

NATIONAL Assessment Centre Services:

(wef 1 Jan 08)

SN0822660003

Date In: 16/06/2022 17:43	Job description	Date & Time Completed	Done by
Ref No: N/A/A1622005754	SAS e-filing		
Veh No: SMS 9720.S	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 15/06/2022 18:00	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SMG 71051

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

Invoice Preparation Checklist

- | | |
|-------------------------------------------------|------------|
| 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) FT: 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: | |
| *N3: 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 | \$0 |

Invoice dated

Fax Charged

Invoice dated

Fax Charged

N/A2201685

Statement Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Auditors Comments:

L. I:

L. 2 / 3:

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	16/06/2022 17:43 (SGT)
Date of Accident	15/06/2022 18:00 (SGT)
Exact Location of Accident	Punggol Way, Singapore
Additional Location Information	FILTER LANE TO PUNGGOL FIELD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS9720S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN YEW CHUAN (CHEN YOUQUAN)
NRIC No	SXXXX351J
Email Address	supersonicrun123@gmail.com
Mobile Phone No	(Phone) +65-81985265
Alternative Phone No	+65-81985265

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1193

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070030299-01
Cover Note Number	-

DRIVER

Name of Driver	TAN YEW CHUAN (CHEN YOUQUAN)
NRIC No	SXXXX351J

Date Of Birth	11/11/1980
Occupation	Outdoor
Date Of Driving Pass	22/06/2001
Driving experience	21 YEARS
Gender	Male
Mobile Number	(Phone) +65-81985265
Alt. Phone Number	+65-81985265
Email Address	supersonicrun123@gmail.com
Address	BLK 220B SUMANG LANE#11-57
Address complement	-
Postcode	822220
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	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 SKETCH AND POLICE REPORT T/20220616/7014

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	SMG7105U
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	TAN YEW CHUAN (CHEN YOUQUAN)
Gender	Male
Phone No	(Phone) +65-81985265
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMS9720S
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 lodgment 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:

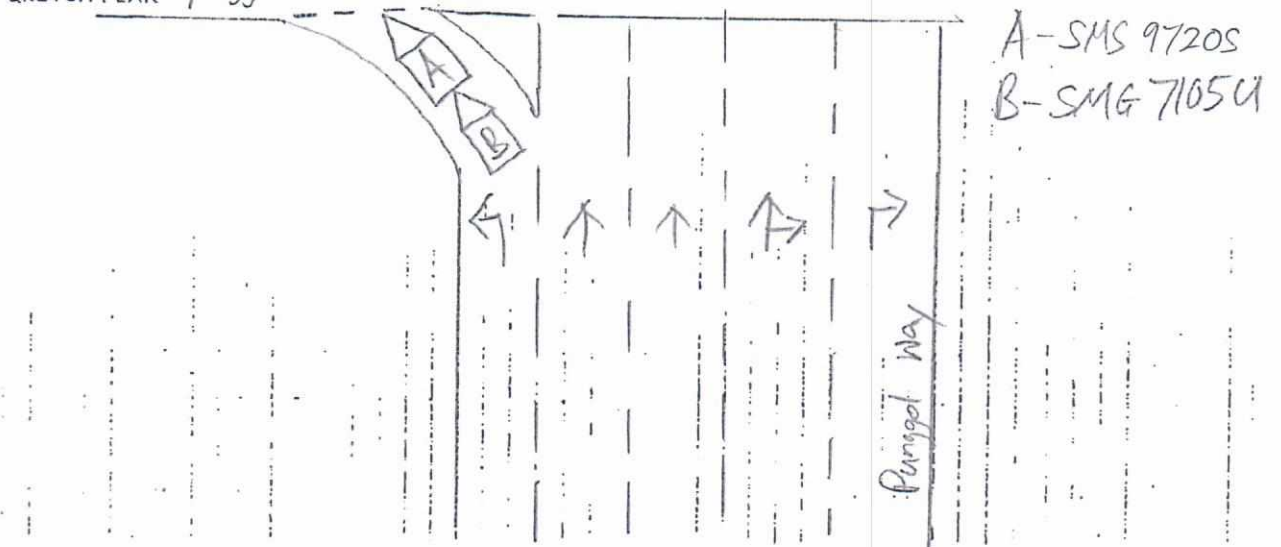
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

SKETCH PLAN Punggol field



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was travelling along the stated road. When I saw on coming traffic from the right, I slowed down and stop. Suddenly I felt a huge impact from the rear of my vehicle. When I alighted, I saw VRN (SMG 7105U) collided onto my vehicle.

POLICE REPORT T/20220616/7014

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

16/06/2022



SINGAPORE POLICE FORCE



T/20220616/7014

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

1 of 3
Report No. T/20220616/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2022 12:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN YEW CHUAN			Address: 220B SUMANG LANE #11-57 SINGAPORE 822220		
ID Type / ID No.: NRIC NO / S8035351J			Contact No.: Home/Office: Mobile: 81985265		
Nationality: SINGAPORE CITIZEN			Email: aloysius198011@gmail.com		
Sex: Male	Age: 41	Date of Birth: 11/11/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/06/2022 18:00	Type of Location: X-Junction
Location: PUNGGOL WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Heavy
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
SMG7105U	Car					0
SMS9720S	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Red		0

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



**SINGAPORE
POLICE FORCE**

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



T/20220616/7014

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Report No. T/20220616/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS9720S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070030299-01	24/03/2022	23/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN YEW CHUAN		ID No. S8035351J
Related Vehicle	SMS9720S (Car)		Contact No. 81985265
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	16/06/2022		Date 16/06/2022
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I WAS TRAVELLING ON THE STATED ROAD. WHEN I SAW ONCOMING TRAFFIC, I SLOWED DOWN AND STOP. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR OF MY VEHICLE. WHEN I ALIGHTED MY VEHICLE I SAW VRN (SMG 7105 U) COLLIDED ONTO MY VEHICLE. I FELT PAIN AND WENT TO SEE A DOCTOR AT CALROSE MEDICAL FAMILY CLINIC AND WAS GIVEN 3 DAYS MC.



**SINGAPORE
POLICE FORCE**

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



T/20220616/7014

3 of 3

Report No. T/20220616/7014

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 /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

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

Date/Time:
16/06/2022 12:01

Classification Of Case:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15 / 6 / 2022 (dd/mm/yy)

Time of Accident: 18 : 00 (24-HR-FORMAT)

Vehicle No.: SMS 9720 S

Vehicle Make & Model: Mitsubishi Attrage

*Transmission : ☐ Manual ☐ Auto

*C.c.:

Exact location of Accident: Punggol Way filter lane to Punggol field

Policyholder's Name: Tan Yew Chuan

NRIC/FIN/REG No.: S8035351J

*Policyholder's email address : SUPERSONICRUN123@GMAIL.COM

Driver's Name: As Above

NRIC/FIN/REG No.: As Above

*Driver's email address :

Driver's Contact No.: 81 98 5265

Company Contact No (If any): 7

Date of birth: 11/11/1980

Driving Pass Date: 27/08/1997 7001

Driver's Address: Blk 220B Sumang lane # 11-57 (S) 822220

Insurance Company: Aig

11/11/1980

22/6/2001

Policy No.: 20700 30299-01

Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

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)

Type of Accident

☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other _____

Occupation (nature job) ☐ Indoor / ☒ Outdoor

*No. of Passengers / Including Driver): 1

*Passenger Name: _____

Gender: Male / Female

*Passenger Name: _____

Gender: Male / Female

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 Car camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: 1) DRIVER

Injured Person in Which Vehicle : _____ Any injured conveyed to hospital by ambulance? : ☐ Yes ☒ No

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No.: _____ Vehicle No.: SMG 7105 U

Driver's Contact No.: _____ Insurance Company : _____

*No. of Passenger/(including Driver) : _____

(If policyholder is not sure or did not check, please state so in the description portion of the report)

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

Driver's Contact No: _____ Insurance Company : _____

*No. of Passenger/(including Driver) : _____

(If policyholder is not sure or did not check, please state so in the description portion of the report)

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

Preferred Workshop Name: _____ Contact No: _____



Name of Policyholder : TAN YEW CHUAN (CHEN YOUQUAN)
Period of Insurance : 24 Mar 2022 To 23 Mar 2023
Engine No. : 3A82UJL6001
Chassis No. : MMBSTA13AKH004928

Vehicle No. : SMS9720S
Policy No. : ZQ70030299-01
Endorsement No. :
Issued Date : 21 Feb 2022

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT

Engine Capacity/Tonnage : 1,193.00 CC

Sum Insured	:	Market Value
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First Year of Registration 2020

Driver Restriction : NA

Off Peak Car - No

Insuring with COE/PARF	Yes
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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.

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 \$443,000 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
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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.

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

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 185), Section 55 of the Road Transport Act, 1987 (Malaysia) and Road Transport Act, 1987 (Singapore).

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$500

Section 2

Property Damage - \$0

Windscreen : 5100

Named Driver and Excess (where applicable)

TAN YEW CHUAN (CHEN YOUQUAN) - \$500 (Own Damage), \$500 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 203 Pandan Gardens Singapore 609339 55684501

2. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 230 Ubi Rd, 3# Singapore 408650 67454000

3. Cycle & Carriage Authorized Service Centre (For accident reporting & windshield claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

For other Approved Reporting Centres (ARC) & Authorized Repairers (AR) call 600 811 1111

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 80 Mobile App. Simply search and download "AIG 80" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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).

0504675204

CYCLE & CARRIAGE - BRYANT

239 ALEXANDRA ROAD

SINGAPORE 159330

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

ALG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

ADDENDUM

AIG Asia Pacific Insurance Pte. Ltd.