

NATIONAL Assessment Centre Services

2108221/0002

Date In: 17/01/2022 14:45	Job description	Date & Time Completed	Done by
Ref No: NPA/MG22000587/Y	SAS e-illing		
Veh No: SW 96242	E-mail (within 24hrs. After 2hrs)		
DDA: 16/01/2022 14:30	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (within 24hrs. After 2hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKSN		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SMP 2637L	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:-	Date & Time Completed	Done by
(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

NA2200151	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
	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		
	QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
	Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2019)		
	Cat 1:	6) TR: Re-inspection \$75		
	Cat 2/3:	7) NI: Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
	ON:			
	*N5: Courtesy Car / Trip 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: Nine 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	17/01/2022 14:45 (SGT)
Date of Accident	16/01/2022 14:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS BKE BEFORE ADAM ROAD FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN9624Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	POH JUN WEN, GERALD
NRIC No	SXXXX453E
Email Address	geraldpohjunwen@hotmail.com92710036
Mobile Phone No	(Phone) +65-92710036
Alternative Phone No	+65-92710036

VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
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	Comprehensive
Fleet Policy	No
Policy Number	1900058220-02
Cover Note Number	-

DRIVER

Name of Driver	POH JUN WEN, GERALD
NRIC No	SXXXX453E

Date Of Birth	06/12/1989
Occupation	Indoor
Date Of Driving Pass	23/06/2009
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92710036
Alt. Phone Number	+65-92710036
Email Address	geraldpohjunwen@hotmail.com92710036
Address	BLK 443A BUKIT BATOK WEST AVENUE 8 #08-831
Address complement	-
Postcode	651443
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEOW YUAN XIU
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220116/7021

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	SMP2637L
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ENG ZI YANG
NRIC No	SXXXX469A
Contact Number	(Phone) +65-82991832
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	SKR7G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA KOK LEONG
NRIC No	SXXXX046B
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	POH JUN WEN. GERALD
Gender	Male
Phone No	(Phone) +65-92710036
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJN9624Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LEOW YUAN XIU
Gender	Female
Phone No	(Phone) +65-81894886
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJN9624Z
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 willful 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.

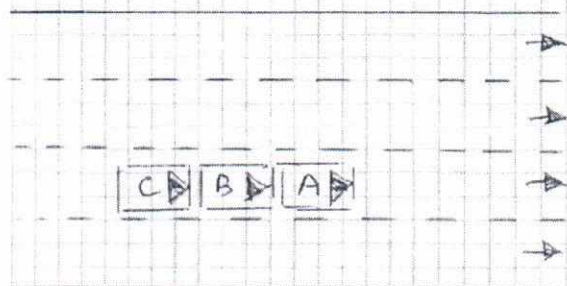

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

P1E Towards BKE before Adam Road Flyover



* Veh A : SJN 9624 Z

* Veh B : SMP 2637 L


* Veh C : SKR 7 G

Describe Circumstances of the Accident

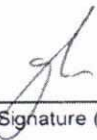
Refer to police report : T/20220116 / 7021

Declaration

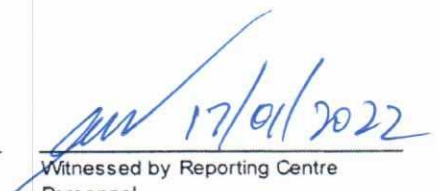
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



17/01/2022

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: 16/01/2022 (dd/mm/yy) Time of Accident: 14 : 30 (24-HR-FORMAT)

Vehicle No.: SJN 9624 Z Vehicle Make & Model / Engine (cc): Honda City 1497 cc Private Hire: (Y/N) (Y)

Exact location of Accident: PIE Towards BKE Before Adam Road Flyover

Policyholder's Name / IC No.: Poh Jun Wen, Gerald S8944453E

Driver's Name / IC No.: Poh Jun Wen, Gerald S8944453E (As Above) ☐

Driver's Contact No.: 9271 0036 Company Contact No / Owner Contact No: 9271 0036

Driver's Address: Blk 443A Bukit Batok West Avenue 8 #08-831 Singapore 651443

Owner Email address: geraldpohjunwen@hotmail.com Insurance Company: AIG

Driver Email address: geraldpohjunwen@hotmail.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):** 2

***Passanger Name:** Leow Yuan Xiu

Gender: Female

***Passanger Name:** _____

Gender: _____

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: Poh Jun Wen, Gerald & Leow Yuan Xiu

Injuries Sustain: Neck, shoulder, stomach and back Injured Person in Which Vehicle: SJN 9624 Z

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: 10 Ubi Avenue 3 Singapore 408865

The Other Party(s) Details:

1. Driver's Name / IC No.: Eng Zi Yang / S9709469A Vehicle No: SMP 2637 L

Driver's Contact No: 8299 1832 Insurance Company: _____

2. Driver's Name / IC No (If Any): Chua Kok Leong / S1696046B Vehicle No: SKR 7 G

Driver's Contact No: _____ Insurance Company: _____

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

Preferred Workshop Name: _____ Contact No: _____



SINGAPORE POLICE FORCE



T/20220116/7021

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20220116/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2022 18:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: POH JUN WEN, GERALD			Address: 443A BUKIT BATOK WEST AVENUE 8 #08-831 SINGAPORE 651443		
ID Type / ID No.: NRIC NO / S8944453E			Contact No.: Home/Office: Mobile: 92710036		
Nationality: SINGAPORE CITIZEN			Email: GERALDPOHJUNWEN@HOTMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 06/12/1989	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/01/2022 14:30	Type of Location: PIE - Expressway
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJN9624Z	Car	HONDA	City	Red		2
SMP2637L	Car		BlueSG Vehicle	White		2



**SINGAPORE
POLICE FORCE**



T/20220116/7021

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220116/7021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	POH JUN WEN, GERALD	ID No.	S8944453E
Related Vehicle	SJN9624Z (Car)	Contact No.	92710036
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/01/2022	Date	16/01/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	LEOW YUAN XIU	ID No.	S9040530F
Related Vehicle	SJN9624Z (Car)	Contact No.	81894886
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/01/2022	Date	16/01/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	ENG ZI YANG	ID No.	S9709469A
Related Vehicle	SMP2637L (Car)	Contact No.	82991832
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I have videos and pictures exceeding 2MB.
Landmark - The flyover of Adam Road to Lornie Highway if in front of me
Road Travelling - PIE (Tuas) towards BKE
Accident did not take place at a pedestrian Crossing.

My vehicle number - SJN9624Z
Rear vehicle Number - SMP2637L (BlueSG)



**SINGAPORE
POLICE FORCE**



T/20220116/7021

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220116/7021

CONTINUATION OF REPORT

There were road works on lane 1, most drivers were cutting in at the last minute, ample space was given however one of the cars changed at the very last minute way ahead, causing all other cars ahead to hit the brakes and into a full stop.

There were about 8-10 cars ahead of me.

I had applied my brakes and managed to avoid hitting the car in front of me, however, the vehicle(SMP2637L) behind me was unable to stop in time and rear ended mine.

The vehicle behind me was then rear ended by another vehicle.



**SINGAPORE
POLICE FORCE**



T/20220116/7021

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220116/7021

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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

Date/Time:
16/01/2022 18:00

Classification Of Case:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Poh Jun Wen Gerald
Period of Insurance : 08 Mar 2021 To 07 Mar 2022
Engine No. : L15A71800178
Chassis No. : MRHGM25709P020056

Vehicle No. : SJN9624Z
Policy No. : 1900058220-02
Endorsement No. :
Issued Date : 17 Feb 2021

ABOUT THE COVER

Make/Model : HONDA CITY VTEC CVT

Engine Capacity/Tonnage : 1,497.00 CC

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.

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.

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2009

Insuring with COE/PARF : Yes

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 - \$1600 Theft - \$0 Flood Cover - \$1600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Poh Jun Wen Gerald - \$1600 (Own Damage), \$1600 (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: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

I/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).

0500522000

MULTI-LINES AGENCIES

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM
SINGAPORE 079120 AYSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Pheek Lui Tan