

NATIONWIDE ASSESSMENT CENTRE SERVICES

SN0822380004

Date: 28/02/2022 15:11
Ref No: N138/AIG220028264
Veh No: SKV 1751M
D Cr: 28/02/2022 18:05
① Reporting Onl.

Description: SAs e-filing
E-mail (within 24 hrs)
i-Motor Claim Form
i-Motor W/O (within 24 hrs)
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: FB4 1506K 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 or repairer
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-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

| 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

| | Am't (\$) | Am't (\$) |
|---|-------------|------------|
| | 1st Bill | 2nd Bill |
| 1) AR: Accident Reporting (\$10) | | |
| 2) DA: Damage Assessment (\$100) | | INC (\$30) |
| 3) TF: Towing Fee | \$40 | \$45 |
| 4) FT: Follow-Through Survey | \$120 | |
| 5) RT: Follow-Through Survey (Resurvey) | \$10 | |
| Est claiming against INC Only (wef 10 Jan 2005) | | |
| 6) TR: Re-inspection | \$15 | |
| 7) N1: 1st DA + SMRT Survey | \$160 | |
| 8) NTUC Additional Services:- | | |
| QC | | |
| * N5: Courtesy Car / Tpt Allowance | \$5 | |
| * N6: Repair Coordination | \$10 | |
| * N7: Post Repair Inspection | \$25 | |
| * N8: DV / Collect Excess Coordination | \$5 | |
| * N9: 1st Bill (TP & INC) against INC | \$10 | |
| 9) N12: 1st Bill | | |
| Invoice dated | See Charges | |
| Invoice issued | See Charges | |



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 | 28/03/2022 15:11 (SGT) |
| Date of Accident | 25/03/2022 18:05 (SGT) |
| Exact Location of Accident | KPE, Singapore |
| Additional Location Information | TOWARDS TPE BEFORE EXIT 9A |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKV1751M |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | CHUA BOON HENG |
| NRIC No | SXXXX644B |
| Email Address | cboonh@gmail.com |
| Mobile Phone No | (Phone) +65-92239995 |
| Alternative Phone No | +65-92239995 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Subaru |
| Model | Forester |
| 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 | 1900147916-02 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | CHUA BOON HENG |
| NRIC No | SXXXX644B |



| | |
|--|----------------------------------|
| Date Of Birth | 24/03/1982 |
| Occupation | Indoor |
| Date Of Driving Pass | 04/09/2002 |
| Driving experience | 19 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92239995 |
| Alt. Phone Number | +65-92239995 |
| Email Address | cboonh@gmail.com |
| Address | BLK 314B ANCHORVALE LINK #12-121 |
| Address complement | - |
| Postcode | 542314 |
| 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 | AFTER RAIN |
| Road Surface | Wet |

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? | Yes |
| Was any injured conveyed to hospital by ambulance? | Yes |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 4 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|-----------|
| Name | TAN LILIN |
| Gender | Female |

PASSENGER 2

| | |
|--------|------------|
| Name | ETHAN CHUA |
| Gender | Male |

PASSENGER 3

| | |
|--------|--------------|
| Name | ETIENNE CHUA |
| Gender | Male |

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/20220326/7006

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 | FBH1506K |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| Name of Driver | AZMIN BIN SALIM |
| 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 | AZMIN BIN SALIM |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SERIOUS INJURIES |
| Injured person in which vehicle? | FBH1506K |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

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

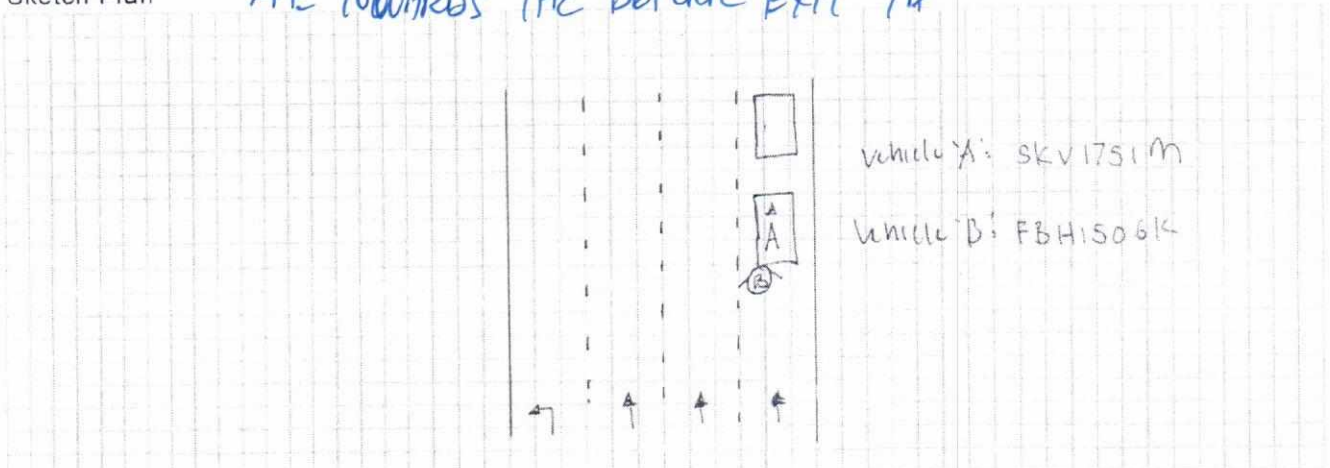
Driver's Signature (If driver is not the policyholder) / Date & Time

28/03/2021

Witnessed by Reporting Centre Personnel

Sketch Plan

KPE TOWARDS TPE BEFORE EXIT 9A

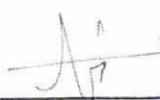



Describe Circumstances of the Accident


Refer to Police report
7/2020126/7006.

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



SINGAPORE POLICE FORCE



T/20220326/7006

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

1 of 3

Report No. T/20220326/7006

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------|
| Date/Time Report Made: 26/03/2022 10:42 | Vide Report No.: F/20220325/0130 | Station Diary No.: |
|--|-------------------------------------|--------------------|

| | | | |
|--|------------|---|------------------------------|
| Informant's Particulars | | | |
| Name of Informant: CHUA BOON HENG | | Address: 314B ANCHORVALE LINK #12-121 SINGAPORE 542314 | |
| ID Type / ID No.: NRIC NO / S8209644B | | Contact No.: Home/Office: Mobile: 92239995 | |
| Nationality: SINGAPORE CITIZEN | | Email: CBOONH@GMAIL.COM | |
| Sex: Male | Age: 40 | Date of Birth: 24/03/1982 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: SYSTEMS ENGINEER | | Driving Licence Information: Class: Date of Expiry: | |

| | | | | |
|--|------------------------------|------------------------------------|---|---|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 25/03/2022 18:05 | Type of Location: Straight Road |
| Location: KALLANG PAYA LEBAR EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|--------|---------------------------------|-------|----------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| FBH1506K | Motorcycle | | | | | 0 |
| SKV1751M | Car | SUBARU | FORESTER 2.0XT CVT AWD SR | White | | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|-------------------|--------------|-----------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |



**SINGAPORE
POLICE FORCE**



T/20220326/7006

2 of 3

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

Report No. T/20220326/7006

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SKV1751M | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 1900147916-02 | 01/09/2021 | 31/08/2022 |

| Details of Person Involved | | | | |
|-----------------------------------|-----------------------|-----------------------------------|-----------------------------------|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | | |
| Rider | | | | |
| Name | AZMIN BIN SALIM | ID No. | NIL | |
| Related Vehicle | FBH1506K (Motorcycle) | Contact No. | NIL | |
| 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 | Serious | |
| Driver | | | | |
| Name | CHUA BOON HENG | ID No. | S8209644B | |
| Related Vehicle | SKV1751M (Car) | Contact No. | 92239995 | |
| 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.

ON THE STATED DATE AND TIME, I VEHICLE "A" WAS TRAVELLING ALONG MY DESIGNATED LANE ALONG KPE TOWARDS TPE BEFORE EXIT 9A. TRAFFIC WAS HEAVY AS SUCH I KEPT MY DISTANCE WITH THE VEHICLE IN FRONT OF ME. THE VEHICLE IN FRONT OF ME, SUDDENLY BRAKED ABRUPTLY AND SLOWED DOWN. AS SUCH I FOLLOWED SUIT, AS I WAS SLOWING DOWN, I SUDDENLY FELT AN IMPACT HITTING ME ON THE REAR PORTION OF MY VEHICLE. I STOPPED MY VEHICLE AND ALIGHTED TO REALIZED THAT VEHICLE "B" BEARING NUMBER PLATE (FBH1506K) HAS COLLIDED INTO ME. THAT IS ALL. I WOULD LIKE TO STATE THAT I WAS IN THE VEHICLE WITH MY FAMILY AT THAT POINT OF TIME.



**SINGAPORE
POLICE FORCE**



T/20220326/7006

3 of 3

Report No. T/20220326/7006

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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 /
MOHAMED SUFIAN BIN MOHAMED JUNID
Contact No.: 65476247

NP168

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

Date/Time:
26/03/2022 10:42

Classification Of Case:

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: 25/03/2022 (dd/mm/yy) Time of Accident: 18:05 (24-HR-FORMAT)
Vehicle No.: SKV 1751M Vehicle Make & Model / Engine (cc): SUBARU FORESTER XT Private Hire: (Y/N) (N)
Exact location of Accident: KPE TOWARDS TPE BEF EXIT 9A
Policyholder's Name / IC No.: CHUA BOON HENG S8209644B
Driver's Name / IC No.: CHUA BOON HENG S8209644B (As Above) ☐
Driver's Contact No.: 92239995 Company Contact No / Owner Contact No: _____
Driver's Address: APT BLK 314B ANCHORVALE LINK, #12-121, S(542314)
Owner Email address: CBOONH@GMAIL.COM Insurance Company: AIG
Driver Email address: CBOONH@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?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

***No. of Passengers (Including Driver):** 4

*Passanger Name: TAN LILIN

Gender: Female

*Passanger Name: ETHAN CHUA / ETIENNE CHUA

Gender: male / 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: AZmin Bin Salim

Injuries Sustain: conveyed by ambulance Injured Person in Which Vehicle: FBH 1506 K

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

The Other Party(s) Details:

1. Driver's Name / IC No: AZMIN BIN SALIM Vehicle No: FBH1506K

Driver's Contact No: 98788430 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: _____



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : CHUA BOON HENG
Period of Insurance : 01 Sep 2021 To 31 Aug 2022
Engine No. : FA20K894838
Chassis No. : JF1SJGK85FG054409

Vehicle No. : SKV1751M
Policy No. : 1900147916-02
Endorsement No. :
Issued Date : 14 Jul 2021

ABOUT THE COVER

Make/Model : SUBARU New Forester 2.0XT
Engine Capacity/Tonnage : 1,998.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2015
Insuring with COE/PAF : No

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above
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.

* 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)

CHUA BOON HENG - \$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 can be carried out at the repairer of Your choice (unless specifically excluded by Us). For 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: DBS BANK LTD

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).

0503045000
TAN YONG SIN

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

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

YONG SIN