

NATIONAL Assessment Centre Services (wef 1 Jan 05)

SMC 23740004

Date In: 04/07/2013 18:35	Job description	Date & Time Completed	Done by
Ref No: NBA/A/G23006730/Y	SAS e-filing		
Veh No: SMC 5494E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 04/07/2013 06:50	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: SJR 8697Z	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

NBA2302009	Invoice Preparation Checklist	Am't (\$)	Am't
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);	Int. Bill	Add.
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
Cat. 1:	7) N1 : Idac DA + SMRT Survey \$160		
Cat. 2 / 3:	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	04/07/2023 18:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/07/2023 06:50 (SGT)
Exact Location of Accident	Scotts Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC5494E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH TEE BENG CHRISTOPHER
NRIC No	SXXXX761B
Email Address	christopherkoh@rockmail.com
Mobile Phone No	(Phone) +65-91297179
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Eclipse cross
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	1499

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800075032-03

DRIVER

Name of Driver	KOH TEE BENG CHRISTOPHER
NRIC No	SXXXX761B
Date Of Birth	08/08/1966
Occupation	Indoor



Date Of Driving Pass	03/07/1995
Driving experience	28 YEARS
Gender	Male
Mobile Number	(Phone) +65-91297179
Alt. Phone Number	-
Email Address	christopherkoh@rockmail.com
Address	BLK 223 LORONG 8 TOA PAYOH #02-751
Address complement	-
Postcode	310223
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	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 SKETCH AND POLICE REPORT T/20230704/7065

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	SJR8697Z
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-

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

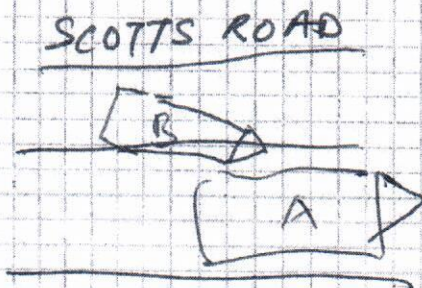
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Qiy 10:10 am
04/07/2023
Policyholder's Signature / Date & Time

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

Qiy
04/07/2023
Witnessed by Reporting Centre Personnel

Sketch Plan



A: SMC 5494 E
B: SJR 8697 Z

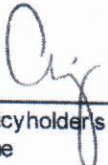
Describe Circumstances of the Accident

My vehicle was in a straight position and.
vehicle (B) suddenly make a change lane and
accidentally hit my vehicle left rear portion.

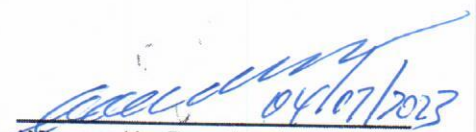
Police Report T/20230704/7065

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


Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20230704/7065

1 of 3

Report No. T/20230704/7065

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2023 17:33	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KOH TEE BENG CHRISTOPHER			Address: 223 LORONG 8 TOA PAYOH #02-751 SINGAPORE 310223	
ID Type / ID No.: NRIC NO / S1737761B			Contact No.: Home/Office:	Mobile: 91297179
Nationality: SINGAPORE CITIZEN			Email: CHRISTOPHERKOH@ROCKETMAIL.COM	
Sex: Male	Age: 56	Date of Birth: 08/08/1966	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	
Occupation: Construction manager			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/07/2023 06:50	Type of Location: Straight Road
Location: SCOTTS ROAD				
Weather: Clear	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control: Not Controlled	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	Conditio	No of
SJR8697Z	Car		Honda	White	Slightly Damaged	0
SMC5494E	Car		Mitsubishi eclipse cross	Brown	Seriously Damaged	1



SINGAPORE POLICE FORCE



T/20230704/7065

2 of 3

Report No. T/20230704/7065

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC5494E	AIG ASIA PACIFIC INSURANCE PTE. LTD.	180007532-03	09/07/2022	08/07/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	QUEK HWEE KOON SUSAN		ID No.	S0155848Z
Related Vehicle	SJR8697Z (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Vehicle Owner				
Name	KOH TEE BENG CHRISTOPHER		ID No.	S1737761B
Related Vehicle	SMC5494E (Car)		Contact No.	91297179
Hospital/Clinic	CHONG'S CLINIC		Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	04/07/2023		Date	04/07/2023
No. of Days granted Medical Leave		05	Degree of	Slight

Brief Details.

My vehicle was in a straight position along Scotts road and vehicle SJR 8697Z suddenly make a change of lane and accidentally hit my vehicle left rear portion, after the accident I felt uncomfortable, so I went to see the Doctor at Chong's Clinic and was given 5 day MC.



**SINGAPORE
POLICE FORCE**



T/20230704/7065

3 of 3

Report No. T/20230704/7065

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

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG
Contact No.: 65476151

Signature Of Informant:

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

Date/Time:
04/07/2023 17:33

Classification Of Case:

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT**BASIC INFORMATION**

Date of Accident:	04-07-2023	Time of Accident:	0650
Exact Location:	ALONG SCOTTS ROAD		

DETAILS OF OWN VEHICLE

Vehicle Registration No.	SMC 5494E	NRIC / FIN / Passport no:	S17377618
Name of Registered Owner:	KOH TEE BENG CHRISTOPHER		
Owner's Email:	christopherkoh@rockmail.com		
Owner's Address:	223 LORONG 8 TOA PAYOH #02-751 (310223)		
Vehicle Make:	MITSUBISHI	Vehicle Model:	ECLIPSE CROSS
Engine Capacity (cc):	1499	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:	1800075032-03		

DRIVER

Name of Driver:			
NRIC / FIN / Passport no:	S17377618	Date of Birth:	08/08/1966
Occupation:	(Indoor) Outdoor	Driving Pass Date:	03/07/1995
Contact Number:	9129 7179	Gender:	(Male) Female
Address:	AS ABOVE		
Relationship with Owner:	(Owner) Employee / Spouse / Child / Hirer / Other:		
Translator Name:			
Translator Contact no:			

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):			

DETAILS OF OTHER VEHICLE

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SJR 8697Z		
Vehicle Make / Model:	HONDA / WHITE		
Name of Driver:	QUEK HWEE KOON SUSAN		
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS

Name:		Contact Info:	
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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

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : KOH TEE BENG CHRISTOPHER
Period of Insurance : 09 Jul 2022 To 08 Jul 2023
Engine No. : 4B40DP0931
Chassis No. : JMAXTGK1WJZ002657

Vehicle No. : SMC5494E
Policy No. : 1800075032-03
Endorsement No. :
Issued Date : 23 Jun 2022 18:36

ABOUT THE COVER

Make/Model : MITSUBISHI Eclipse Cross 1.5
Engine Capacity/Tonnage : 1,499.00 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.
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
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.
Mileage Condition : Unlimited Mileage
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)

KOH TEE BENG CHRISTOPHER - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688

4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

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: Standard Chartered Bank (Singapore) Limited

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).

0504620207

C&CMICP2 - KERENY

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.