FBJ2805E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

#### INJURED 2

Name of injured person .....	SHANNON SIM JUN HAO
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK AND BACK
Injured person in which vehicle? .....	SMS3648H
Were seat belts worn? .....	-
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

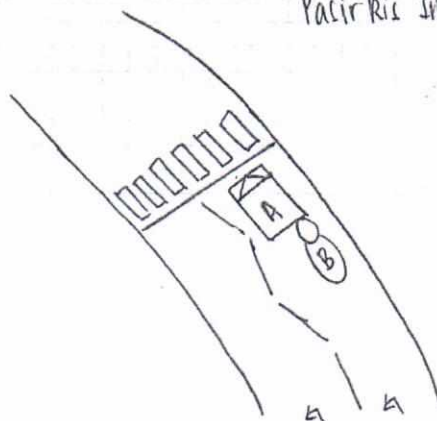
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan

Halus Link Slip Road towards  
Pacir Ris Industrial Drive 1

Vehicle A: SMS3640H  
Vehicle B: FBJ2805E



### Describe Circumstances of the Accident

Refer to Police Report No: G/2021/005/7079

## 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: 05/10/2021 Accident Time: 1800hrs (24-HR-FORMAT)  
Accident Place: Halus Link Slip Road towards Pasir Ris Industrial Drive 1  
Vehicle Reg. No (Car plate no.): SMS 3648H Vehicle Make/Model: Toyota Wos  
Insurance Company: AIG Policy No.: 2070629516  
Name of Registered Owner: Company / Individual Sim Heng Chuan  
ID of Registered Owner: Co Reg No: - Owner's NRIC No: S6814356Z  
Co Contact No: - Owner's Contact No: 9635 0272  
DRIVER'S Name: Shannon Sim Jun Hao DRIVER'S NRIC No: S9732832C  
DRIVER'S Date of Birth: 25 Sep 1997 DRIVER'S License Pass Date: 30 Nov 2018  
Relationship bet. Driver & Owner Owner & Driver ☒ Spouse ☒ Parents ☒ Children ☐ Sibling ☐ Employee ☐ Others: -  
DRIVER'S Address: Blk 90 Punggol Drive #02-03 Singapore 828794  
DRIVER'S Contact No / Alt No: 1) 9115 0443 2) -  
DRIVER'S Occupation: INDOOR / OUTDOOR (eg. working inside or outside of an org)  
Email Address: Shannon 97 Sim @ hotmail. 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): 01 Passenger Name: - 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: -  
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: FB12805E  
Vehicle Make/Model: -  
Name DRIVER: -  
IC No. DRIVER: -  
DRIVER'S Contact & add: -

Vehicle Reg No: -  
Vehicle Make/Model: -  
Name DRIVER: -  
IC No. DRIVER: -  
DRIVER'S Contact & add: -

Other Party Driver's Particulars (if any)

Vehicle Reg No: -  
Vehicle Make/Model: -  
Name DRIVER: -  
IC No. DRIVER: -  
DRIVER'S Contact & add: -

Vehicle Reg No: -  
Vehicle Make/Model: -  
Name DRIVER: -  
IC No. DRIVER: -  
DRIVER'S Contact & add: -



**SINGAPORE  
POLICE FORCE**



G/20211005/7079

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20211005/7079

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 05/10/2021 21:25	Vide Report No.	Station Diary No.
Name Of Informant SHANNON SIM JUN HAO	Address 90 PUNGGOL DRIVE #02-03 SINGAPORE 828794	
ID Type / ID No. NRIC NO / S9732832C	Contact No. Home/Office: Mobile: 91150443	
Nationality SINGAPORE CITIZEN	Email Address SHANNON97SIM@HOTMAIL.COM	
Occupation Air Defence System specialist	Sex Male	Age 24
Institution/School Name	Date of Birth 25/09/1997	Race Chinese
Date/Time Of Incident 05/10/2021 17:55	Location Of Incident HALUS LINK	

**Brief details.**

On the stated date and time, i was driving my vehicle SMS3648H along Halus Link when I had gradually come to a stop at the zebra crossing of Halus Link Slip road towards Pasir Ris Industrial Drive 1 as I had noticed pedestrians on my left wanting to cross the road.

I was stationary for a few seconds when suddenly, i felt a huge impact from the rear causing my vehicle to jerk forward.

I alighted to realise that a motorbike FBJ2805E had crashed into the rear 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: 05/10/2021 21:25
Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



G/20211005/7079

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. G/20211005/7079

The rider of said bike was injured.

Ambulance and traffic police arrived and the rider was conveyed to hospital.

Later the same evening, i started feeling aches and soreness over my neck and back areas.

As such, i proceeded to my family doctor at Intemedical Kovan for treatment and was given 5 days MC for my injuries caused by the accident.

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
05/10/2021 21:25

Classification Of Case:





# CERTIFICATE OF INSURANCE

## TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : SIM HENG CHUAN  
Period of Insurance : 24 Feb 2020 To 23 Feb 2022  
Engine No. : 2NR5404543  
Chassis No. : MR2B23F3401193181

Vehicle No. : SMS3648H  
Policy No. : 2070029516  
Endorsement No. :  
Issued Date : 25 Feb 2020

### ABOUT THE COVER

Make/Model : TOYOTA VIOS 1.5  
Engine Capacity/Tonnage : 1,496.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2020  
Insuring with COE/PARF : Yes

#### 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.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

#### 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

\* 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 - \$600

#### Section 2

Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

SIMHENG CHUAN - \$600 (Own Damage), \$600 (Flood Cover)

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

1 Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188  
2 Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1668

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: DBS BANK 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, 1969 (Malaysia).

0504667251

INCHCAPE AUTO TOYOTA - BSTU023

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

Chen Chuan Tan