

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **MHA17155618**

Date In: 24/11/17 - 16:29	Job description	Date & Time Completed	Done by
Ref No: NA1AIG17022472/24	SAS e-filing		
Veh No: SLA2634K	E-mail (within Shrs, AIG 2hrs)		
D.O.A: 23/11/17 - 16:30	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: SLM2835J	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

NA1707280	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
Damaged Portion:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
QC Checked by (Engr-In-Charge):	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Auditors' Comments :-	9) Q1* *N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Dat. 1:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Dat. 2 / 3:	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	24/11/2017 16:29
Date Of Accident	23/11/2017 16:30
Exact Location Of Accident	BEFORE SLIP RD SENGKANG EAST TWDS COMPASSVALE ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA2634K
Insured/Policyholder	
Name Of Registered Owner	VERY 9 MARKETING PTE LTD
Co Reg No	201605905M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700067262
Cover Note Number	

Driver

Name of Driver	WAYNE TAN WEE TAT
NRIC No	S7923403F
Date Of Birth	04/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1999
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92355115
Fax Number	
Contact Number	OFFICE-92355115
EEmail Address	NOEMAIL

Address BLK 641 ANG MO KIO AVENUE 4
 #06-844
 Postcode 560641
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

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 this accident? NO
 Was any body injured in the Accident? YES
 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20171124/2079.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLM2835J
 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

DETAILS OF INJURED PERSON 1

Name	WAYNE TAN WEE TAT
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLA2634K
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.



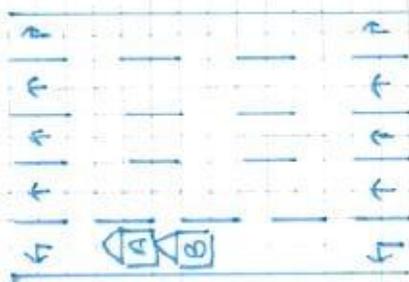
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Sengkang East Slip Road Into Compassvale St



A - SLA 2834 K

B - SLM 2835 J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no. 7/2017/124/2019.

DECLARATION

The foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

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

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

Vehicle No.	SLA 2634 K	Model / Make	KIA Cerato Forte
Date of Accident	23/11/17		
Time of Accident	16.30	HRS	
Location of Accident	Sengkang East Slip Road Into Compassvale St		
Exact purpose use during accident	Work Use		
Name of Owner	Very 9 Marketing Pte Ltd		
Telephone No.	H/P : 9235 5115	Home :	Office :
NRIC	201605905M		
Address	10 Admiralty St #02-74 North Link Building S(757695)		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire /Theft
Policy No.	1700067262		
Name of Driver	As Above (If No, Tan Wee Tut, Wayne		
NRIC	S7923403F	Any Passengers : Nil	
Date of birth	4/8/1979		
Occupation	<u>Outdoor</u>	/	Indoor
Driving License Pass Date			
Gender	<u>Male</u>	/	Female
Contact No.	H/P :	Home :	Office :
Address	Blk 641 Ang Mo Kio Ave 4 #06-844 S(560641)		
Driver have any own vehicle	<u>No</u>	If yes, Reg No.	
Relationship	<u>Employee</u>	If no, state	
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	No,	<u>If Yes</u> , Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	<u>If Yes</u> , Where?	
Vehicle B No.	SLM 2835 J	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Rear Portion		
Camera Recorder	Yes / <u>No</u>		
Email Address			
PARTICULAR WORKSHOP	TwinCar Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Amos		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



**SINGAPORE
POLICE FORCE**



T/20171124/2079

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 3

Report No. T/20171124/2079

CONTINUATION OF REPORT

Driver			
Name	WAYNE TAN WEE TAT	ID No.	S7923403F
Related Vehicle	SLA2634K (Car)	Contact No.	98895623
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/11/2017	Date Discharge	24/11/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above date and timing, I was driving along sengkang east road. I wanted to turn left but there were a lot of cars. I am on the left most lane. The cars in front of me slowed down and stopped thus I slowed down as well and stopped. After around a minute, I felt an impact from the rear. I checked and noticed that another car hit me from behind. Nobody had any visible injuries. No ambulance or police was at scene.

On the 23/11/17 at 2351hrs, I went to khoo teck puat hospital as I felt pain in the neck. I was given 3 days mc.



**SINGAPORE
POLICE FORCE**



T/20171124/2079

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

3 of 3

Report No. T/20171124/2079

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 2 WONG YUDA, JONATHAN <small>signature</small>	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/11/2017 14:38
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:

Authentication Stamp
NP168

Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7923403F



Name
WAYNE TAN WEE TAT

陈 韦 达

Race
CHINESE

Date of birth
04-08-1979

Sex
M

Country of birth
SINGAPORE

S7923403F

4920073



NRIC No S7923403F



Date of issue
17-12-2012

Address
APT BLK 541 ANG MO KIO AVENUE 4
#06-B44
SINGAPORE 560641

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a woman

License Number: **S7923403F**
 Name: **TAN WEE TAT (CHEN WEIDA)**

Birth Date: **04 Aug 1979**
 Issue Date: **22 Apr 2003**

Barcode: 000410052J

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

		PASS DATE
Class 2B	Motorcycles <= 200 CC	25 Jun 1998
Class 2A	Motorcycles between 201 CC and 400 CC	28 Dec 2003
Class 2	Motorcycles > 400 CC	11 Jan 2017
Class 3	Motor cars <= 2000 kg with <= 7 passengers (exclusive of the driver) and motor tractors/vehicles <= 1400 kg	16 Jul 1999

S / No. 9000255567

57923403F

NP 428A

Barcode: Licence No: S7923403F

CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : VERY 9 MARKETING PTE. LTD.
Period of Insurance : 24 Oct 2017 To 15 Dec 2018
Engine No. : G4FC9H323445
Chassis No. : KNAFW411MA5156134

Vehicle No. : SLA2634K
Policy No. : 1700067262
Endorsement No. : 000000000153204
Issued Date : 24 Oct 2017

ABOUT THE COVER

Make/Model : KIA CERATO FORTE 1.6
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2009
Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

Any person who is driving on the Policyholder's order or with their 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 \$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.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

KOK CHOK FONG - \$600 (Own Damage)

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.com.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: TOKYO CENTURY LEASING (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, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500659000

INSMART (INSURANCE) AGENCY PTE
 NO 1 KAKI BUKIT ROAD 1 #02-27 ENTERPRISE ONE
 SINGAPORE 415934

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

Jing Chyi Sandy Fang