

## NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MMA 118009059

Date In: 18/11/18 14:03	Job description	Date & Time Completed	Done by
Ref No: NAI AIG 18001101/14	SAS e-filing		
Veh No: GW 5974 C	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 18/11/18 08:00	i-Motor Claim Form		
OD  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: SHB 5137 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 &amp; 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 &amp; Time Completed Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

Injury: \_\_\_\_\_

Date/Time Actions

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Sat 1:

Sat 2 / 3:

NA1800442

## Invoice Preparation Checklist

Amt (\$)

In Bill

Amt (\$)

Add Bill

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

30.00

2) DA: Damage Assessment (\$100); INC (\$40)

3) TP: 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: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD\*

\*N5: Courtesy Car / Tpl Allowance \$5

\*N6: Repair Coordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non-INC) against INC \$20

9) N12: Idao 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 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	18/01/2018 14:03
Date Of Accident	18/01/2018 08:00
Exact Location Of Accident	ANG MO KIO AVE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW5974C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CELSIUS EQUIPMENT PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91265533

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
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	THIRD PARTY
Fleet Policy	NO
Policy Number	1700017358
Cover Note Number	-

### Driver

Name of Driver	LOW BOON LIANG (LIU WENLIANG)
NRIC No	S7632615J
Date Of Birth	08/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	23/06/2005
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91265533
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 456 AMK AVE 10 #04-1568
Postcode	560456
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 - MAJOR/MINOR RD
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?	YES
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)	2
Passenger 1	NAME: : LIM SI NI SHARON
	GENDER: : FEMALE

#### 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

PLEASE REFER TO 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	SHB5137B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SFM1087D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	LOW BOON LIANG(LIU WENLIANG)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GW5974C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	LIM SI NI SHARON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GW5974C
Were seat belts worn?	YES
Was this 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:

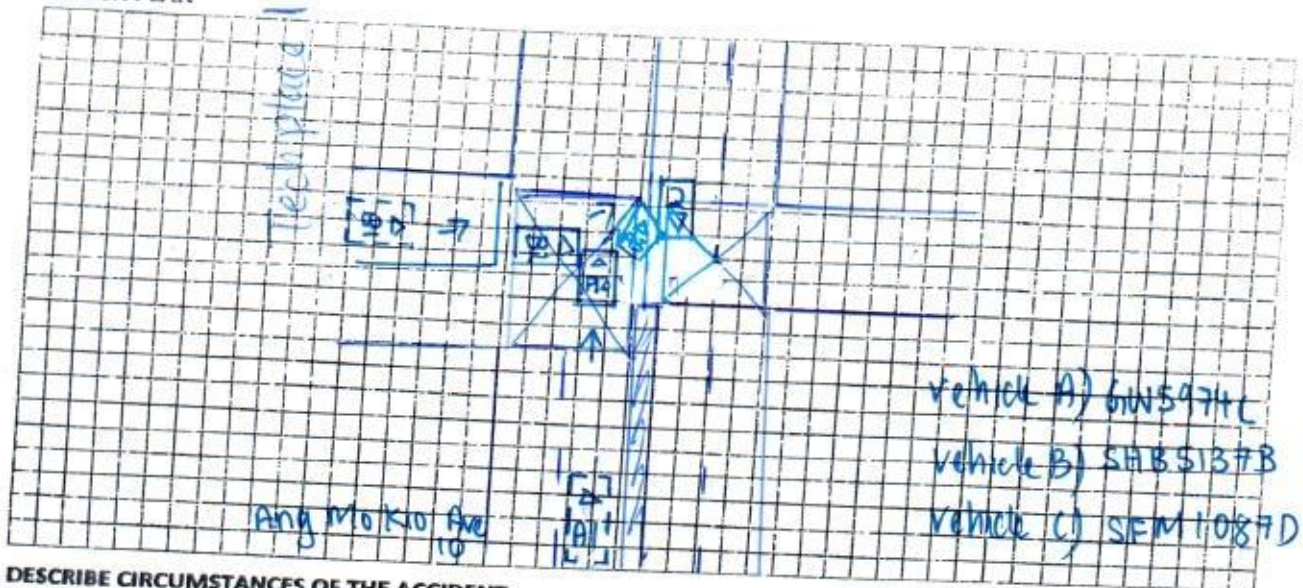


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on the stated venue. I was travelling straight in my lane, suddenly vehicle B' from Tech place 1 turn out and hit onto my vehicle front left portion, the impact caused my vehicle to swerve to the right collided onto vehicle 'C' front right portion.

After the accident, me and my passenger were stuck in my van and both of us were injured.

Passenger name: Lim Si Ni Sharon (F)

## 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.:

Top 5

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 18/01/2018 (dd/mm/yy) Time of Accident: 08:00 (24-HR-FORMAT)

Vehicle No.: 6W5974C Vehicle Make & Model: Nissan Urban

Exact location of Accident: Ang Mo Kio 10

Policyholder's Name / IC No.: Celsius Equipment Pte Ltd / 1992029522

Driver's Name / IC No.: LOW Boon Liang / S76326153 (As Above) ☐

Driver's Contact No.: 91265533 Company Contact No.: 68464404

Driver's Address: 456 Ang Mo Kio Ave 10 #04-1568 S 560456

Insurance Company: Aih Email address (if any): \_\_\_\_\_

#### Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

#### What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

#### Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 02

#### Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SHB5137B

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SFM1087D (C)

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7632615J



Name

LOW BOON LIANG  
(LIU WENLIANG)

刘 玟 良

Race

CHINESE

Date of birth

08-10-1976

Country/Place of birth

SINGAPORE

Sex

M

S7632615J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7632615J

Name

LOW BOON LIANG  
(LIU WENLIANG)

Birth Date: 08 Oct 1976

Issue Date: 23 Jun 2005



001351613D



NRIC No. S7632615J



Date of issue

02-12-2016

APT BLK 456 ANG MO KIO AVENUE 10 #04-1568  
SINGAPORE 560456

NRIC No: S7632615J

Date: 12/11/2017

5677166

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

23 Jun 2005

Class 3 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers,  
exclusive of the driver; and motor tractors  
/vehicles  $\leq$  2500 kg

NP 428A



Licence No: S7632615J





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTO THIRD PARTY ONLY COMMERCIAL VEHICLE

Name of Policyholder : Celsius Equipment Pte Ltd  
 Period of Insurance : 01 Jul 2017 To 30 Jun 2018  
 Engine No. : ZD30031034  
 Chassis No. : JN1MG4E2520710311

Vehicle No. : GW50740  
 Policy No. : 1700019356  
 Endorsement No. :  
 Issued Date : 28 Jun 2017

### ABOUT THE COVER

Make/Model : NISSAN URVAN 1.6 ton (Van)

Engine Capacity/Tonnage : 1.6 Tonnage

Driver Restriction : NA

Sum Insured : NA

Off Road Car : No

First Year of Registration : 2003

Insuring with COE/PART : NA

Re-insured with AIG : No

Re-insured with AIG : No

Re-insured with AIG : No

Age Condition

All Age Condition

Excess (USD) : 100

Excess (USD) : 100

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

Approved Reporting Centres/Authorised Repairers (for claims related repairs)

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan : NA

Important Notes: This Certificate is issued on the basis of the information provided by the policyholder and is subject to the terms and conditions of the policy. The policyholder is responsible for ensuring that the information provided is accurate and complete. The policyholder is also responsible for ensuring that the vehicle is used in accordance with the terms and conditions of the policy.

0603454000

700 S&Y HANG

371 ALBION ROAD #12-01 SIA ALE YAMDA

SINGAPORE 119962 SP-GRIELOCKSEN

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Janile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE