

NATIONAL Assessment Centre Services (ver 1.1/2011)

Date In: 09/12/22	Job description	Date & Time Completed	Done by
Ref No: NBA/ATG22012321/S	SAS e-filing		
Veh No: Sma 3664H	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 08/12/22 (030)	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (within: OD 3hrs, TP 3hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLC1470L	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (1/3 (Note: Bst Status (WO): N: 0-30%, P: 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 repeller.

() 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

<p>NA2300257</p> <p>Insured's Particulars:</p> <p>Owner/Owner:</p> <p>Contact No:</p> <p>Damaged Portion: Front</p> <p>Checked by (Engr-In-Charge):</p> <p>Comments:</p> <p>L2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$55)</p> <p>3) TP: Towing Fee \$10/\$45</p> <p>4) PT: Follow-Through Survey \$130</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>Excluding Inspection INC Only (ver 12 Jan 2020)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: New DA + SMPT Survey \$140</p> <p>8) NTUC Additional Services:</p> <p> *NI: Courtesy Car / Tpt Allowance \$5</p> <p> *NI: Repair Coordination \$10</p> <p> *NI: Post Repair Inspection \$25</p> <p> *NI/DV / Collect Excess Coordination \$5</p> <p> TP (NI1): TP (Non INC) against INC \$20</p> <p>9) NI2: 12hrs Mobile</p> <p>Invoice dated: _____</p> <p>Fee Charged: _____</p>
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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	09/12/2022 11:27 (SGT)
Reported by	Both
Date of Accident	08/12/2022 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE TOWARDS CUSTOMS HIGHWAY (BKE 9.6KM)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ3664H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEONG GOANG LUEN
NRIC No	SXXXX889C
Email Address	GLTCHEONG@ICLOUD.COM
Mobile Phone No	(Phone) +65-96537284
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	1989

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900021820-02

DRIVER

Name of Driver	CHEONG GOANG LUEN
NRIC No	SXXXX889C
Date Of Birth	23/05/1968
Occupation	Indoor

Date Of Driving Pass	17/08/1994
Driving experience	28 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96537284
Alt. Phone Number	-
Email Address	GLCHEONG@ICLOUD.COM
Address	BLK 345 BUKIT BATOK ST 34 #04-270
Address complement	-
Postcode	650345
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
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?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC1470L
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	SJD8662Y
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 3

Vehicle Registration Number	SME9838K
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 4

Vehicle Registration Number	SKX6128U
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 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.

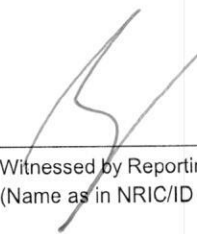
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

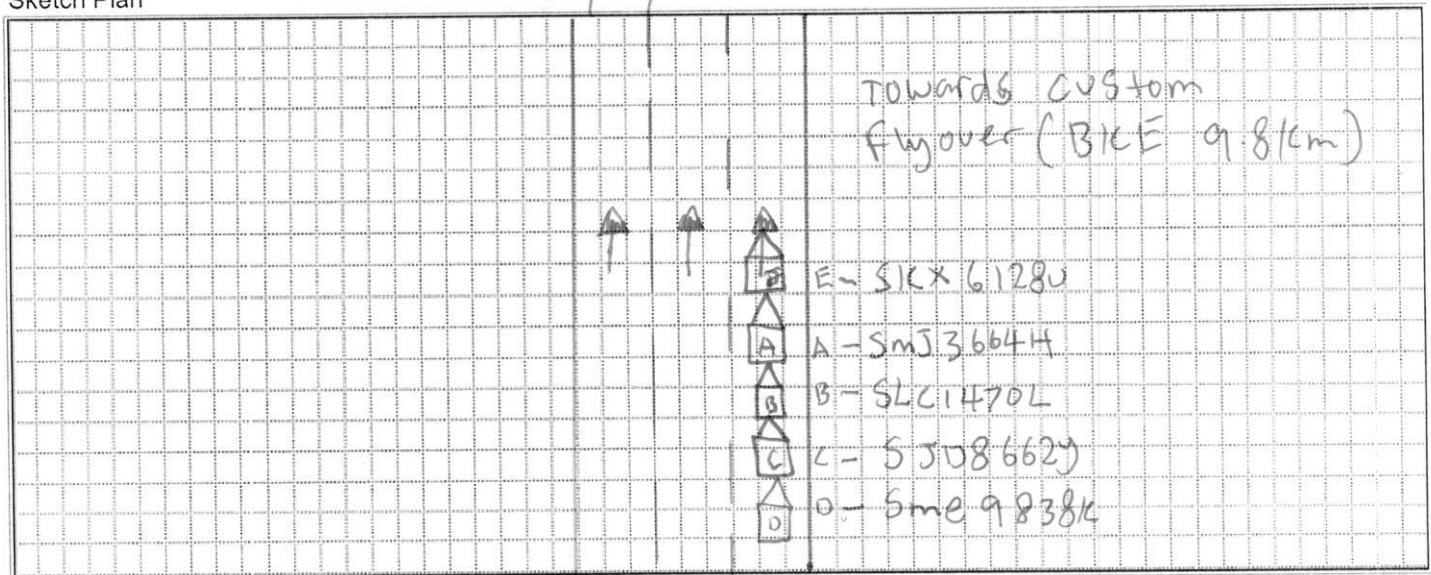
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
09/12/2022


Actual Driver's Signature (if driver is not the policyholder) / Date & Time
09/12/2022


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
9/12/22

Sketch Plan

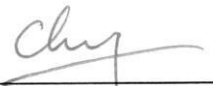


Describe Circumstance of the Accident

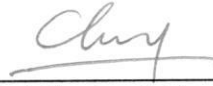
Refer to Police Report
T/2022/208/2052

Declaration


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


Policyholder's Signature / Date & Time

09/12/2022


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

09/12/2022


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

9/12/22



SINGAPORE POLICE FORCE



T/20221208/2052

1 of 3

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20221208/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2022 14:46		Vide Report No.: L/20221208/0060		Station Diary No.: 41	
Informant's Particulars					
Name of Informant: CHEONG GOANG LUEN			Address: APT BLK 345 BUKIT BATOK STREET 34 #04-270 SINGAPORE 650345		
ID Type / ID No.: NRIC NO / S6870889C			Contact No.: Home/Office: Mobile: 96537284		
Nationality: MALAYSIAN			Email: glcheong@icloud.com		
Sex: Male	Age: 54	Date of Birth: 23/05/1968	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: Self Employed			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/12/2022 10:30	Type of Location: Flyover
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD8662Y						0
SKX6128U	Car					0
SLC1470L						0
SME9838K						0
SMJ3664H	Car					0



**SINGAPORE
POLICE FORCE**



T/20221208/2052

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Report No. T/20221208/2052

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	CHEONG GOANG LUEN	ID No.	S6870889C
Related Vehicle	SMJ3664H (Car)	Contact No.	96537284
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 8th December 2022, 1030 hrs, at BKE (Woodlands) 9.8km heading towards Woodlands Checkpoint, I was involved in an accident involving 5 vehicles. At that point of time, I was in the first lane out of the 3 lanes. There was a traffic jam towards the checkpoint therefore (SKX6128U, V1) and my vehicle (SMJ3664H, V2) stopped as we were queueing. After that, (SLC1470L, V3) hit onto my vehicle rear which led to me hitting V1 rear. Followed by (SJD8662Y, V4) hitting on V3 rear and (SME9838K, V5) hitting onto V4 rear.

Traffic police attended to my case. L/20220812/0060 and ambulance were at scene which conveyed driver and passengers of V4 and driver of V5 to the hospital. Total of 5 person were conveyed when I was still at scene. My vehicles are equipped with front and back cameras which I am unsure that I would be able to retrieve it. From this accident, my car suffered slight dents and cracks. However, my back of the vehicle was damaged as there was a hard knock onto my vehicle during the accident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20221208/2052

3 of 3


Report No. T/20221208/2052


CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: J / SC2 GOH JUN YUNG 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476185

Signature Of Informant: 
Date/Time: 08/12/2022 14:46
Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 12 / 2022) (DD/MM/YYYY), TIME: (10:30) (HH:MM)

LOCATION: BKE (Woodlands) 9.8 km

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMJ 3664 H
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 1900021820-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mazda 6 2.0
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal
 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: Cheong Goang Luen (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6870889C CONTACT: 96537284
 c) ADDRESS: Blk 345 Bukit Batok St. 34
 #04-270 S6870889C (S6870889C)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
 (including driver)
 (1)

- DRIVER
 a) NAME: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (23 / 05 / 1968) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17/08/1994

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: Hong Kah North NPP

8. THIRD PARTY VEHICLE

No of passenger
 (including driver)
 ()

- a) VEHICLE NUMBER: SLC 1470 L MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

No of passenger
 (including driver)
 ()

- a) VEHICLE NUMBER: SSD 8662 Y MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

Ⓢ SME 9838K

E Ⓢ SKX 6128 U

Email: gcheong@icloud.com

VIDEO

yes = with workshop



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Cheong Goang Luen
Period of Insurance : 28 Feb 2022 To 27 Feb 2023
Engine No. : PE21250073
Chassis No. : JM6GL1072K0311175

Vehicle No. : SMJ3664H
Policy No. : 1900021820-02
Endorsement No. :
Issued Date : 03 Feb 2022

ABOUT THE COVER

Make/Model : MAZDA 6 2.0 SKYACTIV
Engine Capacity/Tonnage : 1,998.00 CC
Driver Restriction : NA
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\$3,000 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, 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Cheong Goang Luen - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Trans Eurocars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

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: HONG LEONG FINANCE LTD

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 I, the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA

7 RAYWELL ROAD #01-100 ANNEX B MND COMPLEX

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.