

# NATIONAL Assessment Centre Services

(Call 1-800-451-1234)

210828430004

Date In: 03/04/2023 11:38	Job description	Date & Time Completed	Done by
Ref No: N/A 2800954	SAS e-Milling		
Veh No: SCZ 7031K	E-mail (attach this, A/C 2108)		
D.O.A: 3103/2023 08/60	1-Motor Claim Form		
QC: 70 Reporting Only	1-Motor W/O (Whistle OD 2108, 2108)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars: Yeh No: GBF 99488	INC ( ) / Non-INC ( )	
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	TP Date: ( )
Insured/Driver Liability: ( )	93) (Note: Hst Status (WO): 11-0-3014, F: 21-7294, F: 20-14014)	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO info of repair.

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

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

Repair/TP (INC Non-Inc: 0103-0015)	Date & Time Completed	Done by
1) Apply to: Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: ( )

Accident: ( )

Damage: ( )

Other: ( )

Invoice/Preparation Charge	Amount
1) All: Accident Processing (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee (\$10/\$40)	
4) PT: Follow-Through Survey (\$130)	
5) PT: Follow-Through Survey (Barter)	\$30
6) TR: Disbursement (\$70)	
7) NT: New DA + SMRT Survey (\$140)	
8) NT: Additional Services	
9) NT: Additional Services	
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100) NT: Additional Services	





## 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	03/04/2023 11:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	31/03/2023 08:40 (SGT)
Exact Location of Accident	Tomlinson Rd, Singapore
Additional Location Information	TURNING TO TANGLIN ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ7031K
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WEE YOONG TECK PETER
NRIC No	SXXXX543I
Email Address	junmin147@icloud.com
Mobile Phone No	(Phone) +65-97387128
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Grace
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	72201088998

#### DRIVER

Name of Driver	WEE YOONG TECK PETER
NRIC No	SXXXX543I
Date Of Birth	06/02/1961
Occupation	Outdoor



Date Of Driving Pass	27/02/2014
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97387128
Alt. Phone Number	-
Email Address	junmin147@icloud.com
Address	BLK 133 EDGEDALE PLAINS #09-50
Address complement	-
Postcode	820133
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	UNKNOWN
Gender	Male

#### 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 POLICE REPORT T/20230401/7010

#### 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 .....	GBF9948B
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Hiace
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MUHAMMAD RASHDAN BIN MOHD FARHAN
NRIC No .....	SXXXX724G
Contact Number .....	(Phone) +65-92768824
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 .....	WEE YOONG TECK PETER
Gender .....	Male
Phone No .....	(Phone) +65-97387128
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLZ7031K
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.

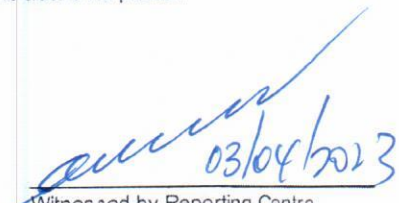
(collectively the "Purposes")

(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

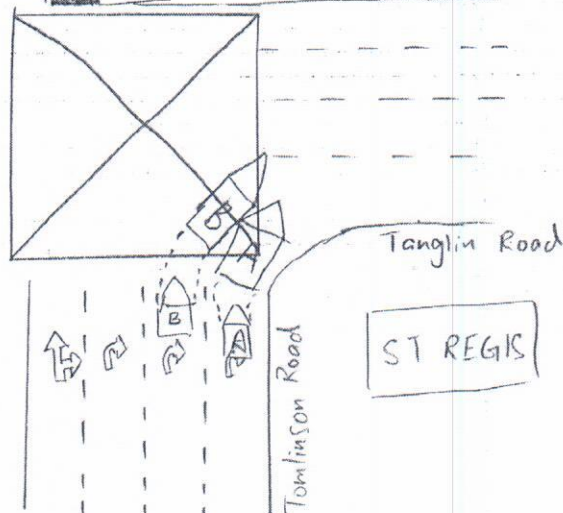
  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

#### Sketch Plan

Vehicle A: SLZ7031K

Vehicle B: GBF9948B



Describe Circumstances of the Accident

Refer to police report : T | 20230401 | 7010

Declaration

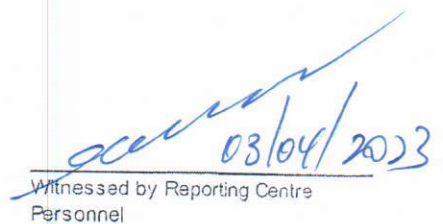
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time



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



03/04/2023

Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE



T/20230401/7010

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

1 of 3

Report No. T/20230401/7010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/04/2023 10:16		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: WEE YOONG TECK PETER			Address: 133 EDGEDALE PLAINS #09-50 SINGAPORE 820133		
ID Type / ID No.: NRIC NO / S1503543I			Contact No.: Home/Office: Mobile: 97387128		
Nationality: SINGAPORE CITIZEN			Email: SPEEDRAT999@GMAIL.COM		
Sex: Male	Age: 62	Date of Birth: 06/02/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/03/2023 08:40	Type of Location:
Location:  TANGLIN ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF9948B	Van					0
SLZ7031K	Car	HONDA	GRACE HYBRID 1.5DX AUTO	Blue		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# SINGAPORE POLICE FORCE



T/20230401/7010

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

2 of 3

Report No. T/20230401/7010

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ7031K	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220108998	16/11/2022	15/11/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WEE YOONG TECK PETER		ID No. S1503543I
Related Vehicle	SLZ7031K (Car)		Contact No. 97387128
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	07	Degree of	Slight

**Brief Details.**

On the stated date and time, I was driving SLZ7031K along Tomlinson Road Turning towards Tanglin Road.

As the traffic lights turn green, I was queuing up in lane 1 to make the turn.

While waiting to make the right turn, a van bearing vehicle no. GBF9948B turned into my lane from lane 2 and collided onto the front left portion of my vehicle.

I started feeling aches in my neck and shoulders shortly after the accident.

As such, I went to my family doctor Intemedical Kovan to seek treatment and was given 7 days MC.





**SINGAPORE  
POLICE FORCE**



T/20230401/7010

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

3 of 3

Report No. T/20230401/7010

**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 / TPB /  
FAH KRUL RAZI BIN SUHAIME  
Contact No.: 65470000

NP168

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

Date/Time:  
01/04/2023 10:16

Classification Of Case:

*JWL*

Date of Accident : 31/03/2023 Accident Time: 0840HRS (24-HR-FORMAT)  
Accident Place : Along Tomlinson Road turning to Tanglin Road  
Vehicle Reg. No (Car plate No.) : SLZ 7031K Vehicle Make/Model: Honda Grace  
Insurance Company : AIG Policy No. 7220108998  
Name of Registered Owner : Company / Individual Wee Young Teck Peter  
ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S1503543I  
: Co Contact No: \_\_\_\_\_ Owner's Contact No: 9738 7128  
DRIVER'S Name : Wee Young Teck Peter DRIVER'S NRIC No: S1503543I  
DRIVER'S Date of Birth : 06/02/1961 DRIVER'S License Pass Date 27/02/2014  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
DRIVER'S Address : Blk 133 Edgedale Plains #09-50 S(820133)  
DRIVER'S Contact No./ Alt No. : 1) 9738 7128 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : JUNMIN147@ICLOUD.COM  
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): 02 Passenger Name: Unknown Gender: M/F  
Was the accident reported to the police? YES \ NO Passenger Name: \_\_\_\_\_ Gender: M/F  
Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Wee Young Teck Peter  
Injured Name: \_\_\_\_\_  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GBF 9948B</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>Toyota Hiace</u>	Vehicle Make/Model: _____
Name DRIVER: <u>Muhammad Rashdan Bin Mohd Farhan</u>	Name DRIVER: _____
IC No. DRIVER: <u>S9701724G</u>	IC No. DRIVER: _____
DRIVER'S Contact & add: <u>92768824</u>	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____





# CERTIFICATE OF INSURANCE

## RIDE SHARE PRIVATE VEHICLE

Name of Policyholder : WEE YOONG TECK PETER  
Period of Insurance : 16 Nov 2022 To 15 Nov 2023  
Engine No. : LEB6443317  
Chassis No. : GM41203306

Vehicle No. : SLZ7031K  
Policy No. : 7220108998  
Endorsement No. : 000000000489805  
Issued Date : 31 Mar 2023 15:20

### ABOUT THE COVER

Make/Model : HONDA Grace 1.5L  
Engine Capacity/Tonnage : 1,496.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :

Sum Insured : Market Value  
Off Peak Car : No

First Year of Registration : 2018  
Insuring with COE/PAFF : 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.

When the Vehicle is used for the carriage of passenger for hire or reward, such authorised driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward.

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 for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.  
Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.

This Policy does not cover

- 1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
- 2) use whilst drawing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle; and
- 3) use for any purpose in connection with Motor Trade.

\* 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 - \$1800 Theft - \$0 Flood Cover - \$1800

#### Section 2

Property Damage - \$2000

Windscreen : \$100

Named Driver and Excess (where applicable)

WEE YOONG TECK PETER - \$1800 (Own Damage) \$2000 (Property Damage), \$1800 (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](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

If the vehicle is used for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward. Should you decide to include any other driver, please contact us. (Company reserves the right to accept/reject the inclusion of any Named Drivers)

Hire Purchase Company/Employer's Loan: PRIME LEASING PTE LTD

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).

0503317000

FU SIANG KOON STANLEY

3 TAMPINES GRANDE #08-43/43A AIA TAMPINES  
SINGAPORE 528799 SP-STANLEYFU

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPBE0