

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: <b>02/01/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/AIG/8000051/13</b>	SAS e-filing		
Veh No: <b>G8D9559B</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>01/01/18</b> <b>2330</b>	i-Motor Claim Form		
OD <b>(TP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: <b>SD7245</b> 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

<b>NA1800023</b>	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	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:-		
	OD:		
<b>QC Checked by (Engr-In-Charge):</b>	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5		
<b>Cat. 1:</b>	TP (N11) : TP (Non INC) against INC \$20		
<b>Cat. 2 / 3:</b>	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 02/01/2018 18:13  
 Date Of Accident 01/01/2018 23:30  
 Exact Location Of Accident AT OPEN CARPARK OF BLK 3020 UBI AVE 2  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD9559B  
**Insured/Policyholder**  
 Name Of Registered Owner NOVEL HOPE CONSTRUCTION PTE LTD  
 Co Reg No -  
 Email Address NOEMAIL  
 Mobile Phone No  
 Alternative Phone No OFFICE-98538371

### Vehicle Particulars

Manufacturer CITROEN  
 Model BERLINGO  
 Exact Purpose for which vehicle was being used at time of accident WORK  
 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 2100413736-02000  
 Cover Note Number

### Driver

Name of Driver WONG YU JING RITZ(WANG YUJING)  
 NRIC No S9448064G  
 Date Of Birth 04/12/1994  
 Occupation OUTDOOR  
 Date Of Driving Pass 20/03/2014  
 Driving Experience 3 YEARS AND 9 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-98538371  
 Fax Number  
 Contact Number  
 Email Address NOEMAIL

Address	120 SERANGOON AVE 3 #14-07
Postcode	554774
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	3
Passenger 1	NAME: : LEE CHONG HWEE JAMES GENDER: : MALE
Passenger 2	NAME: : FOO SHI CHENG GENDER: : MALE

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD7724J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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 Authorized Driver.
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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 lodging 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.

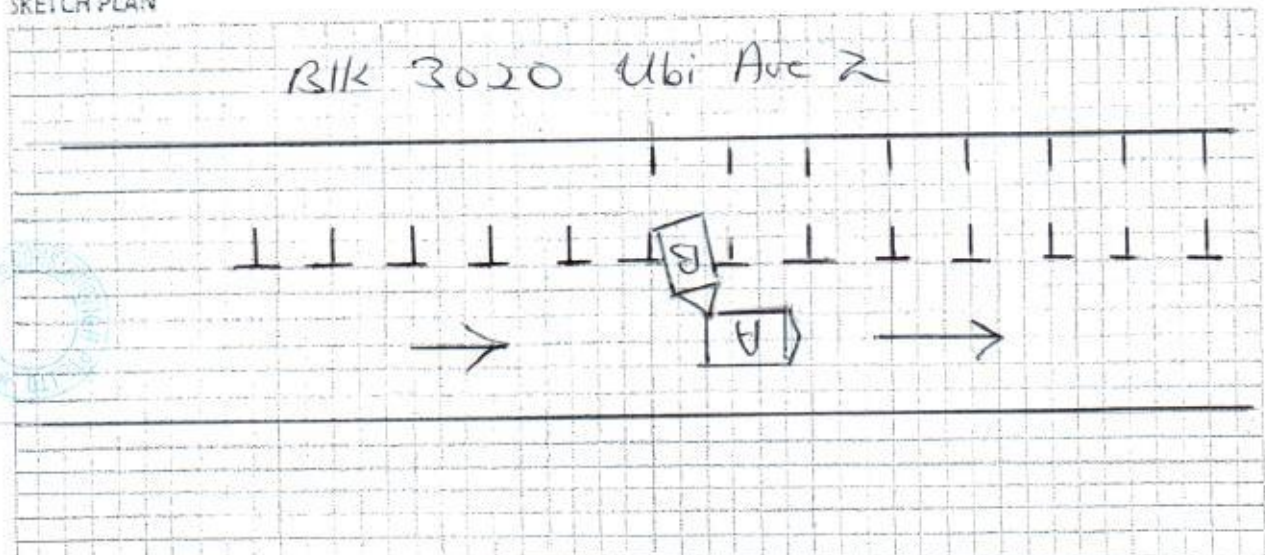


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/01/2018 at about 2330 hrs at Open Car Park of Blk 3020 Ubi Ave 2. I was travelling on the above mentioned driveway and suddenly a Vehicle (B) exited out from the car park lot without proper lookout and without cautious hence collided onto my left Rear Portion of my Vehicle (A) causing damages to my vehicle. I have 2 passengers inside my vehicle.

(A) GBD 9559 B

(B) SJD 7724 J

DECLARATION

I/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:

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

*[Signature]* 02/01/18



Date of Accident : 01/01/2018 Accident Time: 2330 (24-HR-Format)  
Accident Place : AT OPEN CAR PARK OF BLK 3020 UBI AVE 2  
Vehicle Reg. No. (Car Plate No.) : GBD 9559B  
Vehicle Make/Model : CITROEN BERLINGO  
Insurance Company : AIG Policy No. 2100413736-02000  
Owner or Company Name /IC No. : Novel Hope Construction Pte Ltd / 199901869D  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : WONG YU JING RIZ / S94480646  
DRIVER'S Date Of Birth : 04/12/1994 DRIVER'S License Pass Date 20/03/2014  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 120 SERANGOON AVE 3 #14-07 S (534774)  
DRIVER'S Contact No./ Alt No. : 1) 98538371 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 3 person  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

(B) Vehicle Reg. No: SJD 7724J	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

Passenger (1) : LEE CHONG HWEE JAMES , MALE  
Passenger (2) : FOO SHI CHENG , MALE .

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9448064G



Name

WONG YU JING RITZ  
(WANG YUJING)

王 煜 景

Race

CHINESE

Date of birth

04-12-1994

Sex

M

S9448064G

Country of birth

SINGAPORE

GBD 9559B

Driver

4370102



NRIC No. S9448064G



Date of issue

09-03-2009

Address

120 SERANGOON AVENUE 3  
#14-07  
SINGAPORE 554774

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9448064G**  
Name:  
**WONG YU JING RITZ**  
**(WANG YUJING)**

Birth Date: **04 Dec 1994**  
Issue Date: **20 Mar 2014**

002287072E



GBD 9559B


Driver

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

	EFFECTIVE DATE
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	20 Mar 2014

NP 428A

Licence No: S9448064G





**AIG**HOTLINE TEL: (65) 6419 3000  
FAX: (65) 6415-3721**CERTIFICATE OF INSURANCE**

M.Z.31

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)

CITROEN COMMERCIAL AUTO PROTECTOR

CERTIFICATE NO. 2100413736-02000

**OWN DAMAGE EXCESS** S\$800.00 (1)  
**WINDSCREEN EXCESS** S\$100.00  
(for policies with effect from 1st November 2002)**SUM INSURED** Market Value  
**INSURING WITH COE/PARF** Yes  
GBD9559B

Novel Hope Construction Pte Ltd

28 May 2017

27 May 2018

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

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

4) DATE OF EXPIRY OF INSURANCE

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

Any person provided he is in the Insured's employ and is driving on their order or with their permission.  
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 \***

1) Use in connection with the Insured's business. 2) Use for the carriage of passengers (other than for hire or reward)  
in connection with the Insured's business. 3) Use for social, domestic or pleasure purposes.

The Policy does not cover:

- a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.  
b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

**APPROVED REPORTING CENTRES / CITROEN AUTHORISED WORKSHOP**

1. Cycle &amp; Carriage France Pte Ltd - 209 Pandan Gardens Singapore (Tel: 65684501)

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

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. Ethoz - 30 Bukit Batok Cres (Tel: 66547777)

4. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only 5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560)

6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110) 7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892)

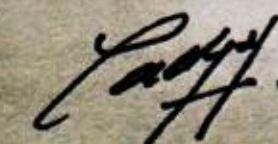
8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336) 9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

**LOSS OF USE** Not Included**NAMED DRIVER** NA**HIRE PURCHASE COMPANY** OCBC 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 (Th  
Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 18 Apr 2017

**AIG Asia Pacific Insurance Pte. Ltd.**500670-050  
CYCLE & CARRIAGE FULCO  
22 UBI ROAD 4  
FULCO BUILDING  
SINGAPORE 408617  
ANSP-MOTOR**AUTHORISED REPRESENTATIVE**