

# NATIONAL Assessment Centre Services

Date In: 21/06/22	Job description	Date & Time Completed	Done by
Ref No: NA/ATG22005869/13	SAS e-filing		
Veh No: SNC 2869R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/06/22 1730	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: FBH1 46D	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

NA2201704	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Insured's Particulars:	1) AR: Accident Reporting (\$30);	Inc 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		
C. Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp 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: Idno 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	21/06/2022 11:19 (SGT)
Date of Accident	20/06/2022 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI AIRPORT UPPER SERENGOON EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC2869R
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO CHEN BIN
NRIC No	SXXXX590F
Email Address	PHBMS@YAHOO.COM
Mobile Phone No	(Phone) +65-96649017
Alternative Phone No	+65-96649017

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2498

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210121947
Cover Note Number	-

### DRIVER

Name of Driver	TEO CHEN BIN
NRIC No	SXXXX590F



Date Of Birth	17/10/1992
Occupation	Indoor
Date Of Driving Pass	14/07/2011
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96649017
Alt. Phone Number	+65-96649017
Email Address	PHBMS@YAHOO.COM
Address	BLK 24 UPPER SERANGOON CRESCENT
Address complement	-
Postcode	534024
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	MARCUS WONG
Gender	Male

#### 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

#### REFER TO REPORT

#### 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	FBH1846D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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) ..... -

### Describe Circumstances of the Accident


ON 20 JUNE 2022, AT APPROXIMATELY 1729 HRS, I WAS HIT BY A MOTORCYCLE FROM THE REAR. I WAS TRAVELLING ON PIE TOWARDS CHANGI AIRPORT. MY VEHICLE CAME TO A COMPLETE STOP DUE TO SLOW TRAFFIC OFF UPPER SERANGGUDU EXIT. THIS WAS WHEN THE MOTORCYCLE HIT ME FROM THE REAR. MY BUMPER WAS DAMAGED. THERE WERE NO INJURIES FROM ALL PARTIES ~~REI~~ DUE TO THIS ACCIDENT.

### 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



21/06/22

Witnessed by Reporting Centre Personnel



## SKETCH PLAN

### IMPORTANT NOTICE

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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' law yers/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' law yers/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 law yers/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

  
21/06/22  
Witnessed by Reporting Centre Personnel

### **Sketch Plan**



# ACCIDENT STATEMENT

ACCIDENT DATE: 20/06/2012 (DD/MM/YYYY), TIME: 17:30 (HH:MM)

LOCATION: PTE TOWARDS CHANNI AIRPORT, OFF UPPER SERANGOON EXT.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SHC 2869R  
 b) INSURANCE COMPANY: AIG  
 c) POLICY NUMBER: 7210121947  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Camry  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: TEO CHEN BIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9238590F CONTACT: 96649017  
 c) ADDRESS: BLK 24 UPPER SERANGOON CRESCENT  
#14-56 SINGAPORE 534024

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: TEO CHEN BIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9238590F CONTACT: 96649017  
 c) ADDRESS: BLK 24 UPPER SERANGOON CRESCENT #14-56  
SINGAPORE 534024

\*d) DATE OF BIRTH: 17/10/1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11 14/07/2011

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

## 6. WAS ANYBODY INJURED (YES / NO)

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: FBH1846D MODEL: \_\_\_\_\_

b) DRIVER'S NAME: RAMIASAMY VIJAYARAGHUNATHAN PALANI KUMAR

c) NRIC/FIN/PASSPORT: G32861391W CONTACT: 82725646

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of  
passenger  
(Including dr)

(2) marcus  
wong  
(M)

\* No of passe  
(Including dr.  
(-))

\* No of passe  
(Including dr.  
(-))

Email = phbms@yahoo.com

fax = 67489386



## CERTIFICATE OF INSURANCE

## TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : TEO CHEN BIN  
 Period of Insurance : 11 Oct 2021 To 10 Oct 2023  
 Engine No. : A25A0943668  
 Chassis No. : JTNB23H9Q203104218

Vehicle No. : SNC2669R  
 Policy No. : 7210121947  
 Endorsement No. :  
 Issued Date : 13 Oct 2021

## ABOUT THE COVER

Make/Model : TOYOTA Camry Hybrid 2.5 (Standard/Elegance)  
 Engine Capacity/Tonnage : 2,487.00 CC Sum Insured : Market Value First Year of Registration : 2021  
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : 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 lawful 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 Adult Inexperienced Driver Excess" (YEDR) if you are at that Authorized Driver (named or unnamed) is under the age of 25 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 passengers in connection with any trade or business or use for any purpose in connection with Motor Trade.

Lies of Use 1500cc - 1600cc

\* Limitations contained hereafter by Section 8 of the Motor Vehicle (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):

TEO CHEN BIN - \$1000 (Own Damage), \$1000 (Flood Cover)

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

1 Toyota Bodyline Centre (For accident report & accident reporting): Add: 2 Pandan Crescent, Singapore 128462 Tel: 6631 1184  
 2 Toyota Bodyline Centre (For accident report & accident reporting): Add: 17 Loo Road, Singapore 408611 Tel: 6631 1688

For other Approved Reporting Centres/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: HONG LEONG FINANCE LTD.

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicle (Third-Party Risks) Rules, 1958 (Malaysia).

0504867244

INCHEAP AUTO TOYOTA - BSTU887

33 LENG KEE ROAD  
 SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Mark, Andrew & Sonnet

79 Bras Basah Road #02-14 AIG Building 2276122 | T: +65 6474 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

## What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related)
- Advice on Motor Claims procedures
- Medical Referral Assistance

## If no one is injured in the accident:

- You are not required to make any police report
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s)
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident

## If the accident involves injuries or damage to government property &amp; vehicles, foreign registered vehicles or non-injury hit &amp; run case:

- Report the accident to the police, providing full details of the circumstances of the accident
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s), if applicable
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident

## What should I do in the event of an accident?

- Keep calm and move your car to a safe place
- Do not admit or discuss fault or blame with the other party(ies)
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident
- Submit Claim Summons/Correspondence from third parties to AIG immediately