

NATIONAL Assessment Centre Services (with branch) **SN082860006**

Date In: 06/04/2023 1809	Job description	Date & Time Completed	Done by
Ref No: NB807628003627	SAS e-filing		
Veh No: SM1186Z	E-mail (with date, A/C time)		
D.O.A: 05/04/2023 20:10	1-Motor Claim Form		
OD TP Reporting Only	1-Motor W/O (with: OD time, 20 mins)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wxap / INC Assign Wxap / GW: () Tel: () Fax: ()

TP Particulars: () Veh No: **YQ 8027K** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Hst Status (WO): N: 0-20%, F: 21-72%, 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 info of repeller.

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

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

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date: ()

Location: ()

Time: ()

Weather: ()

Witness: ()

Police: ()

Insurance: ()

Vehicle: ()

Driver: ()

Owner: ()

Contact No: ()

Assigned Person: ()

C Checked by (Engr-In-Charge): ()

Signature: ()

Date: ()

X142800014

Insurance Particulars: ()

Owner/Owner: ()

Contact No: ()

Assigned Person: ()

C Checked by (Engr-In-Charge): ()

Signature: ()

Date: ()

Invoice Preparation Checklist:

1) All: Accident Reporting (580)	
2) DA: Damage Assessment (\$100)	INC (550)
3) TP: Towing Fee	\$10/\$50
4) PF: Follow-Through Survey	\$120
5) PF: Follow-Through Survey (Repair)	\$30
6) TR: Repairs/Repair	\$75
7) NI: New DA, + Shift Survey	\$140
8) NTUC Additional Fee	
9) NI: New DA, + Shift Survey	\$55
10) NI: New DA, + Shift Survey	\$120
11) NI: New DA, + Shift Survey	\$120
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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	06/04/2023 18:01 (SGT)
Reported by	Actual Driver
Date of Accident	05/04/2023 20:10 (SGT)
Exact Location of Accident	Tuas South Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML1186Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN PECK LUI
NRIC No	SXXXX760G
Email Address	chw.danny@gmail.com
Mobile Phone No	(Phone) +65-86128572
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1900094071-02

DRIVER

Name of Driver	CHEW TEE KEE
NRIC No	SXXXX814C
Date Of Birth	30/08/1951
Occupation	Indoor

Date Of Driving Pass	28/09/1978
Driving experience	44 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86128572
Alt. Phone Number	-
Email Address	chw.danny@gmail.com
Address	BLK 158 HAIG ROAD #04-01
Address complement	-
Postcode	438794
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	4
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?	Yes
Reasons for not uploading a video of the accident	TOO BIG WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ8027K
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ4028T
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMD8302E
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. 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.

Davis

Policyholder's Signature / Date & Time

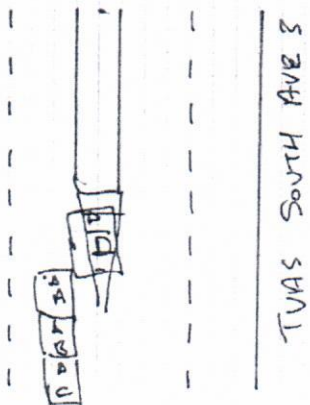
Davis

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

06/04/2023

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

Sketch Plan



A - SML 11 862

B - YR 8027 K

C - GSD 4028 T

D - SMD 8303 E

Describe Circumstances of the Accident

On the stated dates, times and location

I Vehicle 'A' was travelling on my designated lane, Vehicle 'C'

Suddenly cut into my lane from the road Chevron and Press
brake, as such I followed, soon after my Vehicle stop

I felt a very huge impact from the rear of my Vehicle,
the impact is so huge that causes my vehicle to

move forward and collided onto Vehicle 'C' on the

road Chevron, I then alighted and realized vehicle number

SMD 8303E on the chevron drove off without stopping -

that all.

Declaration

We declare the foregoing particulars are true in every respect.

Doris

Policyholder's Signature / Date &
Time

Daph

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

[Signature] 06/04/2023
Witnessed by Reporting Centre
Personnel

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	05-Apr-2023	Time of Accident:	2010
Exact Location:	Tuas South Ave 3		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SML 1186 Z	NRIC / FIN / Passport no:	S1272760G
Name of Registered Owner:	Tan Pheok Lui		
Owner's Email:	CHW.DANNY@GMAIL.COM		
Owner's Address:	Apt Blk 158 Haig Road #04-01 Singapore 438794		
Vehicle Make:	KIA	Vehicle Model:	Cerato
Engine Capacity (cc):	1591	Transmission:	Auto Manual
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	AIG		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	1900094071-03		

DRIVER			
Name of Driver:	Chew Tee Kee	<input type="checkbox"/> same as Owner	
NRIC / FIN / Passport no:	S0015814C	Date of Birth:	30/08/1951
Occupation:	Indoor Outdoor	Driving Pass Date:	28/09/1978
Contact Number:	86128572	Gender:	Male Female
Address:	Apt Blk 158 Haig Road #04-01 Singapore 438794		
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Others:		
Translator Name:	Translator NRIC:		
Translator Contact No:	Translator email:		

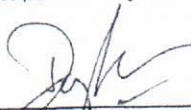
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear Raining / Others:	Road Surface:	Dry Wet
Video available:	Yes No	Police Report Made?	Yes No
Was anybody injured?	Yes No		
No. of passenger onboard (including driver):	01		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	YQ 8027 K	GBJ 4028 T	SMD 8303 E
Vehicle Make / Model:			
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.


Signature of Driver

Date and time



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Pheok Lui
Period of Insurance : 06 May 2022 To 05 May 2023
Engine No. : G4FGJH720109
Chassis No. : KNAF3416MK5040742

Vehicle No. : SML1186Z
Policy No. : 1900094071-03
Endorsement No. :
Issued Date : 16 Apr 2022

ABOUT THE COVER

Make/Model : KIA Cerato
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2019
Insuring with COE/PAFF : Yes

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, 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 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 - \$400 Theft - \$0 Flood Cover - \$400

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Zhou Anjian Leonard - \$400 (Own Damage), \$400 (Flood Cover), Pheok Lui Tan - \$400 (Own Damage), \$400 (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: NA

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

0500522000

MULTI-LINES AGENCIES

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM

SINGAPORE 079120 AYSP-NOM LIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Pheok Lui Tan