

NATIONAL Assessment Centre Services (Unit 1, 2nd Floor) **SA10823190001**

Date In: **09/01/2023 12:00** Job description: **SAS e-filing** Date & Time Completed: Done by:

Ref No: **X/BA/01423000284/V** E-mail (within 3hrs, AIC 2hrs)

Veh No: **SLG 5061L** I-Motor Claim Form

D.O.A: **09/01/2023 09:40** I-Motor W/O (Within: OD 2hrs, TP 1hr)

OD: **(7P) Reporting Only** I-Photo Uploaded

TP Insurer: Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Preferred Wksp / INC Assgn Wksp / QW: Tel: Fax:

TP Particulars: Veh No: **GBE 2485** 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 repeller.

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

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () (INC Hotline: 0783 0010) 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:

X/BA2300066

Invoice Preparation Checklist:

Item	Amount	INC	Non-INC
1) AR: Accident Reporting (\$35)			
2) DA: Damage Assessment (\$100)			
3) TP: Towing Fee	\$50/\$45		
4) PT: Follow-Through Survey	\$150		
5) FT: Follow-Through Survey (Resurvey)	\$50		
6) TR: Re-inspection	\$75		
7) NI: Issue DA, SMART Survey	\$140		
8) NTUC Additional Services			
9) NI: Courtesy Car / Tot Allowance	\$5		
10) NI: Repair Coordination	\$15		
11) NI: Post Repair Inspection	\$15		
12) NI: DV / Collect Excess Coordination	\$5		
13) NI: TP (Non-INC) against INC	\$10		
14) NI: 12hrs Mails			
Invoice Value			
Invoice Date			
Fee Charged			

Checked by (Engr-In-Charge):

Signature: **L2/3:**

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	09/01/2023 12:05 (SGT)
Reported by	Both
Date of Accident	09/01/2023 07:40 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE JALAN AHMAD IBRAHIM EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG5061L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN IK-PHIEN STEVEN
NRIC No	SXXXX779B
Email Address	tanik79@yahoo.com.sg
Mobile Phone No	(Phone) +65-97592814
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800111133-04

DRIVER

Name of Driver	TAN IK-PHIEN STEVEN
NRIC No	SXXXX779B
Date Of Birth	18/12/1979
Occupation	Indoor

Date Of Driving Pass	20/06/2002
Driving experience	20 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97592814
Alt. Phone Number	-
Email Address	tanik79@yahoo.com.sg
Address	BLK 326 CLEMENTI AVENUE 5 #04-171
Address complement	-
Postcode	120326
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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20230109/7040

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	GBE2485X
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHAN SANG KHOON
Contact Number	(Phone) +65-93876439
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	YQ3758S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN IK-PHIEN STEVEN
Gender	Male
Phone No	(Phone) +65-97592814
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SLG5061L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

AYE JAWABERS TUGS B/L JORAN GHMAN

IBR/HRM EXIT

△
C
△
A
△
B

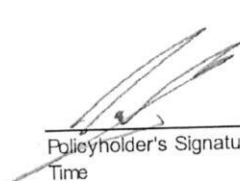
(A) SL6 5061L
(B) GBE 2485X
(C) YQ 3758S


Describe Circumstances of the Accident

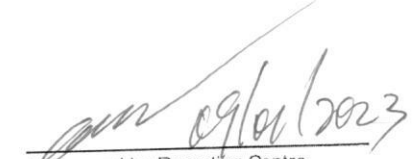
On 09-01-2023 at about 0140hrs. I was travelling along AYE towards Tuas before Jalan Ahmad Ibrahim exit. Ahead of me, there's a vehicle slow down and stop. I follow suit. While waiting, all of a sudden I felt an hard impact. Then I realised a vehicle 6BE 2485X had collided into my rear. Due to the hard impact my vehicle had move forward and collided into Y037585. Total 3 vehicle involve in the accident. That's all.

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



**SINGAPORE
POLICE FORCE**



T/20230109/7040

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230109/7040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2023 14:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN IK-PHIEN STEVEN			Address: 326 CLEMENTI AVENUE 5 #04-171 SINGAPORE 120326		
ID Type / ID No.: NRIC NO / S7939779B			Contact No.: Home/Office:		Mobile: 97592814
Nationality: SINGAPORE CITIZEN			Email: TANIK79@OUTLOOK.COM		
Sex: Male	Age: 43	Date of Birth: 18/12/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: LIFE GUARD			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/01/2023 07:40	Type of Location: Straight Road
Location: JALAN AHMAD IBRAHIM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE2485X	Van					0
SLG5061L	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Blue		0
YQ3758S	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20230109/7040

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230109/7040

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE2485X	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD			
SLG5061L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800111133-04	03/10/2022	02/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN IK-PHIEN STEVEN	ID No.	S7939779B
Related Vehicle	SLG5061L (Car)	Contact No.	97592814
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 09.01.2023 at about 0740hrs, I was travelling along AYE Towards Tuas Before Jalan Ahmad Ibrahim Exit. The traffic was on moderate move. Ahead of there's a vehicle slow down & stop, I follow suit. While waiting, all of a sudden I felt an impact from the rear. Then I realised a vehicle GBE 2485X had collided onto my rear. Due to the hard impact, my vehicle had move forward and collide with YQ 3758S. Due to the impact, I consult doctor and was given 5 days of mc. That's all.



**SINGAPORE
POLICE FORCE**



T/20230109/7040

3 of 3

Report No. T/20230109/7040

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
09/01/2023 14:01

Classification Of Case:

Date of Accident : 09.01.2023 Accident Time: 07:40hrs. (24-HR-Format)
 Accident Place : N/E Towards Tuas B4 Jalan Athad Ibrahim Exit
 Vehicle. No. (Car Plate No.) : SL65061L Make/Model: Hyundai Elantra A01-b6LS AT
 Insurance Company : AB Policy No: 180011133-04
 Owner or Company Name /IC No. : Tan Ik-Pien (Chen Yibiao) S7959779B
 Owner or Company Contact No. : Owner's Hp 97592814 Company Tel
 DRIVER'S Name / IC No. : Same as above
 DRIVER'S Date Of Birth : 18.12.1979 DRIVER'S License Pass Date 20.06.2002
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : 326 Clementi Ave 5 #04-171 S(120326)
 DRIVER'S Contact No./ Alt No. : 1) 2)
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : tanik19@yahoo.com.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): Driver only
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): Yes (Neck Buck pain)

Other Party Driver's Particular (if any)

Vehicle. No: GBE 2485X	Vehicle. No: 7Q 37588
Vehicle Make/Model: C	Vehicle Make/Model:
Name Driver: Chan Sang Kiaton	Name Driver:
IC No. Driver/Contact: 93876439	IC No. Driver/Contact:

* NEW - Passenger's name & gender:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Ik-Phien Steven
Period of Insurance : 03 Oct 2022 To 02 Oct 2023
Engine No. : G4FGGU193570
Chassis No. : KMHD841CMHU199536

Vehicle No. : SLG5061L
Policy No. : 1800111133-04
Endorsement No. :
Issued Date : 29 Sep 2022 17:07

ABOUT THE COVER

Make/Model : HYUNDAI ELANTRA S
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PAF : 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 \$553,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 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 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 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, and 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 Ik-Phien Steven - \$600 (Own Damage), \$600 (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: MayBank

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

0502263000
SAFE HARBOUR ASSURANCE AGENCY
BLK 208 HOUGANG ST 21 #04-207
SINGAPORE 530208
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
This computer generated document does not require a signature.

SSPES

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	779B
Vehicle Details	
Vehicle No.:	SLG5061L
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Feb 2023
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	G4FGGU193570
Chassis No.:	KMHD841CMHU199536
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$17,337.00
Original Registration Date:	03 Oct 2016
First Registration Date:	03 Oct 2016
Transfer Count:	0
Actual ARF Paid:	\$17,337.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Oct 2026
PARF Rebate Amount:	\$11,269.00
Intended COE Rebate Details	
COE Expiry Date:	02 Oct 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,506.00
COE Rebate Amount:	\$18,755.00
Total Rebate Amount:	\$30,024.00

The information contained herein is correct as at 09 Jan 2023

OK

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

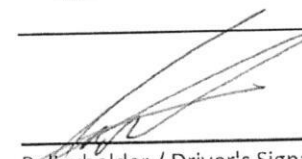
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0823190002 Vehicle Registration No: SL6 5061L
Name (as shown in NRIC) : TAN IK-PHIAN SIVAKAN NRIC/FIN/Passport No : 87039779B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97592014
Email Address : tanik79@yahoo.com.sg
Date of Accident : 09-01-2023 Time of Accident : 0740hrs
Place of Accident : AYE Tamaru Tuas
Insurance Company : ALG

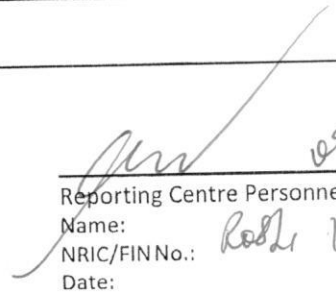
(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attached Police report no: 7/20230109/7040



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Rashid Wani
NRIC/FIN No.:
Date: 09/01/2023