

# NATIONAL Assessment Centre Services

Date In <b>18/01/18</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/1418001132/13</b>	SAS e-filing		
Veh No <b>SLN 9932K</b>	E-mail (within 3hrs, AIC 2hrs)		
DOA <b>17/01/18</b> <b>1930</b>	i-Motor Claim Form		
OD <b>TP</b> Reporting Only	i-Motor W/O (Within 10D 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( <b>MCARAGE</b> )	Tel:	Fax:
TP Particulars:	Veh No: <b>ST3490A</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>NA1800408</b>	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
<b>Claimant's Particulars:-</b>	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:-			
<b>QC Checked by (Engr-In-Charge):</b>	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
<b>Auditors' Comments :-</b>	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:	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 16:11
Date Of Accident	17/01/2018 19:30
Exact Location Of Accident	TANAH MERAH COAST RD TWDS ECP (TANAH MERAH FERRY T
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN9932K
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<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIEW KOK KOI
NRIC No	S1551382I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81822783
Alternative Phone No	OTHERS-81822783

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	1700049036
Cover Note Number	

### Driver

Name of Driver	SIEW DE JIAN
NRIC No	S9427727B
Date Of Birth	06/08/1994
Occupation	INDOOR
Date Of Driving Pass	29/05/2017
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81822783
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 565 HOUGANG ST 51 #08-482
Postcode	530565
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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
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)	5
Passenger 1	NAME: : YONG YUN QING GENDER: : MALE
Passenger 2	NAME: : CHOO JIAN HAO GENDER: : MALE
Passenger 3	NAME: : ERWIN SIM GENDER: : MALE
Passenger 4	NAME: : ENG ZI YANG 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	SJT3490A
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)

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

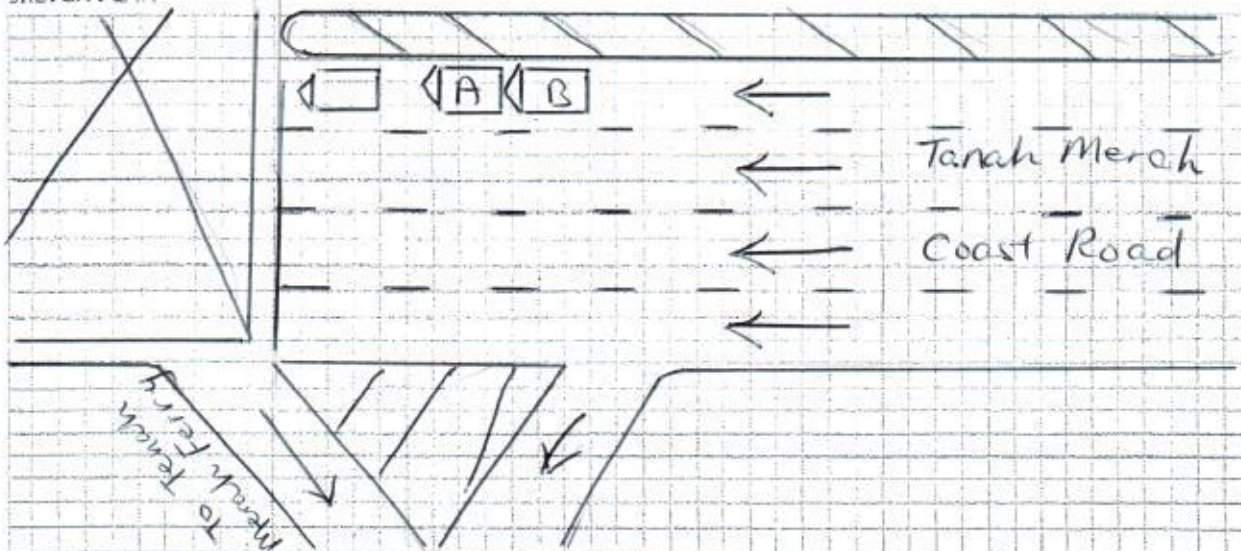
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 17/01/2018 at about 1930 hrs at along Tanah Merah Coast Road towards ECP beside Tanah Merah Ferry Terminal.

I was travelling on the extreme Right Lane and came to a stop behind a Vehicle before the Red traffic Light.

When the traffic light turns Green and before I started to move forward, I heard a loud bang from behind.

When I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. I have 4 passengers inside my vehicle.

(A) SLN 9932 K  
(B) SJT 3490 A

## 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.:

# SINGAPORE ACCIDENT STATEMENT


Accident Date:	17/01/2018	Time:	1930 hrs	(hh:mm) 24 hr format
Location	Tanah Merah Coast Road towards ECP beside Tanah Merah Ferry Terminal			
Vehicle Number	SLN 9932K			
Insured Name	SIEW KOH KOI			
NRIC / FIN	S15513821	Contact Number	8182 2783	
Make	TOYOTA	Model	VIOS E Auto	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting				
Insurance Company AIA				
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only				
Policy Number 1706049036				
Name of Driver Siew De Jian ( ) Same as Insured				
NRIC / FIN	S9427727B	Contact Number	8182 2783	
Date of Birth	06/08/1994			
Driving Pass Date	29 May 2017			
Occupation	( <input checked="" type="checkbox"/> ) Indoor ( ) Outdoor			
Gender	( <input checked="" type="checkbox"/> ) Male ( ) Female			
Email Address	Siewd, @ gmail . com ( ) NO EMAIL			
Address of Driver Blk 565 Hongang Street S1 #08-482 S (530565)				
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If No, Relationship of the Driver with the Insured				
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( <input checked="" type="checkbox"/> ) Children ( ) Sibling				
Does the Driver Own Any Other Vehicle? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others				
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others				
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If yes, injured detail				
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact				
Veh B	SJT 3490A			
Veh C				
Veh D				
Veh E				
Veh F				

5 passengers including driver

- ① YONG YUN QING
- ② CHOU JIAN HAO
- ③ ERWIN SIM
- ④ ENG ZI YAN


driver

SLN 9932K

 **SINGAPORE ARMED FORCES**  
**IDENTITY CARD**

Name  
**SIEW DE JIAN**

NRIC No  
**S9427727B**



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

QEMALTO3GPJ105451061012 **00000050180197**

NRIC No / Colour <b>S9427727B/ PINK</b>	Blood Group <b>O (+)</b>	Sex <b>M</b>
Race <b>CHINESE</b>	Country Of Birth <b>SINGAPORE</b>	
Date Of Birth <b>06/08/1994</b>	Military Rank Status <b>ENLISTEE</b>	
Service Status <b>NSF</b>		
Address <b>Blk 565 HOUGANG STREET 51 #08-482 SINGAPORE 530565</b>		



driver  
NLN 9932K

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Licence Number: **S9427727B**

Name: **SIEW DE JIAN**

Birth Date: **06 Aug 1994**

Issue Date: **29 May 2017**

002686365G



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

**EFFECTIVE DATE**

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  29 May 2017

NP 428A



5757657



NRIC No. S1551382I



Date of issue

19-06-2017

Address

APT BLK 565 HOUGANG STREET 51  
#08-482  
SINGAPORE 530565

owner  
SLN 9923K



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1551382I

Name

SIEW KOK KOI



萧国居

Race

CHINESE

Date of birth

04-06-1962

Country/Place of birth

SINGAPORE

Sex

M

S1551382I

## AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : SIEW KOK KOI  
 Period of Insurance : 06 Sep 2017 To 05 Sep 2018  
 Engine No. : 1NZX914896  
 Chassis No. : MR053HY9305114842

Vehicle No. : SLN9932K  
 Policy No. : 1700049036  
 Endorsement No. :  
 Issued Date : 06 Sep 2017

## ABOUT THE COVER

Make/Model : TOYOTA VIOS  
 Engine Capacity/Tonnage : 1,497.00 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\* :

a) The Policyholder  
 b) Any other person who is driving on the Policyholder's order or with his/her 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" ("VIDR") 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.

\* 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, 1967 (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)

SIEW KOK KOI - \$600 (Own Damage)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.  
 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](http://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, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

Insure Link Pte Ltd  
 2 Kallang Avenue #08-16  
 CT Hub S(339407)  
 Off : 6444 4644  
 Fax: 6444 0040

*Y. Y. Lim*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

Yin Ying Lim

0501295000

INSURE LINK PTE LTD  
 2 KALLANG AVE #08-16 CT HUB  
 SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.