

NATIONAL Assessment Centre Services (all times)

NA2301105

Date In: 17/04/2023 19:23	Job description: SAS e-Milling	Date & Time Completed:	Done by:
Ref No: NA2301105	E-mail (with VIN, NC 2013)		
Veh No: SKF 377A	1-Motor Clean Form		
D.O.A: 15/04/2023 20:00	1-Motor W/O (W/hts: OD 1st, 2nd, 3rd)		
OD: TP: Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Vch No: SKF 35994	INC: () / Non-INC: ()	
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (95) (Note-Use Status (WO): N: 0-30%, F: 31-70%, 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 & Strictly NO info of repair.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: ()

Damage: ()

Other: ()

NA2301105	Invoice Preparation Charge	
1) AR: Accident Reporting (150)		
2) DA: Damage Assessment (1000)	INC (55)	
3) TP: Towing Fee	\$10/55	
4) PF: Follow Through Survey	\$125	
5) PT: Follow Through Survey (Barney)	\$30	
6) TR: Rep/Specimen	\$75	
7) NI: New DA + SMRT Survey	\$140	
8) NTUC Additional Services		
GR:		
9) NC: Courtesy Car / Tel Allowance	\$5	
10) NR: Repair Coordination	\$15	
11) PR: Post Repair Inspection	\$25	
12) RV: / Collect Excess Coordination	\$1	
13) TP (1st) / TP (2nd) / TP (3rd) / TP (4th) / TP (5th)	\$10	
14) TP (1st) / TP (2nd) / TP (3rd) / TP (4th) / TP (5th)	\$10	
15) TP (1st) / TP (2nd) / TP (3rd) / TP (4th) / TP (5th)	\$10	
16) TP (1st) / TP (2nd) / TP (3rd) / TP (4th) / TP (5th)	\$10	
17) TP (1st) / TP (2nd) / TP (3rd) / TP (4th) / TP (5th)	\$10	
18) TP (1st) / TP (2nd) / TP (3rd) / TP (4th) / TP (5th)	\$10	
19) TP (1st) / TP (2nd) / TP (3rd) / TP (4th) / TP (5th)	\$10	
20) TP (1st) / TP (2nd) / TP (3rd) / TP (4th) / TP (5th)	\$10	

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	17/04/2023 19:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/04/2023 20:00 (SGT)
Exact Location of Accident	Clementi Ave 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK377A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEOW CHEE SIONG
NRIC No	SXXXX118B
Email Address	antleow@gmail.com
Mobile Phone No	(Phone) +65-88337737
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Sorento
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	2199

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220017348-01

DRIVER

Name of Driver	LEOW CHEE SIONG
NRIC No	SXXXX118B
Date Of Birth	23/01/1978
Occupation	Indoor

Date Of Driving Pass	07/04/2000
Driving experience	23 YEARS
Gender	Male
Mobile Number	(Phone) +65-88337737
Alt. Phone Number	-
Email Address	antleow@gmail.com
Address	BLOCK 607 SENJA ROAD #11-10
Address complement	-
Postcode	670607
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	Collision - Head to Rear
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)	3
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	ARRIINEE LOO SHANG LIN
Gender	Female

PASSENGER 2

Name	LEOW JIN HUANG AUSTRAL
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/20230417/7058

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	SJF3599U
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEOW CHEE SIONG
Gender	Male
Phone No	(Phone) +65-88337737
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SKK377A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ARRIINEE LOO SHANG LIN
Gender	Female
Phone No	(Phone) +65-82825053
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SKK377A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	LEOW JIN HUANG AUSTRAL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SKK377A
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 rescind 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.

6. 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

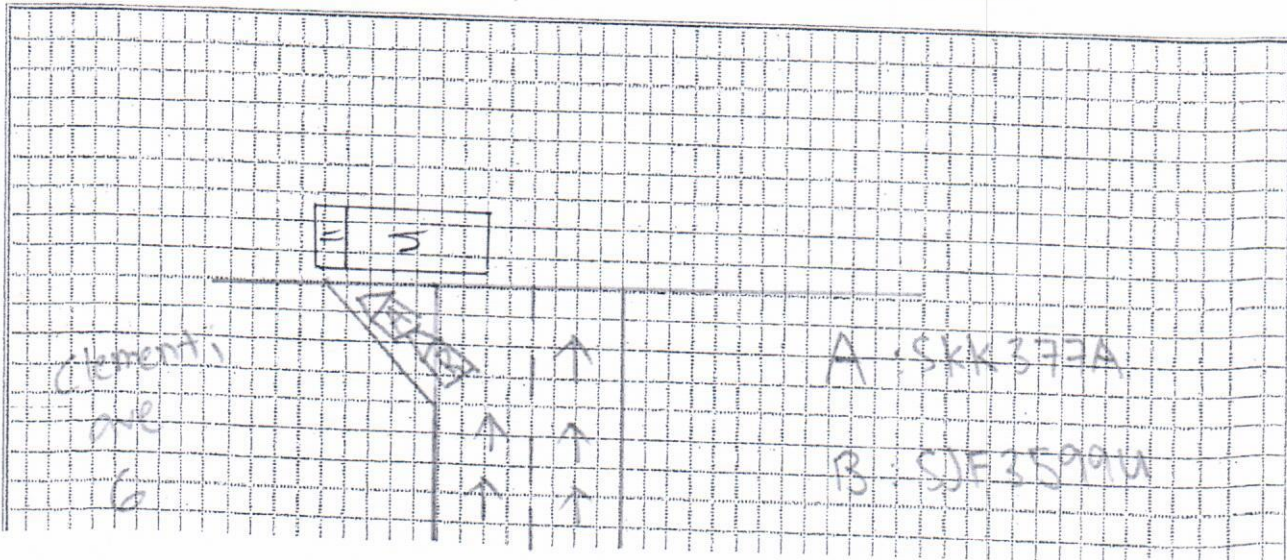
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



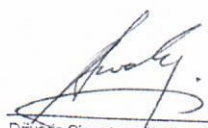
Describe Circumstance of the Accident

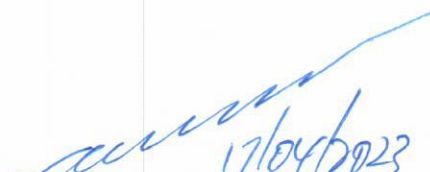
— Refer to police report — T/20230417/7058

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


Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230417/7058

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

1 of 3

Report No. T/20230417/7058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/04/2023 15:13			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: LEOW CHEE SIONG			Address: 607 SENJA ROAD #11-10 SINGAPORE 670607			
ID Type / ID No.: NRIC NO / S7803118B			Contact No.: Home/Office:		Mobile: 88337737	
Nationality: SINGAPORE CITIZEN			Email: ANTLEOW@GMAIL.COM			
Sex: Male	Age: 45	Date of Birth: 23/01/1978	Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation: Polytechnic lecturer			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 20:00	Type of Location: Straight Road
Location: CLEMENTI AVENUE 4				
Weather: Clear		Road Surface: Dry		
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	Condition	No of Passenger
SJF3599U	Car	KIA	Picanto	Yellow		0
SKK377A	Car	KIA	SORENTO 2.2(A) CRDI 4WD S/R	Blue	Slightly Damaged	5

Details of Vehicle Insurance

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



T/20230417/7058

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

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Report No. T/20230417/7058

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKK377A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220017348-01	27/03/2023	26/03/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	LOO SHANG LIN ARRINEE		ID No.	S8030363G
Related Vehicle	SKK377A (Car)		Contact No.	82825053
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/04/2023		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Serious
Driver				
Name	LEOW CHEE SIONG		ID No.	S7803118B
Related Vehicle	SKK377A (Car)		Contact No.	88337737
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/04/2023		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Serious

Brief Details.

I was travelling along along Clementi Avenue 6 in my car (number plate SKK377A) towards Clementi Mall. I slowed down as there was a zebra crossing and stopped when I saw a bus coming on my right travelling along Commonwealth Ave West. Suddenly, I felt a huge impact from the rear. I put on my hazard lights and alighted from my car and I realised that a Kia Picanto (number plate SJF3599U) has rear ended me.



**SINGAPORE
POLICE FORCE**



T/20230417/7058

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

3 of 3

Report No. T/20230417/7058

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

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

Date/Time:
17/04/2023 15:13

Classification Of Case:

(3)

Date of Accident : 15/04/2023 Accident Time: 20:00 (24-HR-FORMAT)
Accident Place : Clementi ave 6
Vehicle Reg. No (Car plate No.) : SKK377A CC: 2-0
Insurance Company : AIG Vehicle Make/Model: Kia Sorento
Name of Registered Owner : Leow chee siong Policy No. 7220017348-01
ID of Registered Owner : Company / Individual
OWNER EMAIL ADDRESS: antleow@gmail.com Co Reg No: Co Contact No: Owner's NRIC No: 578031188
DRIVER'S Name : Leow chee siong DRIVER'S NRIC No: 578031188
DRIVER'S Date of Birth : 23/01/1978 DRIVER'S License Pass Date: 07/04/2000
Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: own
DRIVER'S Address : Block 604, Senja Road #11-10 S(670607)
DRIVER'S Contact No./ Alt No. : 1) 88337737 2)
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)
Email Address : antleow@gmail.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): 3 Name & Gender: Leow chee siong,
Was the accident reported to the police? YES / NO Accinee Loo Shang Lin (F)
Was there any video Captured by car camera: YES / NO X 1 pay make.
Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose
Any injuries, if yes (name of the injured person) Leow chee siong, Accinee Loo Shang Lin
Other Party Driver's Particulars (if any)

Vehicle Reg No: SJF3599u	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:

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS:
WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

Leow Jim Huan
Rupren (M)



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : LEOW CHEE SIONG
Period of Insurance : 27 Mar 2023 To 26 Mar 2024
Engine No. : D4HBJH2055417
Chassis No. : KNAPH81BSK5530700

Vehicle No. : SKK377A
Policy No. : 7220017348-01
Endorsement No. :
Issued Date : 17 Feb 2023 12:14

ABOUT THE COVER

Make/Model : KIA SORENTO 2.2 A DIESEL
Engine Capacity/Tonnage : 2,199.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
Insuring with COE/PARF : 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 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 : 40 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.

* 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)
LEOW CHEE SIONG - \$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 Apple App Store or Google Play Store.

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

0503045000
TAN YONG SIN

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM
SINGAPORE 079120
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

YONG SIN