

# NATIONAL Assessment Centre Services

Date In: 24/02/22	Job description	Date & Time Completed	Done by
Ref No: NA/AIG22001787/13	SAS e-filing		
Veh No: 5LM8369A	E-mail (within state, APT 2hrs)		
D.O.A: 22/02/22 1809	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 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: GBC6921M	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

NA2200515

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : 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		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac 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: Idac Mobile \$10		
	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	24/02/2022 14:55 (SGT)
Date of Accident	22/02/2022 18:09 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVE 3 TWDS WOODLANDS AVE 5
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH8369A
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## INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PHEY CHONG PAU
NRIC No	SXXXX968C
Email Address	chongpau76@gmail.com
Mobile Phone No	(Phone) +65-90212749
Alternative Phone No	+65-90212749

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	2070138082-01
Cover Note Number	-

## DRIVER

Name of Driver	PHEY CHONG PAU
NRIC No	SXXXX968C

Date Of Birth	20/10/1976
Occupation	Outdoor
Date Of Driving Pass	11/10/2010
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90212749
Alt. Phone Number	+65-90212749
Email Address	chongpau76@gmail.com
Address	BLK 573C WOODLANDS DRIVE
Address complement	#11-672
Postcode	733573
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	LAU MING JUI
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC6921M
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ABDUL RAHMAN BIN MOHAMMED KAPI
NRIC No	SXXXX033G
Contact Number	(Phone) +65-81479517
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	SMF8184P
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	PHEY CHONG PAU
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK & CHEST
Injured person in which vehicle?	SLH8369A
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

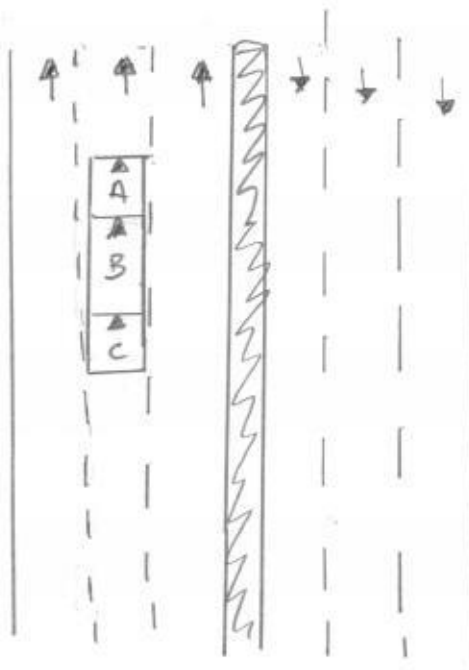
Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A: SLA 8369 A

Veh B: GBC 6921 M

Veh C: SMF8184 P



Woodland Ave 3 towards Woodland Ave 5

Describe Circumstances of the Accident

On the mention date and time, 22/02/2022 around 1809 hours, I was travelling straight on road two woodlands ave 2 towards woodlands ave 5. My vehicle (SLH8369M) was travelling straight, out of sudden my vehicle got hit from the rear by vehicle (ABC6921M) because his vehicle got hit by the rear from vehicle (SMF8184P) and cause chain collision.

After the accident I was unwell and felt pain on my neck, back and chest so I went to Healthway medical Bk B&B woodlands drive box #02-737 and was given 3 day MC from 23/02/2022 - 25/02/2022 inclusive.

Declaration


We declare the foregoing particulars are true in every respect.

 22/02/2022

Policyholder's Signature / Date & Time

 22/02/2022

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

 24/02/2022

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



L/20220223/7036

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20220223/7036

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 23/02/2022 17:31	Vide Report No.	Station Diary No.		
Name Of Informant PHEY CHONG PAU	Address 573C WOODLANDS DRIVE 16 #11-672 SINGAPORE 733573			
ID Type / ID No. NRIC NO / S7671968C	Contact No. Home/Office:	Mobile: 90212749		
Nationality SINGAPORE CITIZEN	Email Address CHONGPAU76@GMAIL.COM			
Occupation Electrical engineer (general)	Sex Male	Age 45	Date of Birth 20/10/1976	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 22/02/2022 18:05 - 22/02/2022 18:30	Location Of Incident 573C WOODLANDS DRIVE 16 #11-672 SINGAPORE 733573			

**Brief details.**

On the mention date and time , 22/02/2022 around 1809 hours , I was travelling straight on lane two Woodlands ave 3 towards Woodlands ave 5 My vehicle (SLH8369A ) was travelling straight out of sudden my vehicle got hit from the rear by vehicle(GBC6921M) because his vehicle got hit by the the rear from vehicle(SMF8184P) and cause chain collision.

I was unwell and felt pain on my neck, back and chest so I went to Healthway Medical Blk 888

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: 23/02/2022 17:31
Officer In-Charge Of Case:	Classification Of Case:



# SINGAPORE POLICE FORCE



L/20220223/7036

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220223/7036

Woodlands drive 60 #02-737 and was given 3days MC from 23/02/2022-25/02/2022 inclusive.

Subjects Involved			
Victim			
Person Name	PHEY CHONG PAU		
ID Type	NRIC NO	ID No	S7671968C
Gender	Male	Age	45
Race	Chinese	Language	English
Occupation	Electrical engineer (general)	Address	573C WOODLANDS DRIVE 16 #11-672 SINGAPORE 733573
Mobile No	90212749	Is Informant A Victim?	Yes
Person Name	PHEY CHONG PAU (Informant)		

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:  
23/02/2022 17:31

Classification Of Case:



Date of Accident : 22/2/2022 Accident Time: 1809 (24-HR-Format)  
Accident Place : Woodlands Ave 3 towards Woodlands Ave 5  
Vehicle No. (Car Plate No.) : SH8369A Make/Model: Honda Shuttle  
Insurance Company : AIG Policy No: 2070138082-01  
Owner or Company Name / IC No. : Phey Chong Pau / 57671968C  
Owner or Company Contact No. : 90212749 Owner's Hp Company Tel  
DRIVER'S Name / IC No. : Phey Chong Pau / 57671968C  
DRIVER'S Date Of Birth : 20/10/1976 DRIVER'S License Pass Date 11/10/2010  
Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others:  
DRIVER'S Address : 573 C, Woodlands Dr 16, # 11-672  
DRIVER'S Contact No./ Alt No. : 1) 90212749 2)  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : chongpau76@gmail.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): 2 Lau Ming Jui SP860619A  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
Any Injury (If YES, Pls state): Yes

**Other Party Driver's Particular (if any)**

Vehicle No: GBC6921M	Vehicle No: SMF 8184P
Vehicle Make \Model: Nissan Cabstar	Vehicle Make \Model:
Name Driver: ABDUL RAHMAN BIN MOHAMED KAPIL	Name Driver:
IC No. Driver/Contact: S0022033G 81479517	IC No. Driver/Contact:

• NEW - Passenger's name & gender:



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Phey Chong Pau  
**Period of Insurance** : 21 Nov 2021 To 20 Nov 2022  
**Engine No.** : L15B3537529  
**Chassis No.** : GK81006410

**Vehicle No.** : SLH8369A  
**Policy No.** : 2070138082-01  
**Endorsement No.** :  
**Issued Date** : 26 Oct 2021

### ABOUT THE COVER

**Make/Model** : HONDA Shuttle  
**Engine Capacity/Tonnage** : 1,496.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2016  
**Insuring with COE/PAF** : 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 authorized 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 Authorized 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 - \$600 Theft - \$0 Flood Cover - \$600

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

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

Phey Chong Pau - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorized Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorized 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 Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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: 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).

0502263000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

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