

# NATIONAL Assessment Centre Services:

(wef 1 Jan'08)

810822570003

Date In: 09/05/2022 13:27	Job description	Date & Time Completed	Done by
Ref No: N/A/11/2200458/4	SAS e-filing		
Veh No: SMS 2132K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/05/2022 01:00	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: SDW 1616Z	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% [Note-Bst. 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

X/A220/230 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Auditors' Comments: t. 1: t. 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	Inc Bill	Add 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) PT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:				
OD*				
*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 \$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	09/05/2022 13:27 (SGT)
Date of Accident	03/05/2022 01:00 (SGT)
Exact Location of Accident	Boundary Rd, Singapore
Additional Location Information	SLIP ROAD INTO YIO CHU KANG
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS2132K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	. CHNG LAY PHENG
NRIC No	SXXXX976D
Email Address	citizenpower555@gmail.com
Mobile Phone No	(Phone) +65-96199397
Alternative Phone No	+65-96199397

### VEHICLE PARTICULARS

Manufacturer	BMW
Model	435i
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	2979

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210142538
Cover Note Number	-

### DRIVER

Name of Driver	HUANG JIA KANG, ALEX
NRIC No	SXXXX804H

Date Of Birth	16/05/1986
Occupation	Indoor
Date Of Driving Pass	20/04/2006
Driving experience	16 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96199397
Alt. Phone Number	-
Email Address	alex.huang@pro.invest.com.sg
Address	134 TAI KENG GARDEN
Address complement	-
Postcode	535415
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	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?	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	WONG XIAN WEN
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO SKETCH PLAN

#### 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	SDW1616Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	WONG FOONG PHENG
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	HUANG JIA KANG, ALEX
Gender	Male
Phone No	(Phone) +65-96199397
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMS2132K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	WONG XIAN WEN
Gender	Female
Phone No	(Phone) +65-91516116
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMS2132K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

### IMPORTANT NOTICE

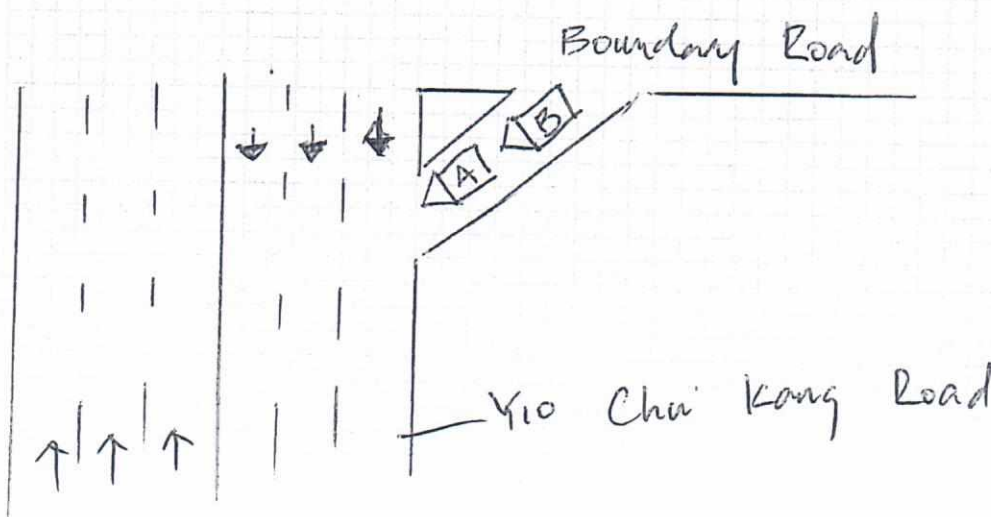
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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



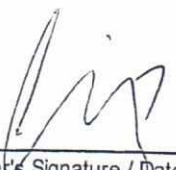
A = SMS 2312K  
B = SDW 1616Z

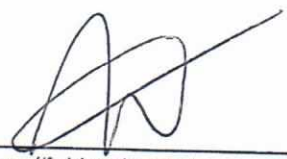
Describe Circumstances of the Accident

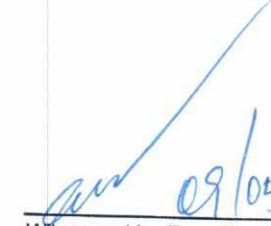
On the above date and time, I was travelling along Boundary Rd in the direction of Paya Lebar. On approaching the slip road into Yio Chu Kang I slow down and stop to give way on my right, suddenly there was an impact from my rear. thereafter I realized that vehicle SDW16162 had hit the rear of my car.

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



VEHICLE NO: 8M8 2132 K-

MAKE &amp; MODEL: BMW 435

AUTO/MANUAL

DATE OF ACCIDENT	03 / 05 / 2022	C.C. 3.0
TIME OF ACCIDENT	1.00 AM / PM	
LOCATION OF ACCIDENT	Boundary Rd Slip Road into Yio Chu Kang	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	Chng Lay Pheng	
EMAIL	CITIZENPOWER555@GMAIL.COM	Office: MOBILE:
NRIC	91176976D	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES (NO)?	
INSURANCE CO.	AIG	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	7210142538	
NAME OF DRIVER	AS ABOVE / <u>IF NO</u> HUANG JIA KANG, ALEX	
NRIC	S8614804H	
DATE OF BIRTH	16 / 05 / 1986	
ANY PASSENGER	<u>YES</u> / NO:	
NAME OF PASSENGER	Wong Xian Wen	
GENDER OF PASSENGER	MALE / <u>FEMALE</u>	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	20 / 04 / 2006	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 96199977 Office: Home:	
EMAIL	alex.huang@pro-invest.com.sg	
ADDRESS	134 Tai Keng Garden	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No. INSURER:	
RELATIONSHIP	Employee / If No: Son	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes: Who? Wong Xian Wen, Alex Huang (M)	
CONTACT NO.	91516116	
POLICE REPORT	<u>No</u> / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	SPW 1616Z Any Passenger: 1	
NAME	Wong Foong Pheng	
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	Yes / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : CHNG LAY PHENG  
Period of Insurance : 19 Nov 2021 To 18 Nov 2022  
Engine No. : 02968599N55B30A  
Chassis No. : WBA3R12040F728680

Vehicle No. : SMS2132K  
Policy No. : 7210142538  
Endorsement No. :  
Issued Date : 19 Nov 2021

### ABOUT THE COVER

Make/Model : BMW 435i  
Engine Capacity/Tonnage : 2,979.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :

Sum Insured : Market Value  
Off Peak Car : No

First Year of Registration : 2013  
Insuring with COE/PAF : 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\$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.

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

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CHNG LAY PHENG

### 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 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: TECK WEI CREDIT 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).

0502368000

TH INSURANCE SPECIALIST AGENCY

71 BUKIT BATOK CRESCENT #11-07 PRESTIGE CENTRE  
SINGAPORE 658071

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Ying Ling Eileen Goh