

NATIONAL Assessment Centre Services (wef 1 Jan 05)

SM8236 R0004

Date In: <i>27/06/2023 12:08</i>	Job description	Date & Time Completed	Done by
Ref No: <i>N168/176 280064614</i>	SAS e-filing		
Veh No: <i>SU 27840</i>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <i>25/06/2023 16:30</i>	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: *SUB 10412* INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % [Note-Est. 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 repairer.

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

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

Remarks: (INC hotline: 6788 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	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt
		Est. Bill	Add
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	27/06/2023 12:08 (SGT)
Reported by	Actual Driver
Date of Accident	25/06/2023 16:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS MCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2784D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN KE YUN
NRIC No	SXXXX509D
Email Address	jemng@yahoo.com
Mobile Phone No	(Phone) +65-97648287
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Crossroad
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	1799

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100178156-13

DRIVER

Name of Driver	NG CHOON BENG, JEREMY
NRIC No	SXXXX449J
Date Of Birth	09/01/1974
Occupation	Indoor

Date Of Driving Pass	09/02/1998
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98735840
Alt. Phone Number	-
Email Address	jemng@yahoo.com
Address	60 KIM SENG ROAD #16-01
Address complement	-
Postcode	239497
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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	TAN KE YUN
Gender	Female

PASSENGER 2

Name	NG SHAOHAN
Gender	Female

PASSENGER 3

Name	NG SHIHAN
Gender	Female

PASSENGER 4

Name	EMILIA NURFARIZ
Gender	Female

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/20230626/7003

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 SKV5247B
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver MUHAMMAD HAZHIM BIN BASHEER
 NRIC No SXXXX179Z
 Contact Number (Phone) +65-87429012
 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 SNB1041Z
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver HUANG JUNFENG
 NRIC No SXXXX941A
 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 NG CHOON BENG, JEREMY
 Gender Male
 Phone No (Phone) +65-98735840
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? SJU2784D
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person	TAN KE YUN
Gender	Female
Phone No	(Phone) +65-97648287
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SJU2784D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	NG SHAOHAN
Gender	Female
Phone No	(Phone) +65-97835840
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJU2784D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	EMILIA NURFARIZ
Gender	Female
Phone No	(Phone) +65-88027625
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SJU2784D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation**.
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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 :

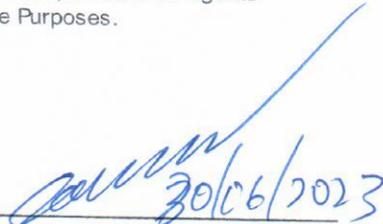
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

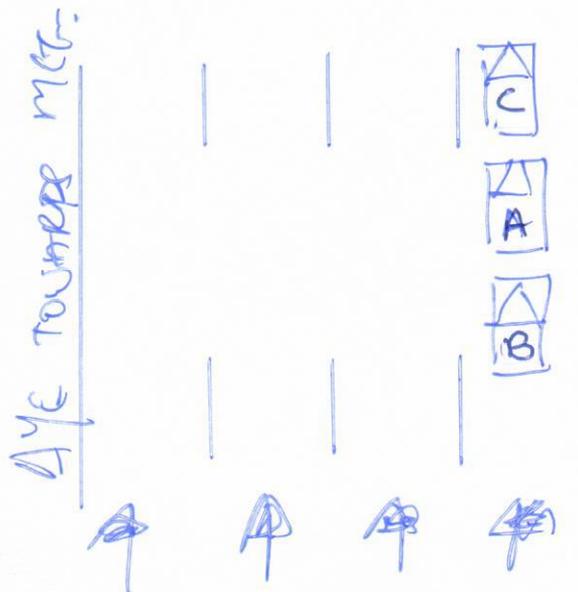


Driver's Signature (If driver is not the policyholder) / Date & Time

 30/06/2023

Witnessed by Reporting Centre Personnel

Sketch Plan



ASJU2784D
BSKV5247B
CSNB1041Z

Describe Circumstances of the Accident

AS PER POLICE REPORT NO:
T/20230626/7003

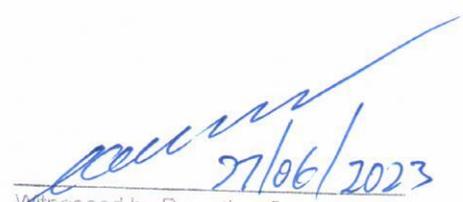
Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

 26 June
2:15 pm

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

 27/06/2023

Witnessed by Reporting Centre
Personnel



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

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNB1041Z	Car	PEUGEOT	3infinity8 or 3008	Grey	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Driver			
Name	NG CHOON BENG JEREMY	ID No.	S7400449J
Related Vehicle	SJU2784D (Car)	Contact No.	97835840
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/06/2023	Date	25/06/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Passenger			
Name	NG SHAOHAN	ID No.	T1213990F
Related Vehicle	SJU2784D (Car)	Contact No.	97835840
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/06/2023	Date	25/06/2023
No. of Days granted Medical Leave	07	Degree of	Slight

Passenger			
Name	EMILIA NURFARIZ	ID No.	G4108533P
Related Vehicle	SJU2784D (Car)	Contact No.	88027625
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/06/2023	Date	25/06/2023
No. of Days granted Medical Leave	07	Degree of	Serious



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

CONTINUATION OF REPORT

Passenger			
Name	TAN KEYUN	ID No.	S8017509D
Related Vehicle	SJU2784D (Car)	Contact No.	97648287
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/06/2023	Date	25/06/2023
No. of Days granted Medical Leave	14	Degree of	Serious
Driver			
Name	HUANG JUNFENG	ID No.	S8241941A
Related Vehicle	SKV5247B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	MUHAMMAD HAZHIM BIN BASHEER	ID No.	S8933179Z
Related Vehicle	SNB1041Z (Car)	Contact No.	87429012
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was driving my family along AYE towards MCE at the 7.5 km point on the right most lane (beside NUH cancer institute on our right). From a distance, I saw a stationary car (ref car plate SNB1041Z) in front with hazard lights on and I slowed down, turned on my hazard lights and stopped about 5-7 metres from it. Next from my rear mirror I saw a car behind (ref car plate SKV5247B) not slowing down at all. The next moment the car banged into the rear of my car and pushed my car forward towards the front stationary car and it went on to hit the right back of the car in front. My 2 daughters and helper were seated at the back. My 4 year old in a child seat. My wife was in passenger seat next to me. The front airbags were deployed. My helper complained of back, neck pain and she was stretchered off and later NUH doctor had glass shards (from the shattered windows) removed from her back and arm, my elder 11 year old daughter had a strained neck. My 4 year old (in a child seat) had no



**SINGAPORE
POLICE FORCE**



T/20230626/7003

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

4 of 5

Report No. T/20230626/7003

CONTINUATION OF REPORT

visible injury for now but like the rest was traumatised. My wife had a fractured finger. They were sent to NUH by 2 ambulances. I had strained back and neck and went to NUH A&E for a check up.



**SINGAPORE
POLICE FORCE**



T/20230626/7003

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

5 of 5

Report No. T/20230626/7003

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

Signature Of Informant:

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

Date/Time:
26/06/2023 03:01

Classification Of Case:

VEHICLE NO: SJU2784D

(M)

MAKE & MODEL: Honda Crossroad 1.8 LX

DATE OF ACCIDENT	25 / 06 / 2023
TIME OF ACCIDENT	4:30 AM (PM)
LOCATION OF ACCIDENT	AYE Towards MCE
Exact Purpose use during accident	Personal use
NAME OF OWNER	Tan Ke Yun (chen keyun)
TELP NO	97648287
NRIC	58017509D
CLAIM TYPE	OD / (THIRD PARTY) / Reporting Only
PRIVATE HIRE	YES (NO)
INSURANCE CO.	AIG
TYRE OF COVERAGE	Comprehensive / (Third Party) / Third Party Fire & Theft
POLICY NO.	2100178156-13
NAME OF DRIVER	As above / If No: Ng choon Beng Jeremy
NRIC	57400449J Any passengers: 4
DATE OF BIRTH	09 / 01 / 1974
OCCUPATION	Outdoor / (Indoor)
DATE OF DRIVING PASS	09 / 02 / 1998
GENDER	(Male) / Female
CONTACT NO.	97835840 Office: Home: 62030431
ADDRESS	60 Kim Seng Rd #16-01 S 239497
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No: SLV 8986U
RELATIONSHIP	Employee / Hirer (Spouse) / Parent / Friend / If No:
WEATHER CONDITION	(Clear) / Raining / Dizzling / Other:
ROAD SURFACE	(Dry) / Wet / Other:
ANY INJURIES	NO / (If yes): Who? Ng choon Beng, Ng Shao Han, Emilia Nurfariz, Tan Keyun, Ng Shihan
CONTACT NO.	
POLICE REPORT	NO / (If yes): Where? online Refor: 7/20230626/7003
VEHICLE B NO.	SNB 1041 Z Any passengers:
NAME	
CONTACT NO.	
VEHICLE C NO.	SKV 5247B Any passengers:
VEHICLE D NO.	Any passengers:
VEHICLE E NO.	Any passengers:
VEHICLE F NO.	Any passengers:
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s)/	
Referring accident claims assistance?	YES / NO
	* Injured person.
PARTICULAR WORKSHOP	Focus Auto Pte Ltd 1 Ng choon Beng Jeremy
TELP NO.	1 Kaki Bukit Avenue 6 2 Ng Shao Han
CONTACT PERSON	Autobay @ kaki bukit 3 Emilia Nurfariz
FAX NO.	#02-48750 Singapore +17883 4 Tan Keyun
	Tel: 6886 9097
	Fax: 6844 4625

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SUCR236R050A Vehicle Registration No: SJU 2784D
Name (as shown in NRIC): NG CHOW BAY JEREMY NRIC/FIN/Passport No: S74001199J
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: 60 KIM SENG ROAD #16-01 Singapore (239417)
Contact (Tel): _____ Mobile No.: 9783 5840
Email Address: JEMNG@YAHOO.COM
Date of Accident: 25/06/2023 Time of Accident: 1630 HRS
Place of Accident: A42 TOWARDS M25
Insurance Company: _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1) Amendment on Vehicle B from SUB 1041 to SKV 5247 B.

Policyholder / Driver's Signature
Date:

90/06/2023

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: