

VALLEY 11 Assessment Centre Services

SN0821CK0005

20/12/2021 14:56
XIBA/A16210/2833Y
STE 2373R
17/12/2021 22:45
6 Reporting Unit

Accident description
SAS e-filing
E-mail (with or without photo)
i-Motor Claim Form
i-Motor W/O (within 48 hrs of 24 hr 400)
i-Photo Uploaded
Assessment/Survey Report
Ass't Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: () Tel: Fax: ()
TP Particulars: Vch No: SNQ 64794 INC () Non-INC ()
Owner / Driver () Tel ()
Policy No () Period () Cover Type ()
Confirmed by: () Date: Time: ()
Insured/Driver Liability () (%) [Note: Est. Status (W/O): 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 later or repairer
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towel-In (); Invoice YES () / NO (); Towing Co ()

Remarks:- (INC hotline: 6788 6616)
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 :-
Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Engr-In-Charge):
Auditors' Comments :-
Cat 1:
Cat 2 & 3:

Invoice Preparation Checklist		And (\$)	And (\$)
		1st Bill	2nd Bill
1) AR: Accident Reporting (\$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)	\$20		
For claiming against INC Only (wef 10 Jan 2015)			
6) TR: Re-inspection	\$20		
7) N1: 1st DA - SMRT Survey	\$160		
8) N1: Additional Services:-			
• Q1:			
• N2: Courtesy Car / Tpt Allowance	\$5		
• N3: Repair Coordination	\$20		
• N7: Post Repair Inspection	\$20		
• N8: DV / Collect Excess Coordination	\$5		
• N9: DV / Collect Excess Coordination	\$20		
9) N12: 1st DA - SMRT Survey	\$160		
Invoice dated			
Invoice created			

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	20/12/2021 14:56 (SGT)
Date of Accident	17/12/2021 22:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE BKE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE2373R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TOH TZE MENG (ZHUO ZHIMING)
NRIC No	SXXXX151J
Email Address	tohtzemeng@zoho.com
Mobile Phone No	(Phone) +65-97978666
Alternative Phone No	+65-97978666

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Evo
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	1998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100460082-05
Cover Note Number	-

DRIVER

Name of Driver	TOH TZE MENG (ZHUO ZHIMING)
NRIC No	SXXXX151J

Date Of Birth	24/10/1976
Occupation	Indoor
Date Of Driving Pass	21/02/1995
Driving experience	26 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97978666
Alt. Phone Number	+65-97978666
Email Address	tohtzemeng@zoho.com
Address	49 JALAN GELEGAR
Address complement	-
Postcode	739798
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT A/20211218/7028

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	SMQ6479U
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH6508Y
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKT14A
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TOH TZE MENG (ZHUO ZHIMING)
Gender	Male
Phone No	(Phone) +65-97978666
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJE2373R
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.
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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.

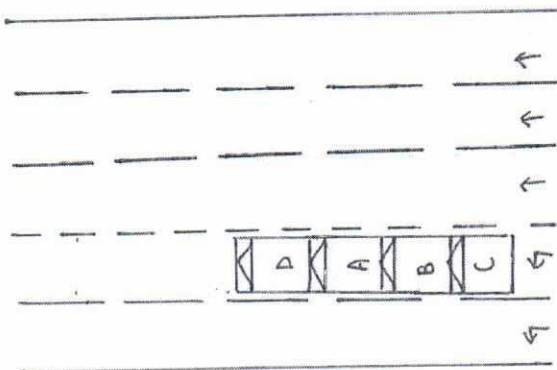
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE towards Tuas before BKE Exit




Vehicle A - SJG 2373R
Vehicle B - SMG 6479U
Vehicle C - GBH 6508Y
Vehicle D - SKT14A


Describe Circumstances of the Accident


Refer to the police report no - A/2021/218/7028.

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


20/12/2021
Witnessed by Reporting Centre
Personnel

JWG

Date of Accident: 17/12/2021 Accident Time: 2245hrs (24-HR-FORMAT)
Accident Place: PIE towards Tuas before BKE Exit
Vehicle Reg. No (Car plate No.): SJE 2373R Vehicle Make/Model: Mitsubishi Lancer Evo
Insurance Company: Aig Policy No: 2100460082-05
Name of Registered Owner: Company / Individual Toh Tze Meng (zhao zhi ming)
ID of Registered Owner: Co Reg No: - Owner's NRIC No: J7633151J
Co Contact No: - Owner's Contact No: 9797 8666
DRIVER'S Name: Toh Tze Meng DRIVER'S NRIC No: J7633151J
DRIVER'S Date of Birth: 24 Oct 1976 DRIVER'S License Pass Date: 21 Feb 1995
Relationship bet. Owner & Driver: Spouse / Parents / Children / Sibling / Employee / Others: Owner
DRIVER'S Address: 49 Jalan Gelejar Singapore 739798
DRIVER'S Contact No / Alt No: 1) 9797 8666 2) -
DRIVER'S Occupation: INDOOR / OUTDOOR (eg. working inside or outside of an ofc)
Email Address: toh tze meng@zoho.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: Toh Tze Meng
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: SMD 6479U
Vehicle Make/Model: _____
Name DRIVER: _____
IC No. DRIVER: _____
DRIVER'S Contact & add: _____

Vehicle Reg No: GBH 6508 Y
Vehicle Make/Model: _____
Name DRIVER: _____
IC No. DRIVER: _____
DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: SAT 14A
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



A/20211218/7028

1 of 2

POLICE REPORT (NP299)

Report No. A/20211218/7028

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 18/12/2021 16:43	Vide Report No.	Station Diary No.
Name Of Informant TOH TZE MENG	Address 49 JALAN GELEGAR SINGAPORE 739798	
ID Type / ID No. NRIC NO / S7633151J	Contact No. Home/Office: Mobile: 97978666	
Nationality SINGAPORE CITIZEN	Email Address tohtzemeng@zoho.com	
Occupation Sales	Sex Male	Age 45
Institution/School Name	Language English	Date of Birth 24/10/1976
		Race Chinese
Date/Time Of Incident 17/12/2021 22:45	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

On the stated date and time, I was driving my vehicle SJE2373R along the second lane from the left of PIE(TUAS) when I noticed the vehicle in front slowing down.

I managed to brake in time and came to a complete stop when moments later, I was hit from the rear causing my vehicle to surge forward.

I was caught by complete surprise as my body lurched forward due to the unexpected impact only to be restrained by my seat belt.

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: 18/12/2021 16:43
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20211218/7028

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20211218/7028

I alighted to realise that I was involved in a chain collision involving multiple vehicles.

However, as it was raining, I did not take note of the vehicles in front of SKT14A which was directly in front of mine.

The order of the vehicles I had noted down are as follows:

SKT14A

SJE2373R (my vehicle)

SMQ6479U

GBH6508Y

The same evening, my neck and lower back started feeling stiff.

The next morning, I woke up with soreness and aches over these areas.

I proceeded to Woodgrove Medical for treatment and was given 2 days MC.

Later in the afternoon, I also started feeling soreness over my shoulders and chest areas.

I will be following up with the doctor for subsequent treatment.

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:
18/12/2021 16:43

Officer In-Charge Of Case:

Classification Of Case:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Toh Tze Meng
Period of Insurance : 11 Apr 2021 To 10 Apr 2022
Engine No. : 4B11AX7195
Chassis No. : CZ4A0000951

Vehicle No. : SJE2373R
Policy No. : 2100460082-05
Endorsement No. :
Issued Date : 30 Mar 2021

ABOUT THE COVER

Make/Model : MITSUBISHI LANCER EVOLUTION 10 2.0
Engine Capacity/Tonnage : 1,998.00 CC
Driver Restriction : Named Driver Basis
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2008
Insuring with COE/PAF : No

a) The Policyholder
b) Any person who is named as a "named driver" under this Policy

Age Condition : Not Applicable
Limitation as to use* :

Mileage Condition : Unlimited Mileage

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 - \$3000 Theft - \$0 Flood Cover - \$3000

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Toh Tze Meng - \$3000 (Own Damage), \$3000 (Flood Cover), Liang Hui Ting - \$3000 (Own Damage), \$3000 (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: NA

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).

0504369000

LOW CHIEH YAN ANGELYNIA

BLK 10F BEDOK SOUTH AVENUE 2 #05-540

SINGAPORE 465010

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCMMD

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: SUB21CK0005 Vehicle Registration No: 8JE2373R
Name (as shown in NRIC): LEE ZHE XIAU NRIC/FIN/Passport No: SXXXXX151J
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 97978666
Email Address: _____
Date of Accident: 17/12/2021 Time of Accident: 14:56
Place of Accident: BLK 704B05 JAS BEFORE BLK 7047
Insurance Company: AIU

(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:

Vehicle 1st motorc should BE MITSUBISHI EVO

Policyholder / Driver's Signature
Date:

20/12/2021
Reporting Centre Personnel's Signature
Name: POA, WATSON
NRIC/FIN No.:
Date: