

# NATIONAL Assessment Centre Services (NACS) (v1.1 1/1/00)

NA1801461

Date In: 05/03/2018 18:03	Job description	Date & Time Completed	Done by
Ref No: NCA/019/00042371	SAS e-illing		
Veh No: SLF 42373	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 03/03/2018 22:10	E-Motor Claim Form		
OD: TP Reporting Only	E-Motor W/O (within 3hrs, TP 2hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (	Tel: (	Fax: (
TP Particulars: Yell No: GBB 8156	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel: (	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: (	% (Note: B/L 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:	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: \_\_\_\_\_

On-site Time / Action:
INS CAR / NUMBER

NA1801461	Invoice Preparation Checklist
Document's & Details:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)
Contact No:	3) TP: Towing Fee \$40/110
Damaged Portion:	4) FT: Follow-Through Survey \$150
C. Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30
	For claims against INC Only (up to Jan 2010)
	6) TR: Re-inspection \$35
	7) NI: 144 DA + SMRT Survey \$160
	8) NTUC Additional Services
	9) NI: 144 DA + SMRT Survey \$150
	10) NI: 144 DA + SMRT Survey \$150
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	12) NI: 144 DA + SMRT Survey \$150
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## 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	05/03/2018 18:03
Date Of Accident	03/03/2018 22:10
Exact Location Of Accident	EAST COAST PARK CARPARK E3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF4237J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	-
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-81477114
Alternative Phone No	OFFICE-81477114

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	LEE CHIN SOON
NRIC No	S7711411D
Date Of Birth	30/04/1977
Occupation	OUTDOOR
Date Of Driving Pass	19/06/1999
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81477114
Fax Number	
Contact Number	OTHERS-81477114
EMail Address	EDWIN@CARCOVE.COM.SG

Address	BLK 124 BEDOK RESERVOIR ROAD #09-1109
Postcode	470124
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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: : WENDY CHEW SIEW LIAN 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 SKETCH PLAN

#### 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	GBB815G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	LEE CHIN SOON
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLF4237J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	WENDY CHEW SIEW LIAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLF4237J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



### SKETCH PLAN

## IMPORTANT NOTICE

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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.

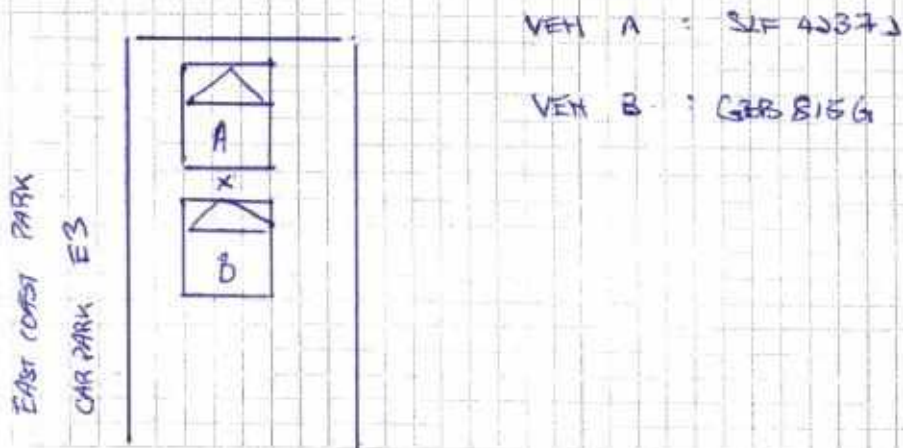


Policyholder's Signature  
Date & Time:

Driver's Signature: \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: 05/03/2018  
1535

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS WAITING AT THE STOP LINE FOR THE TRAFFIC  
 TO CLEAR FOR ME TO TURN RIGHT. I WAS STATIONARY AT THE STOP  
 LINE FOR 2 MINS THEN SUDDENLY I FELT AN IMPACT ON MY REAR  
 HOGUE  
 AND THE IMPACT WAS SO BIG THAT IT MAKE MY VEHICLE MOVE  
 FORWARD. I CAME DOWN AND SAW THIS VEHICLE GEB 815G HIT ON  
 MY REAR. AFTER THAT I WENT DOWN AND GET HIS PARTICULARS  
 AND WE 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: 05/03/2018  
 1535

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

FBK 1749K

**ACCORD**  
AUTO SERVICES PTE LTD

avclaims@myCarWorkshop.com.sg

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3270

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

Date of Accident: 03 / 05 / 2018 (dd/mm/yy) Time of Accident: 22 : 10 (24-HR-FORMAT)

Vehicle No.: 3LF 4237J Vehicle Make & Model: TOYOTA AXIO

Exact location of Accident: EAST COAST PARK CARPARK E3

Policyholder's Name / IC No.: CAR LOVE LEASING PTE LTD

Driver's Name / IC No.: LEE CHIN SOON

Driver's Contact No.: 8147 7114 (As Above) ☐

Company Contact No.: \_\_\_\_\_

Driver's Address: BLK 124 BEACH RESERVOIR ROAD #09-1109 (S) 470124

Email address (if any): edwin@carlove.com.sg Insurance Company: \_\_\_\_\_

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

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hiree 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): 2 FEMALE

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: LEE CHIN SOON / VENUSY CHENG SIEW LIANG

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.: WANG MINGREN 26865390H Vehicle No.: GPD 815G

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

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

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. S7711411D



Name  
LEE CHIN SOON  
(LI JINSHUN)  
李进顺

Race  
CHINESE

Date of birth 30-04-1977 Sex M

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7711411D

Name  
LEE CHIN SOON  
(LI JINSHUN)

Birth Date: 30 Apr 1977

Issue Date: 26 Jun 2003



4224174



NRIC No. S7711411D



Date of issue  
27-05-2008


APT BLK 124 BEDOK RESERVOIR ROAD #09-1109  
SINGAPORE 470124

NRIC No: S7711411D Date: 08/02/2011 No: 0801286


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

PASS DATE  
19 Jun 1999

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms



Licence No: S7711411D



NP 428A





HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M 2 400

TPFT COMMERCIAL MOTOR  
CERTIFICATE NO. SLF4237J

(The below excess is subject to GST)  
POLICY EXCESS S\$2000.00 Section (II)  
WINDSCREEN EXCESS S\$100.00

- 1) VEHICLE REGISTRATION NO.  
2) NAME OF INSURED  
3) EFFECTIVE DATE OF THE COMMENCEMENT OF  
INSURANCE FOR THE PURPOSES OF THE ACT  
4) DATE OF EXPIRY OF INSURANCE  
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

SUM INSURED Market Value  
INSURING WITH COE/PARF Yes  
SLF4237J  
Car Cove Leasing Pte Ltd

14 February 2018

13 February 2019

Any person who is driving on the Insured's order or with their permission.

If You or Your Authorised Driver is below the age of 23 years old and/or above 65 years old and/or has less than 1 year driving experience, the additional excess Section 2 is S\$3,000, outside Singapore is S\$5,000 and Fire & Theft excess Section 1 is S\$1,500.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### 6) LIMITATION AS TO USE\*

- 1) Use for social, domestic, pleasure purposes and business purposes of insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing; 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE Not Included

HIRE PURCHASE COMPANY Heritage Auto Enterprise Pte Ltd

\*Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates 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).

Issued in Singapore: 14 Feb 2018

AIG Asia Pacific Insurance Pte. Ltd.

691991-000  
Moh Kok Heng  
3 Tampines Grande, AIA Tampines  
#02-38  
SINGAPORE 528799

  
AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC