

NATIONAL Assessment Centre Services

MANA/8018152

Date In: 06/01/2018 09:34	Job Description	Date & Time Completed	Done by
Ref No: NBA/1618002308/Y	SAS e-Mailing		
Veh No: SLT 821OK	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 05/02/2018 01:45	I-Motor Claim Form		
OD: (TP) Reporting Only	I-Motor W/O (Within 30 days, TP 3hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Yeh No: SHD 1498A	INC () / Non-INC ()	
Owner / Drivers: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%)	(Note: Est Status (WO): N: 0-20% P: 21-79% P: 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:	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

MANA/800827	Invoice Preparation Charge (15)	
Human Resources	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$20)	
Contact No:	3) TP: Towing Fee (\$40/\$45)	
Assigned Portion:	4) FT: Follow-Through Survey (\$130)	
	5) XT: Follow-Through Survey (Resurvey) (\$30)	
	Forfeiting against INC Only (w/ 10 Jan 2018)	
	6) TR: Re-inspection (\$15)	
	7) NT: Inc DA + SMRT Survey (\$160)	
	8) NTUC Additional Services	
	9) Q3:	
	10) NT: Courtesy Car / Tol Allowance (\$5)	
	11) NT: Repair Coordination (\$10)	
	12) NT: Post Repair Inspection (\$15)	
	13) NT: OV / Collect Unpaid Coordination (\$5)	
	14) TP (NT) / TP (NT) INC against INC (\$20)	
	15) NT: 1 day Mobile (\$10)	
	Invoice Total	Paid Charged
	Invoice Paid	

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	06/02/2018 09:34
Date Of Accident	05/02/2018 09:45
Exact Location Of Accident	TAMPINES AVE 2 SLIP RD INTO TAMPINES AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT8210K
Insured/Policyholder	
Name Of Registered Owner	SHAWN JASPER CROSS
NRIC No	S7183497B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91557996
Alternative Phone No	OTHERS-96211808

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X CVT (A)
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	
Cover Note Number	5100028288

Driver

Name of Driver	NEO AW HONG
NRIC No	S1058354C
Date Of Birth	12/05/1948
Occupation	INDOOR
Date Of Driving Pass	18/10/1966
Driving Experience	51 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91557996
Fax Number	
Contact Number	OTHERS-96211808
Email Address	NOEMAIL

Address	18 PASIR RIS HEIGHTS PASIR RIS BEACH PARK
Postcode	519225
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - MOTHER IN LAW
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	2
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)	1

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 SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1498A
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)	

SKETCH PLAN


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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.

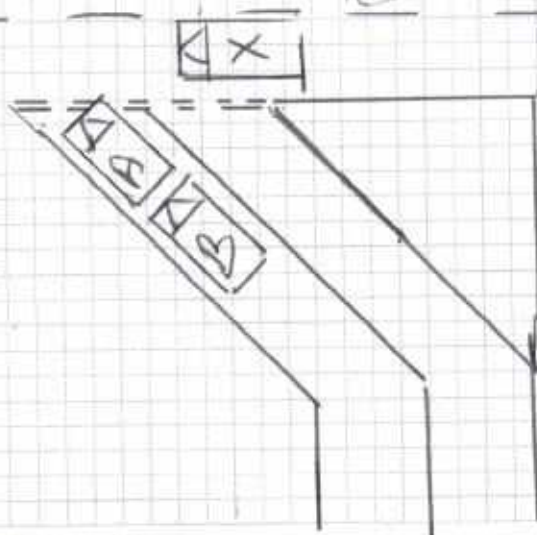
Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

TAMPINES AVENUE 5



A) ST 8210K

B) SLD 1498A

TAMPINES AVENUE 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 05/02/2018 AT ABOUT 09:45 HRS I WAS TRAVELLING ALONG TAMPINES AVENUE 2 SLIP ROAD WANTED TO TURN LEFT INTO TAMPINES AVENUE 5. I SLOW DOWN & STOP BECAUSE I SAW A BUS ON MY RIGHT AT TAMPINES AVE 5. A FEW SECONDS I FELT A BANG & MY CAR MOVE FORWARD & I CAME DOWN & SAW A SILVER TAXI SLD 1498A. I ASK FOR HIS PARTICULARS HE REFUSE TO GIVE & DRIVE OFF.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 05/02/2018 (DD/MM/YYYY), TIME: 09:45 (HH:MM)

LOCATION: Tampines Ave 2 Slip Road NTO Tampines Ave 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL7 8210K
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: ST00038288
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA VIZAC 1.5X
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: SHAWN JOSEPH CROSS (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7183497B CONTACT: 91557996
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

- DRIVER
 a) NAME: NHO AN HONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 96211808
 c) ADDRESS: _____

* d) DATE OF BIRTH: 12/05/1988 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR
 f) DATE OF DRIVING PASS: 18/10/1966

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
 5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
 b) ROAD SURFACE: DRY / WET / OTHERS
 6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: SHO 1498 A MODEL: HYUNDAI TAXI
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

fax =

video

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1058354C



NEO AW HONG

梁秀鳳

Race
CHINESE

Date of Birth
12-05-1948

Sex
F

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1058354C

Name
NEO AW HONG

Birth Date: 12 May 1948

Issue Date: 22 May 2003




1000502860E

3059768



NRIC No: S1058354C

NEO AW HONG..0018166

Drug Alert :
NSAID

Health Group: A+ Date of issue: 04-01-1999

16 PASIR RIS HEIGHTS
PASIR RIS BEACH PARK SINGAPORE 519225

NRIC No: S1058354C Date: 23/09/2015



YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS DATE

Class 1B	Motorcycles <= 200 CC	24 Apr 1977
Class 2A	Motorcycles between 201 CC and 400 CC	24 Apr 1977
Class 2	Motorcycles > 400 CC	24 Apr 1977
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	18 Oct 1966

S1058354C S / No. 9000165930

1P 128A



NRIC Licence No: S1058354C

ORIGINAL

Co. Reg. No. 201009404M

Hotline: (65) 6419-3000 Fax: (65) 6415-3723

If you do not receive your Certificate of Insurance and policy documents **within 30 days** from the inception date stated on this cover note, **please contact AIG immediately.**

AIG

Cover Note: 5100028288

The following risk described in the Schedule below is hereby covered subject to the applicable terms and conditions of AIG's policy issued to the Policyholder. The Policy to which this Cover Note relates to is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Schedule (please circle where applicable)

Policyholder/Insured	Shawn Jasper Cross		Policy Period	13 / 11 / 2017 to 12 / 11 / 2018 3:59	
Age Condition	1	All Age	Registration Number	SLT8210K	
	2	30 Years Old and Above	Make/Model	Honda Vezel 1.5 X Sensing	
	3	35 Years Old and Above	CC/Tonnage	1496	
	4	40 Years Old and Above	Engine Number	L15B-4423020	
	5	Named Driver Basis	Chassis Number	RU1-1223018	
Policy Type	Comprehensive		Year of Registration	2017	
	Third Party Fire and Theft		Hire Purchase Company	OCBC Bank	
	Third Party only		Excess	SS 500 (Section I/II Both) SS 100 (Windscreen excess)	

Please note that acceptance of the risk is subject to our final acceptance and the terms and conditions applicable to the policy. For important notes and applicable laws and regulations, please refer to the reverse page.

Issued in Singapore

13 NOV 2017

Date of issuance

Authorised Representative

Agent Code

Manik Bucha, Personal Insurance

This insurance is underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SLT8210K		
Vehicle Type:	P10 - Passenger Motor Car	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	VEZEL 1.5X CVT
Chassis No.:	RU11223018	Engine No.:	L15B4423020
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1496 cc	Power Rating:	-
Maximum Power Output:	96.0 kW (128 bhp)		
Unladen Weight:	1190 kg	Maximum Laden Weight:	1465 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	13 Nov 2017	Original Registration Date:	13 Nov 2017
Manufacturing Year:	2017	Open Market Value:	\$22,312.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$6,618.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$2,312.00 (140%)
Actual ARF Paid:	\$13,237.00		

Owner Particulars

Owner Name:	SHAWN JASPER CROSS
Owner ID Type:	Singapore NRIC
Owner ID:	S7183497B
Registered Address Type:	Private Residential (non-Condo Apt / non-House)
Registered Block /House No.:	18
Registered Street Name:	PASIR RIS HEIGHTS
Registered Unit No.:	-
Registered Building Name:	-
Registered Postal	