

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA117153033

Date In: 20/11/17-09:45	Job description	Date & Time Completed	Done by
Ref No: NA/1617022133/24	SAS e-filing		
Veh No: SK475453	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/11/17-22:25	i-Motor Claim Form		
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: Unknown

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% P: 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

NA1707140

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

Invoice Preparation Checklist

Amf (\$)

1st Bill

Amf (\$)

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD*

*N5: Courtesy Car / Tpl Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N:n 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 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 ability.
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 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 Report	20/11/2017 09:45
Date Of Accident	18/11/2017 22:25
Exact Location Of Accident	SLIP RD TAMPINES AVE 7 TWDS TPE (PIE/SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH7545B
Insured/Policyholder	
Name Of Registered Owner	HAN MINGYAN CHARLENE
NRIC No	S8437043F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94568867
Alternative Phone No	OFFICE-94568867
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I40 2.0 GDI AT ABS AIRBAG 5DR GAS/D SR
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100327511-04000
Cover Note Number	

Driver

Name of Driver	HAN MINGYAN CHARLENE
NRIC No	S8437043F
Date Of Birth	06/12/1984
Occupation	INDOOR
Date Of Driving Pass	22/03/2006
Driving Experience	11 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94568867
Fax Number	
Contact Number	OFFICE-94568867
Email Address	NOEMAIL

Address	BLK 670B EDGEFIELD PLAINS #16-616
Postcode	822670
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO BICYCLIST
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20171119/7001.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

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 lodgment 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:

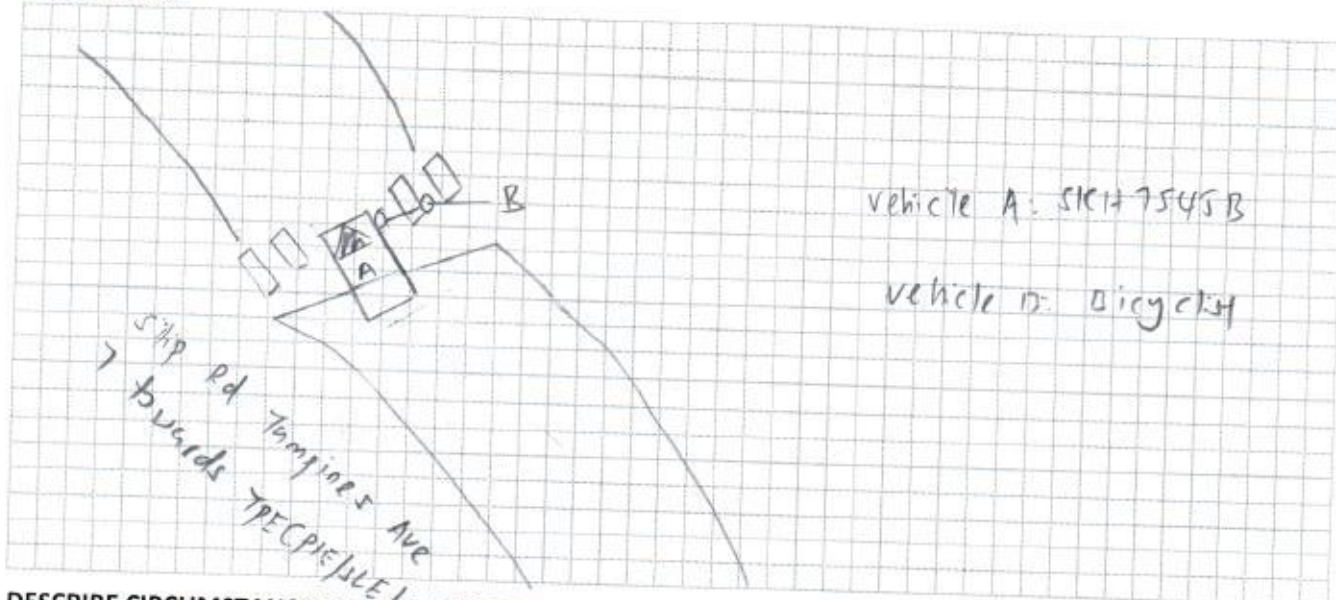
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

 on behalf of
Han Ming Yee Charlene
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - G/2017/1119/17201.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

F. I. [Signature]
 Policyholder's Signature
 Date & Time:

F. I. [Signature] on behalf
 Han minjyun chole
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

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



**SINGAPORE
POLICE FORCE**



G/20171119/7001

1 of 3

POLICE REPORT (NP299)

Police Station Of Origin
Bedok Police Divisional HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Report No. G/20171119/7001

Date/Time Report Made 19/11/2017 00:16	Vide Report No.	Station Diary No.
Name Of Informant WONG HING SIONG, MARIO	Address APT BLK 670B EDGEFIELD PLAINS #16-616 SINGAPORE 822670	
ID Type / ID No. NRIC NO / S80035961	Contact No. Home/Office: Mobile: 98260552	
Nationality SINGAPORE CITIZEN	Email Address mwong@spearingssearch.com.sg	
Occupation Managing director/Chief executive officer	Sex Male	Age 37
Institution/School Name	Date of Birth 08/02/1980	Race Chinese
Date/Time Of Incident 18/11/2017 22:23	Language English	
	Location Of Incident 9 TAMPINES AVENUE 7 ESSO TAMPINES AVENUE 7 SINGAPORE 529619	

Brief details.

It was at 22:24hrs on 18th Nov 2017. My wife was driving myself, my 2 daughters who were safely in their child seats. At the entrance to TPE at the pedestrian crossing of Tampines ave 7, a cyclist with no headlights nor was the rider in any bright clothings dashed across without looking out or dismounting. My wife emergency braked but still knocked onto the left side of the cyclist's bike, damaging his front wheel which was twisted.

Emmy wife and I stopped and alighted to check on the cyclist who was a Chinese male speaking

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/11/2017 00:16
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



SINGAPORE POLICE FORCE



G/20171119/7001

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20171119/7001

foreigner. He said he was alright and didn't need any medical attention. There was no cut or bruises at that time. It was slightly raining at this time. I left my mobile number with him and gave him all my cash of sgd100(2 x \$50notes). I told him to let us know if anything else further and asked again if he needed any medical attention which he insisted no.

We got into our car and drove off. The front of our car was also damaged.

We have pictures of the damage on our car and also video of the incident.

Subjects Involved			
Victim			
Person Name	WONG HING SIONG, MARIO		
ID Type	NRIC NO	ID No	S8003596I
Gender	Male	Age	37
Race	Chinese	Language	English
Occupation	Managing director/Chief executive officer	Address Type	
Address	APT BLK 670B EDGEFIELD PLAINS #16-616 SINGAPORE 822670		Mobile No
			98260552
Is Informant A Victim?	Yes		
Person Name	Han Mingyan Charlene		
ID No	S8437043F	Gender	Female

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

19/11/2017 00:16

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20171119/7001

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20171119/7001

Mobile No	94568867	Relation To Informant	Wife
Person Name	WONG HING SIONG, MARIO (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/11/2017 00:16
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8437043F

Name: HAN MINGYAN CHARLENE

Birth Date: 06 Dec 1984
Issue Date: 22 Mar 2006



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg
with \leq 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals \leq 2500kg

PASS DATE

22 Mar 2006

NP 428A



Licence No: S8437043F

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8437043F



Name

HAN MINGYAN CHARLENE

韩明燕

Race

CHINESE

Date of birth

06-12-1984

Sex

F



Country/Place of birth
SINGAPORE



5518584



NRIC No. S8437043F



Date of issue

26-08-2015

Address

APT BLK 670B EDGEFIELD PLAINS
#16-616
SINGAPORE 822670

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S9123744Z**

Name **GOH SI JIE, NICHOLAS**

Birth Date: **11 Jul 1991**

Issue Date: **04 Jun 2016**



002574310K

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9123744Z**



Name

GOH SI JIE, NICHOLAS

吴思杰

Race

CHINESE

Date of birth

11-07-1991

Country/Place of birth

SINGAPORE

Sex

M



5614507



NRIC No. **S9123744Z**



Date of issue

04-06-2016

**APT BLK 221B SUMANG LANE #05-37
SINGAPORE 822221**

NRIC No: **S9123744Z**

Date: **08/10/2017**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES).

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	11 Nov 2010
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	11 Sep 2012



Licence No: **S9123744Z**

NP 428A



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.1

HYUNDAI AUTO PROTECTOR (DELUXE)

(The below excess is subject to GST)

CERTIFICATE NO. 2100327511-04000

OWN DAMAGE EXCESS S\$400.00 (1)
WINDSCREEN EXCESS S\$0.00
(Windscreen excess waived.)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SKH7545B

2) NAME OF INSURED

Han Mingyan Charlene

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

14 Jan 2017

4) DATE OF EXPIRY OF INSURANCE

13 Jan 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUBJECT TO AGE CONDITION : All Age Condition

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / HYUNDAI AUTHORISED REPAIRERS

1. Komoco Motors Pte Ltd - 253 Alexandra Rd (Tel: 6473 5588)

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

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Ethoz - 30 Bukit Batok Cres (Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

10. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1500 - 1600cc) - Refer to policy wordings for details

* NAMED DRIVER NA

HIRE PURCHASE COMPANY DBS BANK LTD
EMPLOYER'S LOAN

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 12 Jan 2017

AIG Asia Pacific Insurance Pte. Ltd.

500581-564

KOMOCO TRADING PTE LTD - CDW

253 ALEXANDRA ROAD

SINGAPORE 159936

AUTHORISED REPRESENTATIVE

ORIGINAL

SSCD5K