

# NATIONAL Assessment Centre Services

Date In: 14/02/2018 13:29	Job description	Date & Time Completed	Done by
Ref No: NA/AG18003055/K4	SAS e-filing		
Veh No: SL56786J	E-mail (within 8hrs, A/C 2hrs)		
DOA: 13/02/2018 18:50	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/WKSP		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKH 3135C	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:-	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

Claimant's Particulars:-	NA1801104	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);		
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:		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: Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		ON*		
		*N5: Courtesy Car / Tpl 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		
QC Checked by (Engr-In-Charge):		Invoice dated	Fee Charged	
Auditors' Comments:-		Invoice dated	Fee Charged	
Dat. 1:				
Dat. 2/3:				



## 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	14/02/2018 13:29
Date Of Accident	13/02/2018 18:50
Exact Location Of Accident	RAFFLE CITY BASEMENT CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6786J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH ENG CHOO
NRIC No	S1697190A
Email Address	HENGKAITEO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96216786
Alternative Phone No	OTHERS-96216786

### Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR
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	1700077618
Cover Note Number	

### Driver

Name of Driver	TEO HENG KAI
NRIC No	S9703373J
Date Of Birth	05/01/1997
Occupation	INDOOR
Date Of Driving Pass	15/01/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93667137
Fax Number	
Contact Number	OTHERS-93667137
EEmail Address	HENGKAITEO@GMAIL.COM

Address	93 PASIR RIS GROVE #10-35
Postcode	518191
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	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)	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

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 Witness 1

Name	MR . GOH
Phone Number	96436494
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH3135C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	92388322
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)



VEHICLE NO: SLS 6786J

MAKE &amp; MODEL: TOYOTA C-HR

DATE OF ACCIDENT	13 / 02 / 2018
TIME OF ACCIDENT	6.50 AM / <u>PM</u>
LOCATION OF ACCIDENT	RAFFLE CITY BASEMENT CARPARK
Exact Purpose use during accident	PERSONAL
NAME OF OWNER	GOH ENG CHOO
TELP NO.	9621 6786
NRIC	S 169 7190A
CLAIM TYPE	OD / <u>Third Party</u> / Reporting Only
INSURANCE CO.	AIG
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	17000 77618
NAME OF DRIVER	As above / If No; TED HENG KAI
NRIC	S 970 3373 J Any Passenger; 0
DATE OF BIRTH	05 / 01 / 1997
OCCUPATION	Outdoor / <u>Indoor</u>
DATE OF DRIVING PASS	15 / 01 / 2018
GENDER	<u>Male</u> / Female
CONTACT NO.	Office: Home: 9366 7137
ADDRESS	93 PASIR RIS GROVE #10-35 S'518191
DRIVER OWN ANY VEHICLE	No / Yes (Reg No):
RELATIONSHIP	Employee / If No: - SON
WEATHER CONDITION	<u>Clear</u> / Raining / Others,
ROAD SURFACE	<u>Dry</u> / Wet / Others,
ANY INJURIES	<u>No</u> / Yes (Who?):
CONTACT NO.	
POLICE REPORT	<u>No</u> / Yes (Where?):
VEHICLE (B) NO.	SKH 3135 C Any Passenger 1 kid in know
NAME	9238 8322
CONTACT NO.	
VEHICLE (C) NO.	Any Passenger
VEHICLE (D) NO.	Any Passenger
VEHICLE (E) NO.	Any Passenger
VEHICLE (F) NO.	Any Passenger
ANY WITNESS	
WITNESS CONTACT NO.	MR. GOH - 9643 6494
PARTICULAR WORKSHOP	Lee Brothers Automotive Pte Ltd
ADDRESS	1 Kakit Bukit Ave 6 #02-47
	Autobay@Kaki Bukit Singapore 417883
CONTACT NO.	(O) 6509 5521 (Fax) 6509 5523
EMAIL	sales@leebrothers.com.sg

hengkaitao@gmail.com

hengkaitao@gmail.com ✓



## 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**.
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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.

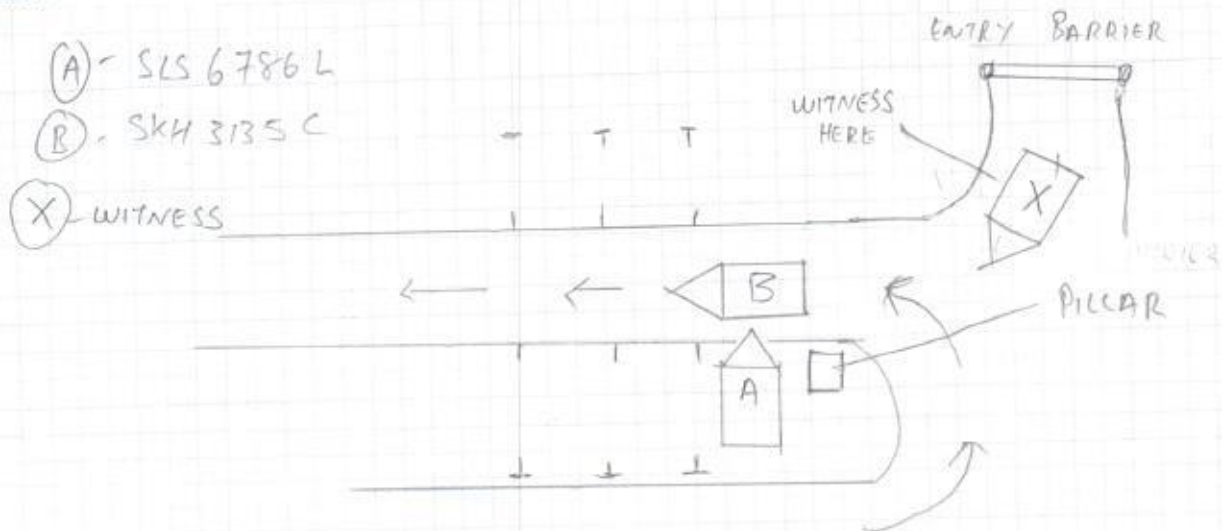
Policyholder's Signature  
Date & Time:

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

 14/2/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

## RAFFLE CITY BASEMENT CARPARK



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS I WAS EXITING FROM MY LOT SLOWLY DUE TO MY RIGHT PILAR  
I STOPPED TO CHECK ON INCOMING VEHICLE.  
BLOCKING MY VIEW OUT OF SUDDEN VEHICLE B CORNER TURN ON HIGH  
SPEED TOWARDS MY CAR. HENCE MY LEFT SIDE COLLIDED ONTO MY  
STATIONARY CAR. THERE IS A WITNESS ON THE CAR THAT  
WAITING AT THE ENTRY BARRIER VEHICLE X.

### 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.:

14/2/2018

5254998

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

EFFECTIVE DATE



NRIC No. S9703373J



Date of issue

10-01-2014

Address

93 PASIR RIS GROVE  
#10-35  
SINGAPORE 518191

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq 2500\text{kg}$

15 Jan 2018



Licence No. S9703373J

NP 428A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9703373J



Name

TEO HENG KAI

張 恆 愷

Race

CHINESE

Date of birth

05-01-1997

Country/Place of birth

SINGAPORE

Sex

M

S9703373J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9703373J

Name

TEO HENG KAI

Birth Date: 05 Jan 1997

Issue Date: 15 Jan 2018



002764010K







# CERTIFICATE OF INSURANCE

## UTOPLUS PRIVATE VEHICLE

Name of Policyholder : GOH ENG CHOO  
 Period of Insurance : 17 Nov 2017 To 16 Nov 2018  
 Engine No. : 2ZR8048316  
 Chassis No. : ZYX102017560

Vehicle No. : SLS6786J  
 Policy No. : 1700077618  
 Endorsement No. :  
 Issued Date : 17 Nov 2017

### ABOUT THE COVER

Make/Model : TOYOTA C-HR 1.8  
 Engine Capacity/Tonnage : 1,797.00-CC  
 Driver Restriction : NA

Sum Insured : Market Value  
 Off Peak Car : No

First Year of Registration : 2017  
 Insuring with COE/PARF : Yes

### Person or Classes of Persons Entitled to Drive\*

1) The Policyholder.  
 2) 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' ('YIDER') if You are on 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.

Loss of Use 1500cc - 1600cc Optional

\* 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 - \$500 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

GOH ENG CHOO

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)  
 Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
 For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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: NA

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).

501295000

INSURE LINK PTE LTD

2 KALLANG AVE #08-16 CT HUB

SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Insure Link Pte Ltd  
 2 Kallang Avenue #08-16  
 CT Hub S(339407)  
 Office 6444 8844  
 Fax: 6444 8840

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

Yin Ying Loh