

NATIONAL Assessment Centre Services (Call 1300 23 440002)

17/08/23 440002

Date In: 17/08/2023 12:31	Job description	Date & Time Completed	Done by
Ref No: XIRA/1162300390614	SAS e-illing		
Yeh No: SIA 94021	E-mail (with 3hrs, 1st 2hrs)		
D.O.A: 15/04/2023 08:28	1-Motor Claim Form		
OD (TP) Reporting Only	1-Motor W/O (with: OD 2hrs, 1st 1hr)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whist		

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

TP Particulars: Yeh No: **SMD 638K** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () T/Int: ()

Insured/Driver Liability: () % (Note: Inc Status (WO): N: 0-20%, F: 21-70%, 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 & Supply NO info of repair.

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

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

Remarks: ()	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 of Injury: ()

Location of Injury: ()

Time of Injury: ()

Weather: ()

Witness: ()

Police Report: ()

Medical Report: ()

X172801098

Invoice/Repair Item/Chg/Est	Est/Chg	Est/Chg
1) All Accident Paperwork (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$56)	
3) TP: Towing Fee	\$10/\$15	
4) TP: Follow Through Survey	\$12	
5) TP: Follow Through Survey (Emergency)	\$30	
6) TR: Rep/Survey	\$75	
7) NI: 24hr DA + 24hr Survey	\$140	
8) NI: 24hr Additional Fee/Est:		
9) NI: 24hr Survey		
*NI: Courtesy Car / Tel Allowance	\$5	
*NI: Repair Coordination	\$15	
*NI: Post Repair Inspection	\$7.5	
*NI: DV / Collect Excess Coordination	\$1	
*NI: 24hr (TP (Non-INC) Insurer INC	\$10	
*NI: 24hr Survey	\$10	
Invoice Total		
Final Charge		

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 willful 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	17/04/2023 12:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/04/2023 08:25 (SGT)
Exact Location of Accident	Woodlands Industrial Park E8, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA9402T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG YEW CHAY
NRIC No	SXXXX374I
Email Address	ngyongpong3@gmail.com
Mobile Phone No	(Phone) +65-98487924
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	2487

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210077764

DRIVER

Name of Driver	NG YEW CHAY
NRIC No	SXXXX374I
Date Of Birth	21/10/1985
Occupation	Indoor

Date Of Driving Pass	13/12/2004
Driving experience	18 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98487924
Alt. Phone Number	-
Email Address	ngyongpong3@gmail.com
Address	BLK 324D SENGKANG EASTWAY #12-821
Address complement	-
Postcode	544324
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)	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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20230416/2043

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD638K
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
NRIC No	GOH HAN HENG
Contact Number	SXXXX965A
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	NG YEWE CHAY
Gender	Male
Phone No	(Phone) +65-98487924
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNA9402T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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.

[Signature]
 Policyholder's Signature / Date & Time

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

[Signature] 17/04/2023
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan

Woodlands Industrial Park ES

A : SNA 94027
 B : SMID 638K



Describe Circumstance of the Accident

I was moving straight along the straight road. Vehicle B collided against my vehicle's left side while making a U-Turn. Due to the hard knock, I sustain injuries and seeking medical treatment. We took some photos and exchange particulars before leaving the scene.

POLICEREPORTR 7/20230416/2043



Was there any video captured by Car Camera? Yes / No

Has the driver been approached by unknown person(s)? Yes No

Number of Passengers (Including Driver)? 01

Name

Gender:

Name

Gender:

Name

Gender:

Declaration

I/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

17/04/2023

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



**SINGAPORE
POLICE FORCE**



T/20230416/2043

1 of 4

Report No. T/20230416/2043

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2023 11:47	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars			
Name of Informant: NG YEOW CHAY		Address: APT BLK 324D SENKANG EAST WAY #12-621 SINGAPORE 544324	
ID Type / ID No.: NRIC NO / S8570374I		Contact No.:	Mobile: 98487924
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 21/10/1985	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Carpenter		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/04/2023 08:30	Type of Location: T-Junction
Location: WOODLANDS INDUSTRIAL PARK E8				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMD638K	Car				Seriously Damaged	3
SNA9402T	Car	TOYOTA	HARRIER 2.5 HYBRID (AUTO) (2WD)	White	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20230416/2043

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20230416/2043

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA9402T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210077764	26/07/2021	25/07/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NG YEW CHAY		ID No.	S8570374I
Related Vehicle	SNA9402T (Car)		Contact No.	98487924
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/04/2023		Date Discharge	15/04/2023
No. of Days granted Medical Leave	04		Degree of Injury	NIL
Driver				
Name	GOH HAN HENG		ID No.	S1756965A
Related Vehicle	NIL		Contact No.	96446125
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 15/04/2023 at about 0830hrs, I was driving my car bearing vehicle number SNA9402T along Woodlands Industrial Park E8 towards E3. It was a two way lane and I was travelling on the right lane.

There was one car bearing vehicle number SMD638K in front of my vehicle. When approaching a T-Junction, the car in front of me kept to the left while I continue driving forward on the right lane.

Subsequently, the car made a right turn wanting to make an illegal u-turn at the junction and collided into the left side of my car.

The damage of my car is left side of my vehicle has dents and scratches. Both the left front and rear door are unable to open as well after the accident.

After the accident, I felt pain on my left shoulder area. I went to Sengkang general hospital so seek treatment and was given 4 days of MC from 15/04/2023 to 18/04/2023.



**SINGAPORE
POLICE FORCE**



T/20230416/2043

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20230416/2043

CONTINUATION OF REPORT

There was no traffic police or ambulance at scene.

I have an in car camera and it captured the whole incident.



**SINGAPORE
POLICE FORCE**



T/20230416/2043

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20230416/2043

CONTINUATION OF REPORT

Signature of Officer Recording The Report: F / SGT 2 EUGENE NG YONG JUN 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414

Signature Of Informant: 
Date/Time: 16/04/2023 11:47
Classification Of Case:

Send/Fax to: _____

Submitted: _____

(23)

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	15/04/2023	Time of Accident:	0905
Exact Location:	WOODLANDS INDUSTRIAL PARK E8.		
DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SNA9402T	NRIC / FIN / Passport no:	S8570374 I
Name of Registered Owner:	NG YEW CHAY		
Owner's Email:	ngyongpeng3@gmail.com		
Owner's Address:	B/324D SERI KANG EAST WAY #12-821 (544324)		
Vehicle Make:	TOYOTA	Vehicle Model:	HARRIER HYBRID
Engine Capacity (cc):	2487	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:	7210077764		

DRIVER			
Name of Driver:			<input checked="" type="checkbox"/> same as
NRIC / FIN / Passport no:	S8570374 I	Date of Birth:	21-10-1985
Occupation:	(Indoor) Outdoor	Driving Pass Date:	13-12-2004
Contact Number:	98487924	Gender:	(Male) Female
Address:			
Relationship with Owner:	(Owner) Employee / Spouse / Child / Hirer / Other:		
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		
Was anybody injured?	Yes (No) YES	Police Report Made?	Yes (No)
No. of passenger onboard (including driver):	01		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SMD 638K.		
Vehicle Make / Model:	HONDA		
Name of Driver:	GOH HAN HENG		
NRIC / FIN / Passport no:	S1756965A		
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

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : NG YEY CHAY
Period of Insurance : 26 Jul 2021 To 25 Jul 2023
Engine No. : A25A0921155
Chassis No. : JTEAD3BH80J000671

Vehicle No. : SNA9402T
Policy No. : 7210077764
Endorsement No. :
Issued Date : 27 Jul 2021

ABOUT THE COVER

Make/Model : TOYOTA Harrier Hybrid
Engine Capacity/Tonnage : 2,487.00 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.

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2021
Insuring with COE/PARF : Yes

You have to pay an additional sum of \$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

* 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

NG YEY CHAY (HUANG YAOCAL) - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188
2. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

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: Toyota Financial Services Singapore 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 (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).

0504667234

INCHCAPE AUTO TOYOTA - BSTL086

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.