

# NATIONAL Assessment Centre Services

Date In: 17/10/2022 16:06	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA2002867	U-molt (within 3hrs, A/C 2hrs)		
Veh No: SLF 8225S	1-Motor Claim Form		
D.O.A: 17/10/2022 08:46	1-Motor W/O (white OD Ins. 77 114)		
OD: (TP) Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / CW: (	Tel:	Fax:
TP Particulars: Veh No: GBE 2810J	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured Driver Liability: ( )	Warranty: YES ( ) / NO ( )	
Year of Registration: ( )	Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks: ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) Towel-In ( ) Invoice: YES ( ) / NO ( ) Towing Cost: ( )

Remarks: ( )	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: ( )

Location: ( )

Actions: ( )

NA2002867	Invoice Preparation Checklist	Amount
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		
3) TP: Towing Fee (\$15)		
4) PF: Follow-Through Survey (\$15)		
5) TR: Repair Estimate (\$15)		
6) NR: New DA / SMRT Survey (\$15)		
7) NTUC Additional Services (\$15)		
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## 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	17/10/2022 16:06 (SGT)
Reported by	Both
Date of Accident	17/10/2022 08:46 (SGT)
Exact Location of Accident	Stevens Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8225S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN HON YIH (CHEN HONGYI)
NRIC No	SXXXX039B
Email Address	honyih@yahoo.com
Mobile Phone No	(Phone) +65-86863286
Alternative Phone No	-

### 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.
Policy Number / Cover Note Number	1900161678-02

### DRIVER

Name of Driver	TAN HON YIH (CHEN HONGYI)
NRIC No	SXXXX039B
Date Of Birth	08/07/1977
Occupation	Outdoor



Date Of Driving Pass	02/02/1995
Driving experience	27 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86863286
Alt. Phone Number	-
Email Address	honyih@yahoo.com
Address	BLK 363 CLEMENTI AVENUE 2 #09-437
Address complement	-
Postcode	120363
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?	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	SHENG WEI
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

#### PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK2810J
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-91014055
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



## 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 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 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:

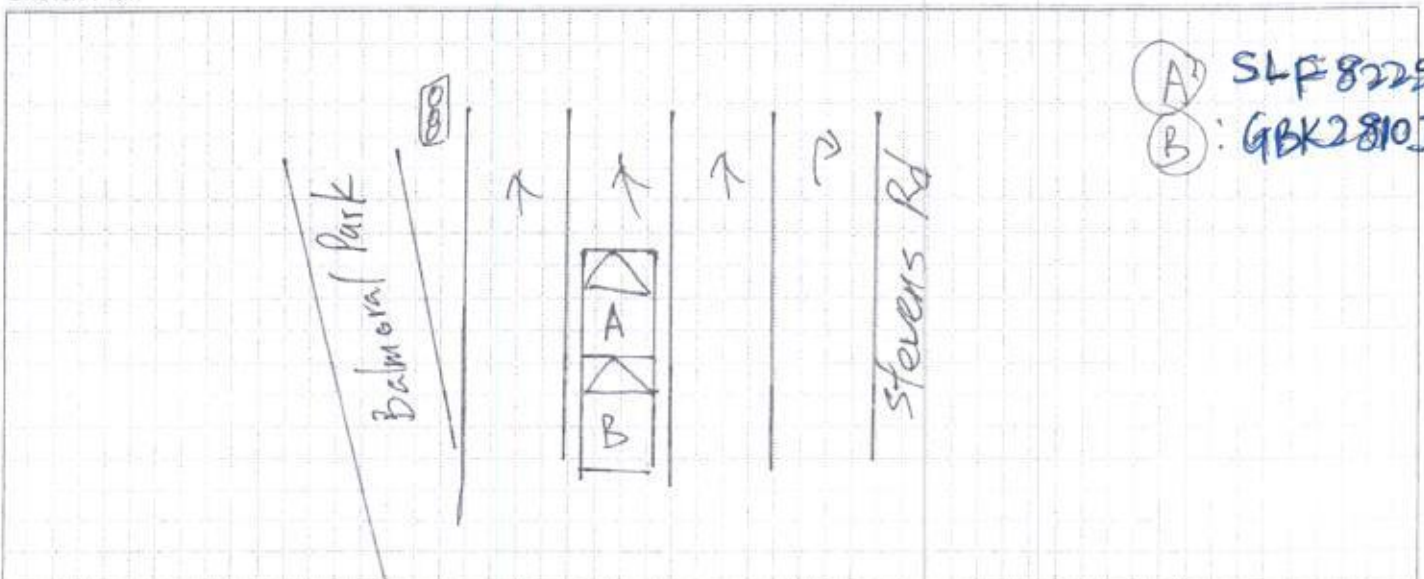
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



The Circumstance of the Accident

I stopped completely at ~~at~~ Steven Rd traffic due to heavy traffic suddenly I felt an impact from my rear and I alighted and saw vehicle B have collided onto my rear.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 17 Oct 2022

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



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

 17/10/2022

(M)

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: 17 / 10 / 2022 (dd/mm/yy) Time of Accident: 08:46 24-HR-FORMAT

Vehicle No.: SLF 82255 Vehicle Make & Model / Engine (cc): M. Attrage 1.2 Private Hire: Y (N)

Exact location of Accident: Sterens Rd

Policyholder's Name / IC No.: Tan Hon Yih ROC/ICN (Company): S 7719039B

Driver's Name / IC No.: Tan Hon Yih (As Above) ☐

Driver's Contact No.: 86863286 Company Contact No / Owner Contact No: 86863286

Driver's Address: Blk 363 Clementi Ave 2 #09-437 (120363)

Owner Email address: honyih@yahoo.com Insurance Company: AIG

Driver Email address: 8/7/1977

2/2/1995

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hired 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?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (Including Driver): 02

Passenger Name: Sheng Wei

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:

Injury's 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.: Vehicle No.: GBK 2810J

Driver's Contact No.: Insurance Company:

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

Driver's Contact No.: Insurance Company:

Independent Witness (If Any): Witness No.:

Insurer's Workshop Name: CONTRACTOR:

91014055



## CYCLE &amp; CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan Hon Yih (Chen Hongyi)  
 Period of Insurance : 16 Sep 2022 To 15 Sep 2023  
 Engine No. : 3A92UHT2273  
 Chassis No. : MMBSTA13AKH001882

Vehicle No. : SLF8225S  
 Policy No. : 1900161678-02  
 Endorsement No. :  
 Issued Date : 17 Aug 2022 17:27

## ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT

Engine Capacity/Tonnage : 1,193.00 CC

Sum Insured : Market Value

First Year of Registration : 2019

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 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\$53,600 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 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 damage 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. 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tan Hon Yih (Chen Hongyi) - \$600 (Own Damage), \$600 (Flood Cover)

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

1 Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 669336 65604501

2 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 497659 67461099

3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708685

4 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 610 Sin Ming Ave Singapore 575733 69328005

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6335 1200. 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: United Overseas Bank 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, 1925 (Malaysia).

0504623205

FULCOMICP2 - JAST

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCP4