

NATIONAL Assessment Centre Services: (with 1 Jan 2008) **Sub 22970007**

Ref No	Job description	Date & Time Completed	Done by
29/09/2022 18:05	SAS e-filing		
NBA/1622009635/Y	E-mail (withle shrs, AGU shrs)		
SFO 66332	1-Motor Claim Form		
28/09/2022 14:50	1-Motor W/O (withle: OD, shrs, TP shrs)		
(T) / Reporting Only	1-Photo Uploaded		
	Assessment/Survey Report		
P Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Referred Wksp / INC Assgn Wksp / QW: ( )  
 P Particulars: Vch No: **SK7 1891m** INC ( ) / Non-INC ( )  
 Owner / Driver: ( ) Cover Type: ( )  
 Policy No: ( ) Period: ( ) Date: ( ) Time: ( )  
 Confirmed by: ( )  
 Insured/Driver Liability: ( ) % (Note: Est. Status (W/O): NI 0-20% PI 21-79% P 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: ( )  
 1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
 2) QC Check/ Post Repair Inspection ( )  
 3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: \_\_\_\_\_

Date	Action

**NA2202698**

Item	Amount	Balance
1) AR: Accident Report Log (\$30)		
2) DA: Damage Assessment (\$100)		INC (\$30)
3) TF: Towing Fee	\$150	\$10/341
4) FT: Follow-Through Survey	\$30	\$150
5) PT: Follow-Through Survey (Psurvey)	\$30	
For claimant's use at INC Only (w/ 10 Jan 2009)		
6) TR: Re-inspection	\$75	
7) NI: Inc DA + SWRT Survey	\$160	
8) NT/CO Additional Services:		
ON:		
*NI: Courtesy Car / Tol Allowance	\$5	
*NI: Repair Coordination	\$15	
*NI: Post Repair Inspection	\$20	
*NI: DV / Delivery Process Coordination	\$5	
TR (NI) / TF (Non-INC) against INC	\$30	
9) NI: Inc Profile	\$10	
Invoice dated	Per Charged	
Invoice dated	Per 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 Actual 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	29/09/2022 18:05 (SGT)
Reported by	Both
Date of Accident	28/09/2022 14:50 (SGT)
Exact Location of Accident	Punggol E, Singapore
Additional Location Information	JUNCTION WITH PUNGGOL FIELD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ6633Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIA KOK HENG
NRIC No	SXXXX020F
Email Address	akbbnb@gmail.com
Mobile Phone No	(Phone) +65-98562211
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Premio
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	1498

## INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100220455-12

## DRIVER

Name of Driver	CHIA KOK HENG
NRIC No	SXXXX020F
Date Of Birth	23/03/1949
Occupation	Indoor

Date Of Driving Pass	02/09/1967
Driving experience	55 YEARS
Gender	Male
Mobile Number	(Phone) +65-98562211
Alt. Phone Number	-
Email Address	akbbnb@gmail.com
Address	BLK 131 RIVERVALE STREET #17-858
Address complement	-
Postcode	540131
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 - Change/cross lane
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	CHEONG
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT1801M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	VALERIE NGOR JIA YING
NRIC No	SXXXX038E
Contact Number	(Phone) +65-90602583
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**SKETCH PLAN**

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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)**

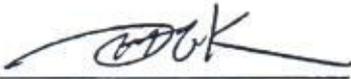
I understand, acknowledge, agree and consent that:

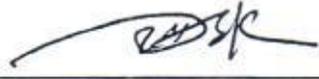
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

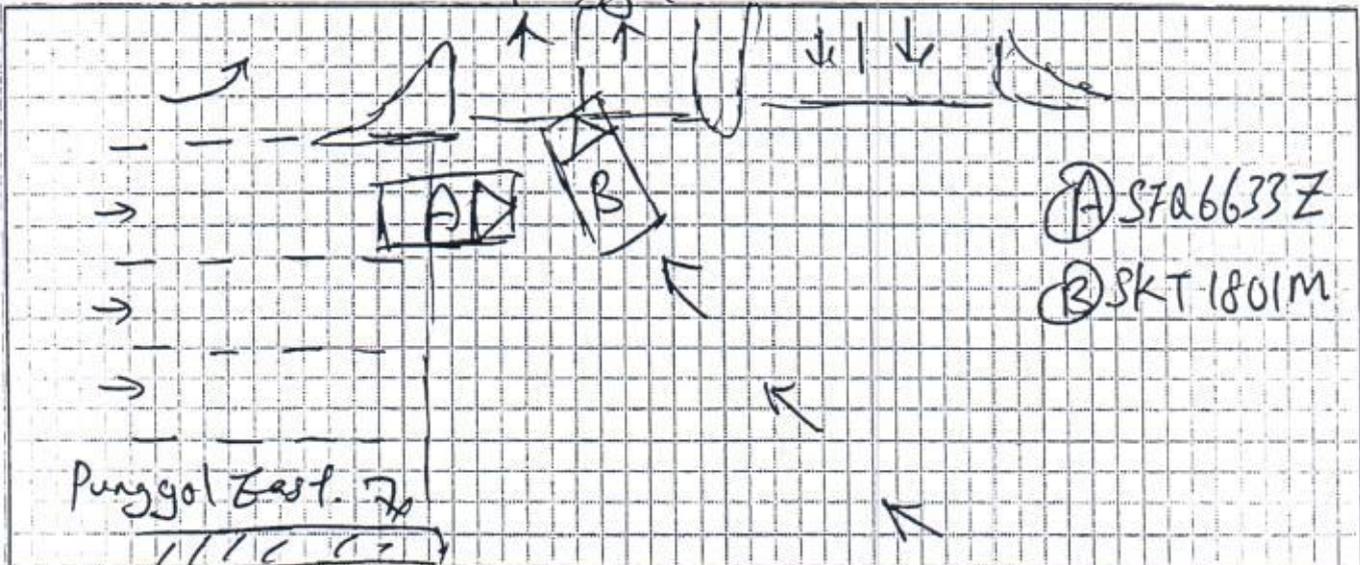
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

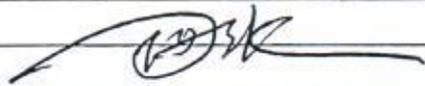
  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

On mentioned date and time, I was travelling along Punggol East towards Punggol. When approaching junction of Punggol ~~At~~ Field Veh B (SKT1801M) from opposite direction dash across to enter Punggol Field. I immediately jammed brake to avoid any collision but Veh B continued to turn right even the traffic light along Punggol East was still green. that cause this collision.



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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



28/07/2022

Email: [sm@idac.com.sg](mailto: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.

Date of Accident: 28/09/2022 (dd/mm/yy) Time of Accident: 14:50 (24-HR-FORMAT)

Vehicle No.: SFA66337 Vehicle Make & Model / Engine (cc): Toyota Premio Private Hire: (Y/N)

Exact location of Accident: Punggol East Junction of Punggol Field

Policyholder's Name / IC No.: chia kok heng ROC/UEN (Company): S08150207

Driver's Name / IC No.: \_\_\_\_\_ (As Above)

Driver's Contact No.: 98562211 Company Contact No / Owner Contact No: \_\_\_\_\_

Driver's Address: Blk 131 Rivervale St #17-858 S(540131)

Owner Email address: ~~sfa6633@gmail.com~~ Insurance Company: \_\_\_\_\_

Driver Email address: akbbnb@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): 2

\*Passenger Name: cheong k Gender:  Male /  Female x( )  
\*Passenger Name: \_\_\_\_\_ Gender: Male / Female x( )

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 Remarks: \_\_\_\_\_

Any Injuries:  Yes /  No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed:  Yes /  No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party(s) Details:**

1. Driver's Name / IC No: Valerie Ngor Jia Ying / 59225038E Vehicle No: Merc Benz CLA250 SKT1801M

Driver's Contact No: 90602583 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

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : CHIA KOK HENG  
**Period of Insurance** : 27 Jul 2022 To 26 Jul 2023  
**Engine No.** : 1NZD318251  
**Chassis No.** : NZT2603039514

**Vehicle No.** : SFQ6633Z  
**Policy No.** : 2100220455-12  
**Endorsement No.** :  
**Issued Date** : 21 Jun 2022 15:17

### ABOUT THE COVER

**Make/Model** : TOYOTA PREMIO  
**Engine Capacity/Tonnage** : 1,498.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :

**Sum Insured** : Market Value  
**Off Peak Car** : No

**First Year of Registration** : 2009  
**Insuring with COE/PARF** : 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\$33,000 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 - \$1100 Theft - \$0 Flood Cover - \$1100

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

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

CHIA KOK HENG - \$1100 (Own Damage), \$1100 (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 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 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:** UOB LIMITED

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).

0157000000  
 TEO YEW NGIAP MERVYN

AIG BUILDING 78 SHENTON WAY #09-16  
 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.

AIGSGMOBLEAPP