

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MWA 118026842

Date In: 26/12/18 09:55	Job description	Date & Time Completed	Done by
Ref No: NA1A1G18003650144	SAS e-filing		
Veh No: SLQ 6295U	E-mail (within 8hrs, A/C 2hrs)		
D O A: 23/12/18 17:15	i-Motor Claim Form		
OD / TP / 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: FBM 7106R	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

MA1801227	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	26/02/2018 09:55
Date Of Accident	23/02/2018 17:15
Exact Location Of Accident	ALONG THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6295U
Insured/Policyholder	
Name Of Registered Owner	DAVE LIM
NRIC No	S0181038C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90679309
Alternative Phone No	OFFICE-90679309

Vehicle Particulars

Manufacturer	KIA
Model	-
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	REPORTING ONLY
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	1700035712
Cover Note Number	-

Driver

Name of Driver	CHEONG MEI KAY
NRIC No	S8783112D
Date Of Birth	12/10/1987
Occupation	INDOOR
Date Of Driving Pass	23/09/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98119302
Fax Number	
Contact Number	
Email Address	MEIKAYCHEONG@GMAIL.COM

Address BLK 943 HOUGANG ST 92 #08-131
 Postcode 530943
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - DAUGHTER 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 - CHANGE/CROSS LANE
 Weather Conditions RAINING
 Road Surface WET

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?
 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: : LEE LIM
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 FBM7106R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

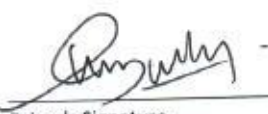
IMPORTANT NOTICE

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

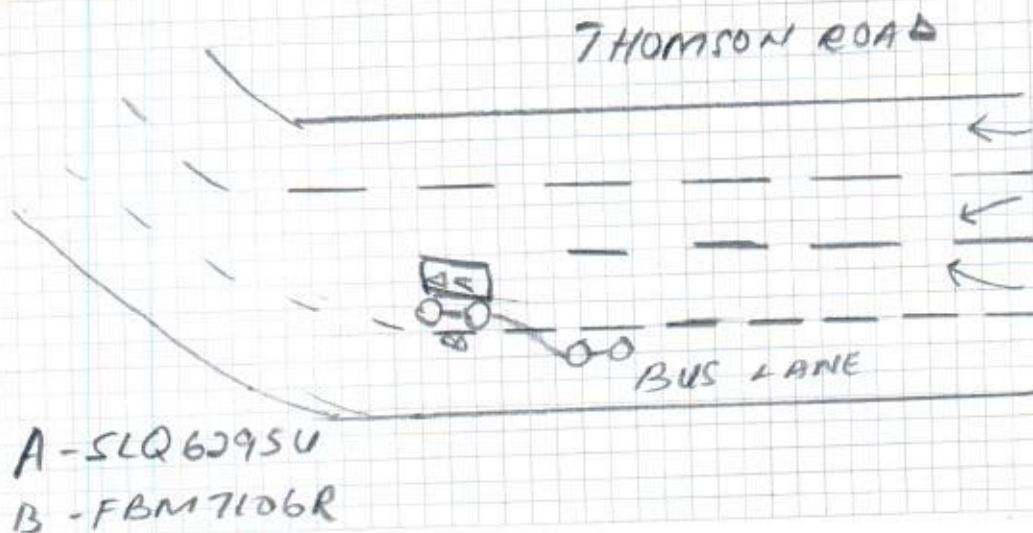
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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.:

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Cheong Mei Kay, NRIC: S8783112D, has reported to the Police a non-injury traffic accident which occurred along Thomson Road on 23/02/2018 at 1715hrs involving the following vehicles:

1. SLQ6295U (complainant's vehicle)
2. FBM7106R

2 If this accident was reported to the Police within 24 hours of its occurrence,

Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

On 23/02/2018 at about 1715hrs, I was driving my vehicle SLQ6295U along Thomson Road as such I noticed there is 2 motorist on my left lane. Subsequently, my vehicle had went passed them and entered a merging lane.

As such, a motorist FBM7106R came very near to my vehicle front left side portion. A minor collision occurred but she did not fell down and nobody is injured due to the accident. After which, when we were negotiating she was with another female motorist began to claim that it was all my fault. Both motorist were aggressive and talk in a loud tone. My vehicle has in-vehicle CCTV.

Rank/Name of Issuing Officer: SGT T130251 Dominique Tai

Date: 24/02/2018 Time: 1545hrs

S/D Ref: 68

Police Post/Unit: Hougang NPC


T130251
HOUGANG NPC
60 HOUGANG AVE 9
SINGAPORE 538776
TEL: 1800-4890999

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002



S8783112D

PK

ACCIDENT STATEMENT

ACCIDENT DATE: (23/02/2018) (DD/MM/YYYY), TIME: (17:15) (HH:MM)

LOCATION: THOMSON ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLQ 6295U
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 1700035712
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: KIA CARENS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE
 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: PAVE LIM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S01810382 CONTACT: 9067 9309
 c) ADDRESS: BLK 943 HONGANG ST 92, #08-131
 S(530943)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHEONG MEI KAY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8783112D CONTACT: 98119302
 c) ADDRESS: BLK 943 HONGANG ST 92, #08-131
 S(530943)

* d) DATE OF BIRTH: (12/10/1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 27 SEP 2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DAUGHTER IN LAW
 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

- a) VEHICLE NUMBER: FBW 7106R MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

VIDEO - YES

* No of passenger
 (Including driver)
 (2)

LEE LEE

Lee Lim
 male.

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

24/02/18

waiting for police
 report, video &
 scene photos

Email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of CHEONG MEI KAY

Licence Number: **S8783112D**

Name: **CHEONG MEI KAY**

Birth Date: **12 Oct 1987**

Issue Date: **23 Sep 2015**

Barcode: 002476170E

SG 50

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8783112D**

Portrait of CHEONG MEI KAY

Name: **CHEONG MEI KAY**

Race: **CHINESE**

Date of birth: **12-10-1987**

Country/Place of birth: **MALAYSIA**

Sex: **F**

SG 50

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **23 Sep 2015**



9364741

Barcode

NRIC No: **S8783112D**

Portrait of MALAYSIAN

Nationality: **MALAYSIAN**

Date of issue: **25-03-2015**

APT BLK 943 HOUGANG STREET 92 #08-131
SINGAPORE 530943

NRIC No: **S8783112D** Date: **02/12/2015**



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : DAVELIM
 Period of Insurance : 18 Jul 2017 To 17 Jul 2018
 Engine No. : D4FDHH108369
 Chassis No. : KNAHU815VJ7185987

Vehicle No. : SLQ6295U
 Policy No. : 1700035712
 Endorsement No. :
 Issued Date : 08 Aug 2017

ABOUT THE COVER

Make/Model	KIA Carens 1.7 Diesel EX	Sum Insured	Market Value	First Year of Registration	2017
Engine Capacity/Tonnage	1685 Tonnage	Off Peak Car	No	Insuring with COE/PAF	Yes
Driver Restriction	NA				

Person or Classes of Persons Entitled to Drive*

Any person who is driving on the Policyholder's order or with their permission. This policy will not cover the Policyholder or any authorized driver only if he/she meets the specified age condition.

*You have to pay an additional sum of \$3,000 as "Novice and/or Inexperienced Driver Excess" ("NIDR") if You are or Your Authorized Driver (named or unnamed) is under the age of 25 and/or has less than 2 years driving experience.

Age Condition All Age Condition

Limitation as to use*

Use for the carriage of passengers or goods in connection with the Policyholder's business. Use for social, domestic, pleasure purposes and business purposes of any person to whom the vehicle is hired.

- 1. Use for racing, speed trials, rallying, prize-taking, reliability trial or speed-testing.
- 2. Use for towing, pushing, shunting, or any other use (other than for reward) of anyone disabled using a mechanically propelled vehicle, and
- 3. Use for carrying a load except the towing (other than for reward) use for any purpose in connection with Motor Trade.

*Standard excluded as per Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), and not to be included under third party risks.

EXCESS

Section 1
 Fire - \$0 (Car Damage) - \$2000 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$2000

Windscreen - \$100

Named Driver and Excess (where applicable)

Car/Other Motorist - \$2000 (Car Damage) - \$2000 (Property Damage)

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

1. Cycle & Carriage Customer Service Centre (For windscreen claim only): Add 330 Uta Rd 3 Singapore 408650 67461000
 2. Cycle & Carriage Repairs & Paint Centre: Add 204 Panchan Gardens Singapore 609239 65684501

For other approved reporting centres/authorised repairers, please contact our 24-hour accident emergency hotline at +65 6336 6205. Alternatively, you may refer to AIG website www.aig.com.sg or AIG Mobile App, simply search and download AIG 5G from iTunes or Google Play.

IMPORTANT NOTES

If the sum is used for the carriage of passengers for hire or reward, such driver must be named under the Policy and registered with the service operator. Should you decide to include any other driver, please indicate. AIG hereby reserves the right to accept/reject the inclusion of any Named Driver(s).

Hire Purchase Company/Employer's Loan: Goldball Financial Services Pte Ltd

This hereby certifies that the policy or certificate of insurance 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).

05807/0050

C&C FULCO-CORP SALES

27 UBI ROAD 4 FULCO BUILDING

SINGAPORE 406017 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Signature

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

850949

AIG Asia Pacific Insurance Pte. Ltd.

To: 100 Raffles Way #02-10 AIG Building 5076120 | T: +65 6419 3000 | F: +65 6419 3723 | www.aig.com.sg