

NATION 11 Assessment Centre Services

SN0822170003

Date In: 07/01/2022 No. 14	Job Description	Date & Time Completed	Done by
Ref No: NBA/MG2200023914	SAS e-filing		
Veh No: SMQ 5522J	E-mail (within 2hrs. After 2hrs)		
DOA: 06/01/2021 18:00	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within 14. 2hrs. 1P 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: SGD 8638D	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

1/A2200061	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Daily (wef 10 Jan 2015)		
	6) TR: Re-inspection \$75		
	7) N1: Issue DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N1: Issue DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non-INC) against INC \$20		
Cat. 2 / 3:	9) N12: Issue Mobile \$30		
	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	07/01/2022 16:15 (SGT)
Date of Accident	06/01/2022 18:00 (SGT)
Exact Location of Accident	Chestnut CI, Singapore
Additional Location Information	JUNCTION WITH CHESTNUT AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ5522J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHUAN PEIYING (QUAN PEIYING)
NRIC No	SXXXX109C
Email Address	peiyingchua@gmail.com
Mobile Phone No	(Phone) +65-98256378
Alternative Phone No	+65-98256378

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	2494

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210144750
Cover Note Number	-

DRIVER

Name of Driver	CHUAN PEIYING (QUAN PEIYING)
NRIC No	SXXXX109C

Date Of Birth	12/05/1983
Occupation	Indoor
Date Of Driving Pass	14/08/2002
Driving experience	19 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98256378
Alt. Phone Number	+65-98256378
Email Address	peiyingchua@gmail.com
Address	12 CHESTNUT CRESCENT
Address complement	-
Postcode	679366
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 - Major/Minor Rd
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JOEVELYN BASANES
Gender	Female

PASSENGER 2

Name	BETHANY CHIA
Gender	Female

PASSENGER 3

Name	NOELLE CHIA
Gender	Female

PASSENGER 4

Name	JACOB CHIA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT J/20210106/2107

* 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 SGD8638D
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver N.Y.TAN
 Contact Number (Phone) +65-96383968
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

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

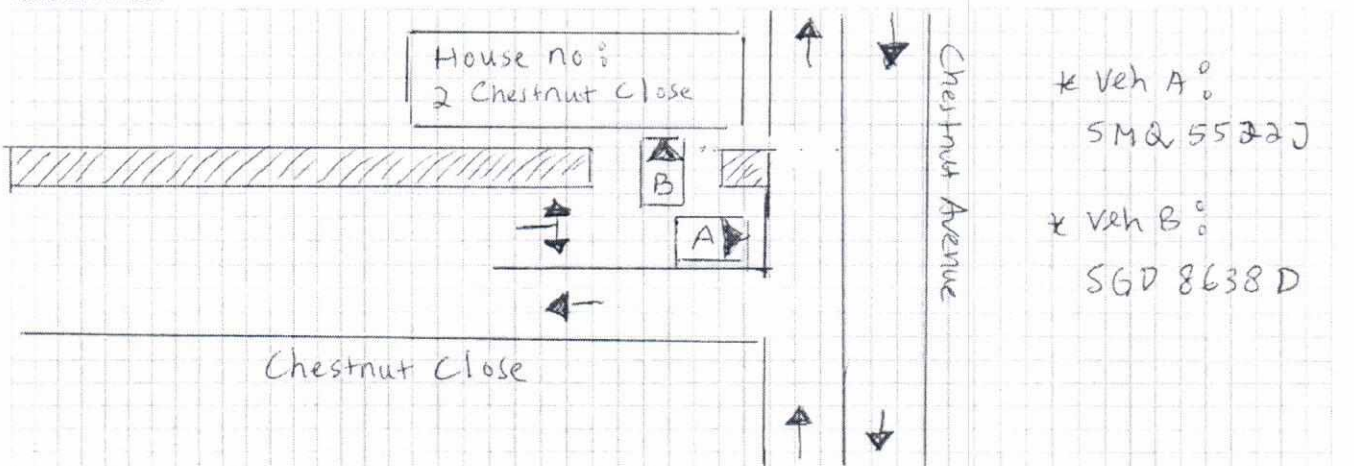
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

* Refer to police report # J/20220106/2107

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

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 06/01/2022 (dd/mm/yy) Time of Accident: 18 : 00 (24-HR-FORMAT)
Vehicle No.: SMQ 5522 J Vehicle Make & Model / Engine (cc): Toyota Alphard 2494 cc Private Hire: (Y/N) (N)
Exact location of Accident: Junction of Chestnut Close and Chestnut Ave
Policyholder's Name / IC No.: Chuan Peiying S8303109C
Driver's Name / IC No.: Chuan Peiying S8303109C (As Above) ☐
Driver's Contact No.: 9825 6378 Company Contact No / Owner Contact No: 9825 6378
Driver's Address: 12 Chestnut Crescent Singapore 679366
Owner Email address: peiyingchuan@gmail.com Insurance Company: AIG
Driver Email address: peiyingchuan@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 5

*Passanger Name: Joevelyn Basanes, Bethany Chia and Noelle Chia

Gender: Female

*Passanger Name: Jacob Chia

Gender: Male

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Bukit Panjang NPC

The Other Party(s) Details:

1. Driver's Name / IC No: N.Y. Tan Vehicle No: SGD 8638 D

Driver's Contact No: 9638 3968 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



**SINGAPORE
POLICE FORCE**



J/20220106/2107

1 of 2

POLICE REPORT (NP299)

Report No. J/20220106/2107

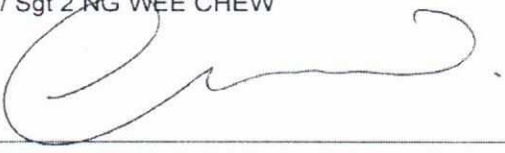
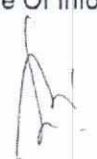
Police Station Of Origin
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Date/Time Report Made 06/01/2022 22:06		Vide Report No.		Station Diary No. 107	
Name Of Informant CHUAN PEIYING		Address 12 CHESTNUT CRESCENT SINGAPORE 679366			
ID Type / ID No. NRIC NO / S8303109C		Contact No. Home/Office Mobile 98256378			
Nationality SINGAPORE CITIZEN		Email Address peiyngchuan@gmail.com			
Occupation Chief operating officer/General Manager		Sex Female	Age 38	Date of Birth 12/05/1983	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 06/01/2022 18:00		Location Of Incident CHESTNUT CLOSE SINGAPORE T JUNCTION WITH CHESTNUT AVENUE			

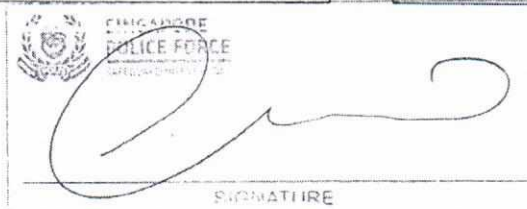
Brief details.

On 6/1/2022, at about 1800hrs, I was travelling along Chestnut Close in my vehicle SMQ5522J with my helper, 2 children and 1 niece. When I stopped at the T-Junction between Chestnut Close and Chestnut Ave wanting to make a turn, I was suddenly hit on the rear-left side of my vehicle. I noticed that a vehicle SGD8638D had reversed out of his unit at 2 Chestnut Close and hit onto my vehicle. The rear-left side of my vehicle's body near to the tyre suffered dents and scratches.

I alighted my vehicle and requested for the driver's license of SGD8638D to document the accident.

Signature Of Officer Recording The Report: J / Sgt 2 NG WEE CHEW 		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 06/01/2022 22:06	
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / → Other LOH YOU CONG, HARRY Contact No.: 67910000		Classification Of Case:	

Authentication Stamp





**SINGAPORE
POLICE FORCE**



J/20220106/2107

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220106/2107

However, the driver handed me his name card, and informed that he will pay for my damages. He refused to hand me his driver's license or particulars. I insisted for it, which he continued to refuse my request. He got into his vehicle and tried to squeeze out into the road, but my vehicle was still parked along the road. As such, he had difficulty getting out. He asked for me to move my vehicle so that he can leave, however I did not want to move it until he provided his particulars to me. He alighted and approached me.

I continued to request for his driver's license. He became visibly agitated and clenched his fist, and came very close towards me. His wife then pulled him back. He returned into his car and with the assistance of his wife, moved his car and drove off.

I have informed my insurance agent of the matter and will be lodging a report with the company. I am lodging this police report to document the incident and for my own use if needed, as I am concerned that this driver may look for trouble with me in the future. We are not injured.

The driver of SGD8638D's particulars stated on the name card is:

N. Y. Tan (CHEN YUE XIONG in Chinese)

96383968

CATERMAS ENGINEERING PTE LTD

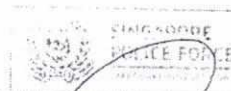
15 TUAS BASIN CLOSE S(638805)

Signature Of Officer Recording The Report:
J / Sgt 2 NG WEE CHEW

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional
Investigation Branch /
Other LOH YOU CONG, HARRY
Contact No.: 67910000

Authentication Stamp



Signature Of Informant:

Date/Time:
06/01/2022 22:06

Classification Of Case:

SIGNATURE



CONFIDENTIAL
NOTICE OF REPORTING

This is to inform that Chuan Peiying (DRIVER of VI), S8303109C, has reported to the police a non-injury traffic accident, which occurred along Chestnut Close towards Chestnut Avenue, on 6/1/2022, at about 06:00pm involving the following vehicles:

V I : SMQ5522J

V II : SGD8638D

Mr. N. Y. Tan / HP:96383968

2. If the accident is reported to the Police within 24 hours of its occurrence, He/she therefore has complied with Section 84(2) of the Road Traffic Act, Chapter 276.

Rank/Name of Issuing Officer : Sgt(2) Ng Wee Chew
Date/Time : 6/1/2022 @ 06:00pm
Station Diary : 108
Police Post : Bukit Panjang NPC
Signature : Bukit Panjang NPC
Segar Road #01-05
Singapore 677738
Tel: 6892 9999

Original - To be issued to informant
Duplicate - To be retained at NPC or Police Post



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : CHUAN PEIYING
Period of Insurance : 29 Dec 2021 To 28 Dec 2022
Engine No. : 2ARJ063527
Chassis No. : AGH300175884

Vehicle No. : SMQ5522J
Policy No. : 7210144750
Endorsement No. :
Issued Date : 29 Nov 2021

ABOUT THE COVER

Make/Model : TOYOTA ALPHARD 2.5
Engine Capacity/Tonnage : 2,494.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
Insuring with COE/PARF : 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 S\$53,000 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 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 - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)
CHUAN PEIYING - \$1000 (Own Damage), \$1000 (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).

0504650000
ALL INS AGENCY PTE LTD

22 SIN MING LANE #05-78 MIDVIEW CITY
SINGAPORE 573969

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
This computer generated document does not require a signature.

All Ins Agency Pte Ltd