

**NATIONAL Assessment Centre Services** (not a service) **SAV0231 PEGOP**

Date In: 26/01/2023 17:06	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/AY230007564	E-mail (within 3hrs, A/C this)		
Veh No: STP 330	I-Motor Claim Form		
D.O.A: 22/01/2023 14:35	I-Motor W/O (White: OD this, 99: this)		
OD / TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **SNR 6534U** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: Bst 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 repair.

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

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

Remarks: **NING Hotline: 0788-6616** 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: ( ) Action: ( )

**NT42300239**

Invoice Preparation Checklist	Amount	Actual
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee (\$10/\$40)		
4) PT: Follow-Through Survey (\$12)		
5) FT: Follow-Through Survey (Resurvey) (\$50)		
Excess/Insurance apply INC Only (over 12 hrs 2023)		
6) TR: Ref/Inspection (\$2)		
7) NI: NI/DA, SMART Survey (\$140)		
8) NTUC Additional Fee (\$11)		
<b>GR:</b>		
*NI: Courtesy Car / Tot Allowance	\$5	
*NI: Repair Coordination	\$15	
*NI: Post Repair Inspection	\$25	
*NI: DV / Collect Excess Coordination	\$3	
*TP (G11): TP IN (INC) against INC	\$10	
*TP (G11) Mobile	10	
Invoiced		
Fee Charged		

Checked by (Engi-In-Charge):

Signature:

Date: 2/3

## 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	25/01/2023 17:46 (SGT)
Reported by	Both
Date of Accident	22/01/2023 14:35 (SGT)
Exact Location of Accident	Jurong Town Hall Rd, Singapore
Additional Location Information	TRAFFIC LIGHT JUNCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP33D
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO LYE CHEN
NRIC No	SXXXX574C
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-82972599
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
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	2494

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220146874

#### DRIVER

Name of Driver	OWYONG WEI HENG, ALFRED
NRIC No	SXXXX172H
Date Of Birth	24/10/1982
Occupation	Indoor

Date Of Driving Pass .....	01/03/2001
Driving experience .....	21 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84992740
Alt. Phone Number .....	-
Email Address .....	winson_tingwei@hotmail.com
Address .....	30 CORPORATION RISE
Address complement .....	-
Postcode .....	618344
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Raining
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) .....	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 .....	SNE6534U
Vehicle Manufacturer .....	Byd
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Private car
Name of Driver .....	SUKHVINDER SINGH S/O RANJEET SINGH
NRIC No .....	SXXXX075B

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.

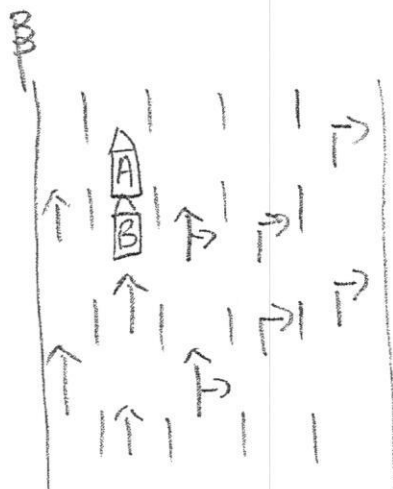
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Vehicle A SLP 33 D  
Vehicle B SNE 6534U



Describe Circumstance of the Accident

AT 22/01/2023 about 14.35 pm. I was driving along  
Jurong town hall towards Bukit Batok. my vehicle came to  
the traffic light Junction and stop as traffic light turn Red.  
Suddenly vehicle B "SNE 6534U" collided from my rear  
car position impact quite badly. There is no one injured  
on the accident.

Declaration

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

Neo

Policyholder's Signature / Date & Time

Joe

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

25 Jan 2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC ID card)

ACCIDENT DATE & LOCATION

Date & Time of Accident \* Date: 22/01/2023 Time: 14-35pm (24 hr format)  
Exact Location of Accident \* Along Juruang town hall traffic light Junction

INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE

Vehicle Registration Number \* SLP 33D Make & Type \*: Toyota Vellfire  
Name of Registered Owner \* NEO LYE CHEN  
NRIC / FIN / Passport / Co Regn No. \* S1340574C  
Contact Number \* 8297 2599 Email/Fax No: Winson\_tingwei@hotmail.com  
Exact Purpose for which vehicle was being used at Time of Accident ☒ Private Usage / ☐ Commercial or Company's Usage  
Are you claiming under your own insurance policy for repair to your vehicle? \* ☐ Yes / ☒ No If No, Please state action to be taken  
☒ Third Party Claim (SYH / Other workshop?) / ☐ Reporting Only

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company \* China / EQ / Etiqa / MSIG / Tokio Marine / Great American / AIU  
Type of Policy \* Comprehensive Third Party / Third Party Fire & Theft  
Policy No. (Certificate No.) / Cover Note No. 7220146874  
DRIVER

Name of Driver \* OW Yong Wei Hong, Alfred Gender \* Male / Female  
NRIC / FIN / Passport Number \* S8235172H  
Date of Birth \* 24/10/1982 (dd/mm/yyyy)  
Occupation \* ☒ Indoor / ☐ Outdoor  
Date of Driving Pass (Pass Date) \* 01/03/2001  
Contact Number \* 8499 2740  
Address 30 CORPORATION RISE S (618344)  
Email Address / Fax Number \* Email: Winson\_tingwei@hotmail.com Fax: —  
Relationship of the Driver with the Insured \* Owner / Employee / Spouse / Friend / Others Son  
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company \* Veh No: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
Ins Co: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision Chain Collision / Side-Swipe / Front to Rear / Others:  
Weather Conditions \* Clear / Raining / Others:  
Road Surface \* Wet / Dry / Others:

OTHER INFORMATION

Was anybody injured in the accident? \* ☒ No / ☐ Yes (Police Report required)  
Was any injured conveyed to hospital by ambulance? ☒ No / ☐ Yes  
Was any foreign vehicle involved in this accident? \* ☒ No / ☐ Yes Veh No: \_\_\_\_\_ Veh Category: \_\_\_\_\_  
Number of vehicles involved in the accident ( 02 )  
Was there any witness? ☒ No / ☐ Yes  
Was any other VEHICLE / Property involve / damage? \* ☐ No / ☒ Yes  
Was there any video captured by Car Camera? ☒ No / ☐ Yes

DETAILS OF POLICE ACTION

Was the Accident Reported to the Police? \* ☒ No / ☐ Yes If Yes, Please state which Police Station \_\_\_\_\_  
Was Notice of Intended Prosecution given? \* ☒ No / ☐ Yes If Yes, against whom? \_\_\_\_\_  
Number of Passengers (Including DRIVER)? \* ( 02 )  
Passengers Name: Natsiree Jampachuen Name: \_\_\_\_\_  
Gender: Male / Female Gender: Male / Female \_\_\_\_\_  
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		SNE 6534 U
Vehicle Registration Number *	1) SNE 6534 U	2)
Vehicle Make / Model / Colour	BYD / Blue	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	SUKHVINDER SINGH	S/o RANJEET SINGH
NRIC/Passport Number	S 7440075 B	
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Neo Lye Chen  
Period of Insurance : 13 Dec 2022 To 12 Dec 2023  
Engine No. : 2ARJ144073  
Chassis No. : AGH300201820

Vehicle No. : SLP33D  
Policy No. : 7220146874  
Endorsement No. : 000000000477109  
Issued Date : 22 Dec 2022 17:14

### ABOUT THE COVER

Make/Model : TOYOTA VELLFIRE 2.5  
Engine Capacity/Tonnage : 2,494.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2018  
Insuring with COE/PARF : Yes

#### Person or Classes of Persons Entitled to Drive\* :

Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission.  
This Policy will indemnify any authorised driver other than the Policyholder only if he/she meets the specified age condition.

You have to pay an additional sum of S\$3,000 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 1800cc - 2000cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, 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 - \$2000 Theft - \$0 Flood Cover - \$2000

#### Section 2

Property Damage - \$0

Windscreen : \$100

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

Ow Yong Kim Cheong - \$2000 (Own Damage), \$2000 (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 Apple App Store or Google Play Store.

### 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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia).

0000899000

ANG WEN JIN ELVIN

371 ALEXANDRA ROAD #06-02 AIA ALEXANDRA  
SINGAPORE 159963 SP-MICHELLE-PG

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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