

# NATIONAL Assessment Centre Services

|   |  |                        |          |
|---|--|------------------------|----------|
| Date In: 15/11/21 19:26                             | Job description: SAs e-filing            | Date & Time Completed: | Done by: |
| Ref No: NAI6210116291V                              | E-mail (w/da, Mac, AP, 2day)             |                        |          |
| Veh No: SMP1626A                                    | i-Motor Claim Form                       |                        |          |
| DOA: 13/11/21 19:20                                 | i-Motor W/O (Within 10-2hrs TP 4hrs)     |                        |          |
| OD: <input checked="" type="radio"/> Reporting Only | 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: SML4045C  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA2200252

| Claimant's Particulars:-        | Invoice Preparation Checklist                   | Am't (\$)<br>Est Bill | Am't (\$)<br>Add Bill |
|---------------------------------|---|-----------------------|-----------------------|
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |                       |                       |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$30)    |                       |                       |
| Damaged Portion:                | 3) TP: Towing Fee \$40/\$45                     |                       |                       |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |                       |                       |
| Auditors' Comments:-            | 5) RT: Follow-Through Survey (Resurvey) \$30    |                       |                       |
|                                 | For Claiming against INC Only (wef 10 Jan 2005) |                       |                       |
|                                 | 6) TR: Re-inspection \$75                       |                       |                       |
|                                 | 7) NI: Idue DA + SMRT Survey \$160              |                       |                       |
|                                 | 8) NTUC Additional Services:-                   |                       |                       |
|                                 | ON:   |                       |                       |
|                                 | *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: Idue Mobile \$0                         |                       |                       |
|                                 | Invoice date /                                  | 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              | 15/11/2021 15:26 (SGT) |
| Date of Accident                | 13/11/2021 19:20 (SGT) |
| Exact Location of Accident      | Punggol Way, Singapore |
| Additional Location Information | SLIP ROAD TOWARDS TPE  |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMP1626A |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                                       |
|--------------------------|---------------------------------------|
| Is company?              | No                                    |
| Name Of Registered Owner | MARTIN CHIANG TEE YANG (ZHAN ZHIYANG) |
| NRIC No                  | SXXXX397I                             |
| Email Address            | MARTIN_CITY@HOTMAIL.COM               |
| Mobile Phone No          | (Phone) +65-91871793                  |
| Alternative Phone No     | +65-91871793                          |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Mitsubishi                |
| Model  | Outlander                 |
| 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   | 2000                      |

#### INSURANCE COMPANY

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage          | Comprehensive                        |
| Fleet Policy              | No                                   |
| Policy Number             | 1900167845-01                        |
| Cover Note Number         | -                                    |

#### DRIVER

|                |                                       |
|----------------|---------------------------------------|
| Name of Driver | MARTIN CHIANG TEE YANG (ZHAN ZHIYANG) |
| NRIC No        | SXXXX397I                             |

|  |                              |
|--|------------------------------|
| Date Of Birth  | 06/05/1988                   |
| Occupation   | Indoor                       |
| Date Of Driving Pass   | 05/07/2008                   |
| Driving experience   | 13 YEARS AND 4 MONTHS        |
| Gender   | Male                         |
| Mobile Number  | (Phone) +65-91871793         |
| Alt. Phone Number  | +65-91871793                 |
| Email Address  | MARTIN_CITY@HOTMAIL.COM      |
| Address  | BLK 217C SUMANG WALK #07-220 |
| Address complement   | -                            |
| Postcode   | 823217                       |
| 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?  | No  |
| Was any injured conveyed to hospital by ambulance?  | -   |
| Was any other vehicle 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   | 1      |
| Gender | Female |

#### 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?   | Yes |
| Was there any audio recorded?                 | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SML4045C    |
| Vehicle Manufacturer        | -           |
| Vehicle Model               | -           |
| Vehicle Variant             | -           |
| Vehicle Colour              | -           |
| Vehicle Category            | Private car |

|   |   |
|---|---|
| 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)     | - |

**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: SNO921BF0004      Vehicle Registration No: SMP1626A  
 Name (as shown in NRIC): Martin Chiang Tee Yang      NRIC/FIN/Passport No: SXXXX397I  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore (      )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 13/11/21      Time of Accident: 19:20  
 Place of Accident: Punggol way  
 Insurance Company: AIIC

**(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:

Add video

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date: \_\_\_\_\_

  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: \_\_\_\_\_

## 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

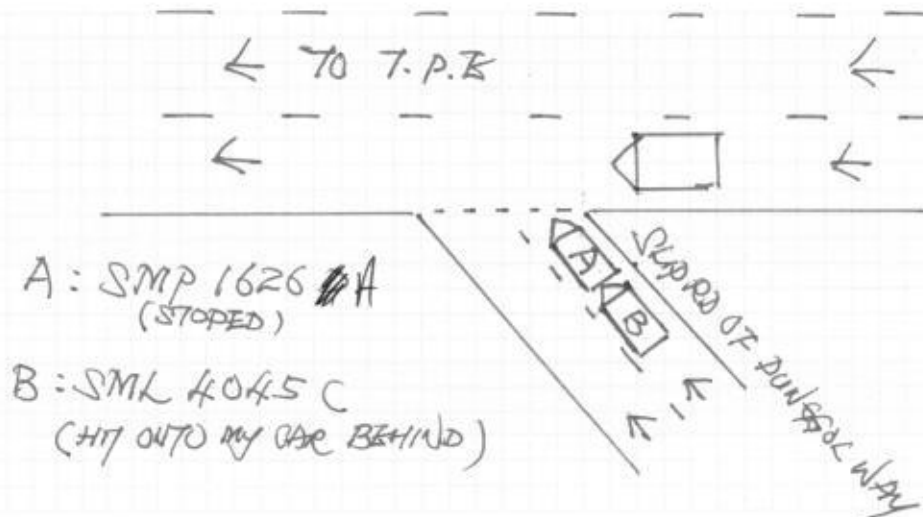
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



### Describe Circumstances of the Accident

My car was stationary along slip road at Ringgol Way. As I was giving way to the oncoming traffic on my right, few seconds later Car(B) hit onto my car behind. After the accident, we exchanged particulars & there was no injuries on both parties.

My car has the video footage of the accident.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD Claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated time frame from the day of occurrence.

#### Reporting Only

Claim OD

Claim TP

YES

✓

Claim OD / TP at other Workshop

### 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



**HUP MOTOR TRADING & SERVICE**

BLK 9004 TAMPINES STREET 93

#01-120 SINGAPORE 528838

TEL: 67840039 (24 hrs) HP: 98154655

Email: hupmotor@gmail.com

**Accident Information**

1 Date of Accident : 13/11/21 Time(base on 24hrs): 1920HRS  
2 Location : EXP RD OF JUNGKOR WAY TOWARD T.A.E  
3 Weather condition : Clear / Rain Road Surface : Dry / Wet  
4 Claiming under : Own Damage \_\_\_\_\_ Third Party YES Reporting Only \_\_\_\_\_  
5 Injuries : Yes / No Type Of Collision : HEAD TO REAR (THAT INJURED)  
6 Witness Name / Hp : \_\_\_\_\_  
7 Police Report : Yes / No Which Station : \_\_\_\_\_

**VEHICLE A**

Vehicle No : SMP 1626 RA Model : MITSUBISHI OUTLANDER  
Policy Holder Name : MARTIN CHIANG TEE JANG  
Policy I/C No. : S 88153971 Contact: 91871793  
Policy Address : BLK 217C #07-220, JUMANIG WALK. S (23217)  
Policy No. : 1900167845-01 Cover : Comp / 3<sup>rd</sup> pty / Fire n Theft  
Insurance Company: AIG No Of Pax 2 (including Driver)  
1) Priscilla Tan Sex( Male / Female)  
2) \_\_\_\_\_ Sex(Male / Female)

**Driver Particulars**

Name : AS ABVB NIRC S 88153971 DOB: 06/05/88  
Address : AS ABVB

Pass Date: 05/07/08 Gender : Male / Female Occupation: Indoor / Outdoor  
Contact : HP 91871793 Office \_\_\_\_\_ Home \_\_\_\_\_  
Email martin - cty @ hotmail . com Relationship: Spouse/Children/Friend/Relative  
Employee/ Hirer/Parent/Sibling

**VEHICLE B** : SML4045C Model: AUDI Insurance : \_\_\_\_\_  
Driver Name : GOH ZHEN AN I/C No. : S9741257Z  
Contact No. : 97344710

VEHICLE A SIGNATURE : \_\_\_\_\_





# CERTIFICATE OF INSURANCE

## CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Martin Chiang Tee Yang (Zhan Zhiyang)  
Period of Insurance : 01 Oct 2021 To 30 Sep 2022  
Engine No. : 4J11BD7759  
Chassis No. : GF7W0601714

Vehicle No. : SMP1626A  
Policy No. : 1900167845-01  
Endorsement No. :  
Issued Date : 11 Aug 2021

### ABOUT THE COVER

Make/Model : MITSUBISHI Outlander 2.0 Elegance/Sports  
Engine Capacity/Tonnage : 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2019  
Driver Restriction : NA Off Peak Car : No 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 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

\* 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 - \$2000 Theft - \$0 Flood Cover - \$2000

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Martin Chiang Tee Yang (Zhan Zhiyang) - \$2000 (Own Damage), \$2000 (Flood Cover)

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

- 1 Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501  
2 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000  
3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688  
4 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

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: HL Bank

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).

0504623210

FULCOMICP2 - PY

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

ESPLIC