

# NATIONAL Assessment Centre Services

(Part 1 of 2)

SW0822A5000Y

Case Int: 28/10/2022 13:00  
Ref No: N/A 176220/0691/Y  
Veh No: SMC 563K  
D.O.A: 26/10/2022 09:30  
DO: (79) Reporting Only

Job description: SAS e-filing  
E-mail (guide form, A/C sheet)  
I-Motor Claim Form  
I-Motor W/O (whimsy, OD, etc.)  
I-Photo Uploaded  
Assessment/Survey Report  
Asst Report by Fax - Hand to Owner/Whim

Preferred West / INC Assign Wksp / GWs: Tel: Fax:

TP Particulars: Vch No: SLS 443K INC ( ) / Non-INC ( )

Owner / Driver: Tel: Cover Type: ( )

Policy No: ( ) Period: ( ) Date: Time: ( )

Confirmed by: ( )  
Insured Driver: ( )  
Year of Registration: ( )  
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 Ref No: 0758 (010))  
1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
2) CO Check / Post Repair Inspection ( )  
3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date Time: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Invoice Preparation Checklist		Amount	Assessment
1) AR - Accident Report	1500		
2) DA - Damage Assessment	3100	INC (350)	
3) TF - Towing Fee		\$100	
4) PT - Yellow Through Slaves		\$100	
5) PT - Yellow Through Slaves		\$100	
6) TR - Reproduction		\$100	
7) NT - National Survey		\$100	
8) NT - National Survey		\$100	
9) NT - National Survey		\$100	
10) NT - National Survey		\$100	
11) NT - National Survey		\$100	
12) NT - National Survey		\$100	
13) NT - National Survey		\$100	
14) NT - National Survey		\$100	
15) NT - National Survey		\$100	
16) NT - National Survey		\$100	
17) NT - National Survey		\$100	
18) NT - National Survey		\$100	
19) NT - National Survey		\$100	
20) NT - National Survey		\$100	

N/A 2203024

Important Particulars: ( )

Owner/Driver: ( )

Contact No: ( )

Assessed Portion: ( )

Checked by (Sign-In-Charge): ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )



## 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	28/10/2022 13:00 (SGT)
Reported by	Both
Date of Accident	26/10/2022 09:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI NEAR THOMSON EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC563K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIA JIQUAN
NRIC No	SXXXX516D
Email Address	barnabas.chia@gmail.com
Mobile Phone No	(Phone) +65-96303151
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Tesla
Model	MODEL 3 PERFORMANCE
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	0

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220099305

### DRIVER

Name of Driver	CHIA JIQUAN
NRIC No	SXXXX516D
Date Of Birth	20/11/1981
Occupation	Indoor

Date Of Driving Pass	16/11/2000
Driving experience	21 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96303151
Alt. Phone Number	-
Email Address	barnabas.chia@gmail.com
Address	12 CHESTNUT CRESCENT
Address complement	-
Postcode	679366
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	Chain Collision
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	3
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)	1
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	-

#### 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	SLJ443K
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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2


Vehicle Registration Number	SMN2565X
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)	-




## 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

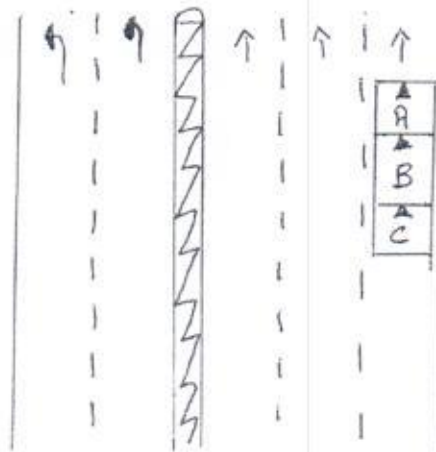
### Sketch Plan

PIE Towards Changi Near Thomson Exit

Veh A: SNC 563K

Veh B: SLJ 443K

Veh C: SMN 2565X



### Describe Circumstances of the Accident

On the above stated date and time, I VEH A 8AK 563K was travelling along the stated venue. The car in front of me Jan broke. I follow to brake too and there was a safety distance between my car and the front. The car behind mine stopped too. Moment later I heard a crashing sound behind the Forester and then the Forester hit me. The car which hit me bear the car platenumber VEH B: SLJ 443K. and the last car: VEH C SMN 2565X

### 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



Email: 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.

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 26/10/22 (dd/mm/yy) Time of Accident: 09:30 (24-HR-FORMAT)  
Vehicle No.: SNC563K Vehicle Make & Model / Engine (cc): Tesla ☒ MODEL 3 PERF Private Hire: (Y/N)  
Exact location of Accident: PIE TOWARDS CHANGI NEAR THOMSON EXIT  
Policyholder's Name / IC No.: CHIA JIQUAN S8136516D  
Driver's Name / IC No.: CHIA JIQUAN S8136516D (As Above) ☒  
Driver's Contact No.: 96303151 Company Contact No / Owner Contact No: \_\_\_\_\_  
Driver's Address: 12 CHESTNUT CRESCENT SPORE(679366)  
Owner Email address: \_\_\_\_\_ Insurance Company: AIG ☒  
Driver Email address: barnabas.chia@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?**

**Occupation (nature of job)** ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

**\*No. of Passengers (Including Driver):** 01

**\*Passanger Name:** \_\_\_\_\_

**Gender:**

**\*Passanger Name:** \_\_\_\_\_

**Gender:**

**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

**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: \_\_\_\_\_ Vehicle No: SLJ443K

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: SMN2565X

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



# CERTIFICATE OF INSURANCE

## EV AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : CHIA JIQUAN ( XIE JIQUAN )  
Period of Insurance : 27 Sep 2022 To 26 Sep 2023  
Engine No. : TG321168000RZV  
Chassis No. : LRW3F7EL8MC283014

Vehicle No. : SNC563K  
Policy No. : 7220099305  
Endorsement No. :  
Issued Date : 14 Sep 2022 17:37

### ABOUT THE COVER

Make/Model : TESLA Model 3 (Performance)

Engine Capacity/Tonnage : 0.00 CC

Driver Restriction : Named Driver Basis

Person or Classes of Persons Entitled to Drive\* :

a) The Policyholder

b) Any person who is named as a "named driver" under this Policy.

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2021

Insuring with COE/PARF : Yes

Age Condition : Not Applicable

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(14 days) 1800-2000cc

\* Limitations rendered inoperative by Section 9 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 : \$1000

Named Driver and Excess (where applicable)

CHIA JIQUAN ( XIE JIQUAN ) - \$3000 (Own Damage), \$3000 (Flood Cover), CHUAN PEIYING - \$3000 (Own Damage), \$3000 (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 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: NA

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).

0504650000

ALL INS AGENCY PTE LTD

22 SIN MING LANE #05-78 MIDVIEW CITY

SINGAPORE 573969

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

All Ins Agency Pte Ltd