

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 28/11/17	Job description	Date & Time Completed	Done by
Ref No: N/A/A1617022595/12	SAS e-filing		
Veh No: SKL3293B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/11/17 0900	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: (M GARAGE)	Tel:	Fax:
TP Particulars:	Veh No: SKL3383G	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

NA1707344		<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
				1st Bill	Add Bill
<b>Claimant's Particulars :-</b>		1) AR: Accident Reporting (\$30);			
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) iT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-		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:-			
		OI*			
		*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 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	28/11/2017 10:59
Date Of Accident	27/11/2017 09:00
Exact Location Of Accident	OPEN CARPARK OF NUS UNIVERSITY SPORTS CENTRE.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3293B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFY TRANSPORT
Co Reg No	53352421X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90099162

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100497132-00000
Cover Note Number	

### Driver

Name of Driver	YONG WAN SIN
NRIC No	S0065691G
Date Of Birth	26/01/1951
Occupation	INDOOR
Date Of Driving Pass	09/10/1972
Driving Experience	45 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97343236
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 621 SENJA RD #15-122
Postcode	670621
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	DRIZZLING
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)	2

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL3383G
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

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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.

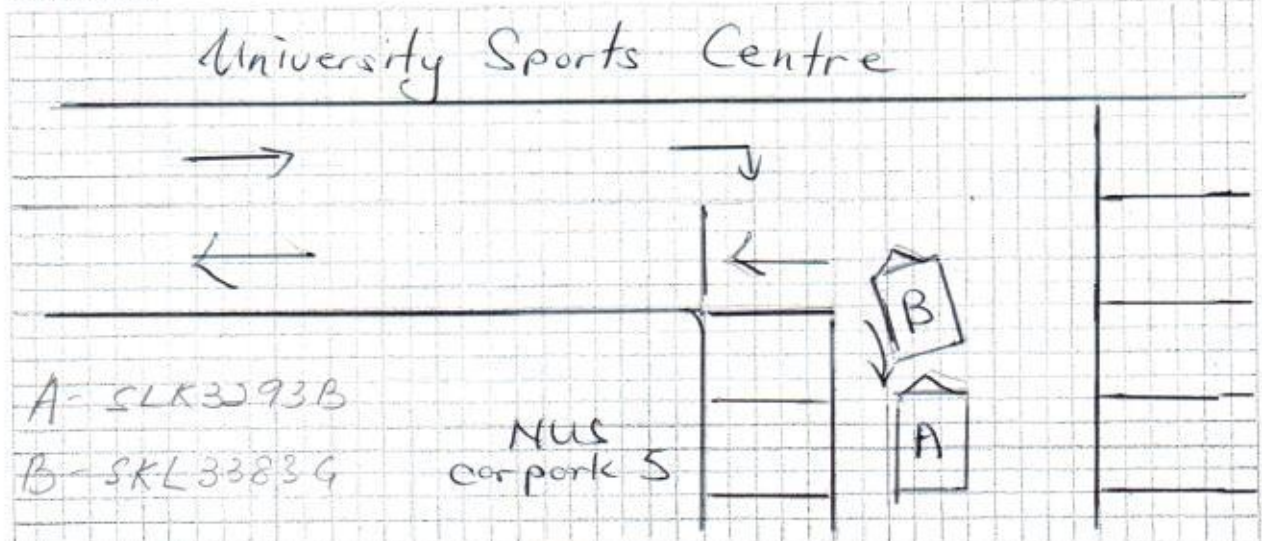


Policyholder's Sign  
Date & Time:

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

On 27/11/2017 at about 0900 hrs at open car park of NUS Carpark 5 University Sports Centre. I was travelling on the above mentioned driveway and when my front vehicle stopped <sup>to</sup> a giveaway hence I follow suit. Suddenly vehicle (B) made a reversing without cautious and without proper lookout and hence collided onto my front portion of my vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle. I did horn to his attention but was in vain.

CA) SLK 3293 B

(B) SKL 3383 G

DECLARATION

I/We declare that the 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.:

*[Signature]* 28/11/17



## SINGAPORE ACCIDENT STATEMENT

Accident Date: 27/11/17	Time: 09:00	(hh:mm) 24 hr format
Location Open Car Park of NUS university Sports Centre		
Vehicle Number SLK3293B		
Insured Name Comfy Transport		
NRIC/FIN 53352421X	Contact Number 9009 9162	
Make MITSUBISHI	Model ATTRAGE 1.2 CVT	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting		
Insurance Company AIG		
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number 2100497132 - 00000		
Name of Driver YONG WAN SIN ( ) Same as Insured		
NRIC/FIN 50065691G Contact Number 9734 3236		
Date of Birth 26-01-1951		
Driving Pass Date 9-OCT-1972		
Occupation ( / ) Indoor ( ) Outdoor		
Gender ( / ) Male ( ) Female		
Email Address Vincentyong5454@gmail.com ( ) NO EMAIL		
Address of Driver BLE B21, SENJA ROAD #15-122 S (670621)		
Was driver an employee of the Insured's Company? ( ) Yes ( ) No		
If No, Relationship of the Driver with the Insured Hirer		
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions ( ) Clear ( ) Raining ( ) Others drizzling		
Road Surface ( ) Dry ( / ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No		
Was anybody injured in the accident? ( ) Yes ( / ) No		
If yes, injured detail		
Was there any video captured by Car Camera? ( / ) Yes ( ) No		
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact
Veh B	SLK 3383G	
Veh C		
Veh D		
Veh E		
Veh F		

Includes driver 2 person only.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0065691G



Name  
YONG WAN SIN

楊 万 生

Race  
CHINESE

Date of Birth

26-01-1951

Sex

M

Country of Birth

SINGAPORE



Driver SLK 3293B



2183735

NRIC No. S0065691G



Blood Group

Date of issue

O+


02-07-1994

APT BLK 621 SENJA ROAD #15-122  
SINGAPORE 670621


NRIC No: S0065691G

Date: 17/12/2016

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: S0065691G  
 Name: YONG WAN SIN  
 Birth Date: 26 Jan 1951  
 Issue Date: 19 Aug 2003

000755172F




DRIVER SLK 3293R

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

Class 3: MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS  
 PASS DATE: 26 Oct 1973

S / No. 9000173654

NP 428A

Licence No: S0065691G  






MOBILE TEL: 9634567890  
FAX: 9634567890

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1993  
ROAD TRANSPORT ACT, 1967 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999 (MALAYSIA)

1/2/2017

mitsubishi commercial auto protector

(This information is for your info)

OWN DAMAGE EXCESS S\$3000.00 (1)

WINDSCREEN EXCESS S\$100.00

(For policies with excess from 1st 1st to 1st 1st 2007)

CERTIFICATE NO. 2100497132-00000

SUM INSURED Market Value

INSURING WITH COE/PARE Yes

1) VEHICLE REGISTRATION NO.

SLK32936

2) NAME OF INSURED

Comfy Transport

3) EFFECTIVE DATE OF THE COMMENCEMENT

13 Jan 2017

OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

12 Jan 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

Any person who is licensed to drive the insured's vehicle and is driving on their licence or with their permission.  
A named driver has a maximum excess of S\$3000.00 (1) S\$3,000.00, in addition to the Policy Excess, up to S\$100.00 and any Amount of Excess limited or uncapped if you are or the said Authorized Driver is below the age of 23 and/or has less than 2 years' driving experience.

If the vehicle is hired for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with a service operator.  
This will also be included in similar section in the Policy schedule.

Provided that the person driving is permitted in accordance with the licensing of other laws or regulations to drive the Motor Vehicle or has been 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\*

- 1) Use in connection with the insured's business.
  - 2) Use for the carriage of passenger in connection with the insured's business.
  - 3) Use for social, domestic or pleasure purposes.
- The Policy does not cover: a) Use for racing, pace-making, reliability trial or speed-testing.  
b) Use while towing a trailer except the towing of any one disabled mechanically propelled vehicle.

### APPROVED REPORTING CENTRES / MITSUBISHI AUTHORISED REPAIRERS

1. Cycle & Carriage Pte Ltd - 100, Telok Ayer St, Singapore 068555
2. Cycle & Carriage Pte Ltd - 100, Telok Ayer St, Singapore 068555
3. Cycle & Carriage Pte Ltd - 100, Telok Ayer St, Singapore 068555
4. Cycle & Carriage Pte Ltd - 100, Telok Ayer St, Singapore 068555
5. Cycle & Carriage Pte Ltd - 100, Telok Ayer St, Singapore 068555
6. Cycle & Carriage Pte Ltd - 100, Telok Ayer St, Singapore 068555
7. Cycle & Carriage Pte Ltd - 100, Telok Ayer St, Singapore 068555
8. Cycle & Carriage Pte Ltd - 100, Telok Ayer St, Singapore 068555

LOSS OF USE Not Included

\* NAMED DRIVER Tan Guan Ah (Zhang Yuanyu), Yong Wen Shi

WIRE PURCHASE COMPANY CHINA Financial Services Pte Ltd

EMPLOYERS LOAN

\* This is a reference only. It is not a guarantee. The Motor Vehicle (Insured) is not a vehicle under the Motor Vehicle (Insured) Act (Chapter 169) and Road Transport Act, 1967 (Malaysia) are not to be used for the purpose of the Act.

\* We hereby certify that the policy is valid. This Certificate is valid in accordance with the provisions of the Motor Vehicle (Insured) Act (Chapter 169) and Road Transport Act, 1967 (Malaysia) and the Road Transport Act, 1967 (Malaysia).

Issued at Singapore 15 Jan 2017

AIG Asia Pacific Insurance Pte. Ltd.

500720-781  
CYCLE & CARRIAGE (HONGKONG)  
250 ALEXANDRA ROAD  
SINGAPORE 110020  
/MSP401025

AUTHORIZED REPRESENTATIVE

ORIGINAL