

NATIONAL Assessment Centre Services

Date In: 15/03/18	Job description	Date & Time Completed	Done by
Ref No: NA/AIG/18004910/13	SAS e-filing		
Veh No: Q73366L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/03/18 1500	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: Q86172B	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
() Apply for Transport Allowance () / Courtesy Car ()		
() QC Check / Post Repair Inspection ()		
() Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Time	Actions

NA1801668	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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) RT: 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:-		
	OD:		
Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
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	15/03/2018 10:17
Date Of Accident	14/03/2018 15:00
Exact Location Of Accident	NEW UPPER CHANGI RD TWDS BEDOK NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT3366L
Insured/Policyholder	
Name Of Registered Owner	SCT HOLDINGS ELECTRICAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67449389

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	2100412751-02000
Cover Note Number	

Driver

Name of Driver	SIA TIAM SENG
NRIC No	S2188164C
Date Of Birth	24/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1983
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90231634
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 720 WOODLANDS AVE 6 #12-616
Postcode	730720
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	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)	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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG172B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HO CHEAH YEUNG, EVAN
NRIC/Passport Number	S7933951B
Contact Number	96800981
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GW4797D
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TAN CHAI SENG

NRIC/Passport Number

S0215052B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SIA TIAM SENG

Approximate Age

Injuries Sustain

BACK & NECK

Injured person in which vehicle?

GT3366L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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.



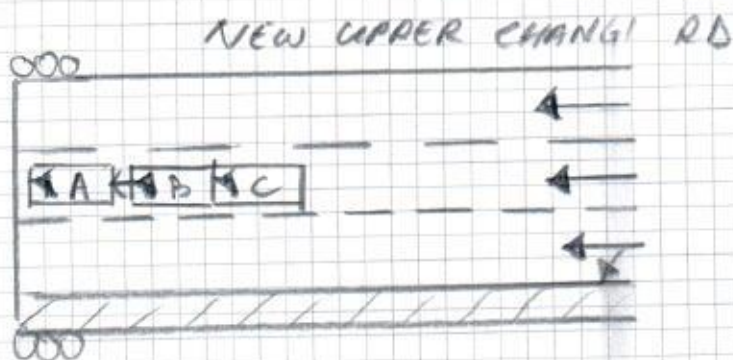
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/3/18


Reporting Centre Personnel's Signature
Name: 15/03/18
NRIC/FIN No.:

SKETCH PLAN

A - GT3366L
B - GBB172B
C - GW4797D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Q

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

14/3/18

lyn

15/03/18

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

MY VEH WAS STATIONARY AT THE RED TRAFFIC LIGHT JUNCTION OF NEW UPPER CHANGI RD & CHAI CHEE RD ON THE 2ND LANE OF A3-LANES RD. SUDDENLY I FELT THE IMPACT FROM MY REAR, VEH C CAN'T STOP ON TIME AND HIT ONTO THE REAR PORTION OF VEH B. DUE TO THE IMPACT VEH B BEING PUSHED FORWARD AND HIT ONTO MY REAR PORTION OF MY VEH.

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 03 / 18) (DD/MM/YYYY), TIME: (15 : 00) (HH:MM)

LOCATION: NEW HAPER CHANG, RD TWAS BEOK NORTH

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G73366L
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA HIACE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SCT HOLDING ELECTRICAL PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 67449389
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SIA SIAM SENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2188164C CONTACT: 90231634
c) ADDRESS: BLK 720 WOODLANDS AVE 6
#12-616 (730720)

*d) DATE OF BIRTH: (24 / 10 / 1964) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20/09/1983

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) BACK & NECK

7. a) REPORTED TO POLICE (YES/ NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GAG172B MODEL: _____
b) DRIVER'S NAME: HO CHEAH YEUNG, EVAN
c) NRIC/FIN/PASSPORT: S7933951B CONTACT: 9680 0981

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: GW4797D MODEL: _____
e) DRIVER'S NAME: TAN CHAI SENG
f) NRIC/FIN/PASSPORT: S0215052B CONTACT: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

14/03/18

waiting for
company stamp

email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2188164C

Name: SIA TIAM SENG

Birth Date: 24 Oct 1964

Issue Date: 04 Sep 2003

000802080A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2188164C

Name: SIA TIAM SENG

謝添成

Race: CHINESE

Date of Birth: 24-10-1964

Sex: M

Country of Birth: MALACCA



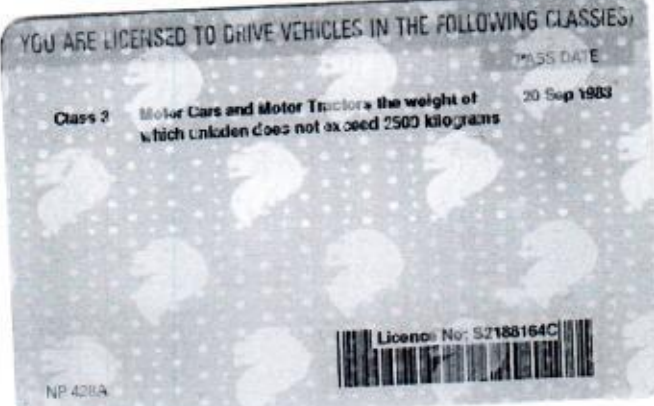

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Valid Until: 20 Sep 1983

NP 428A

Licence No: S2188164C



2264515

Barcode

NRIC No: S2188164C

28761

Portrait

Blood Group: A+

Date of Issue: 11-08-1994

APT BLK 720 WOODLANDS AVENUE 6 #12-616

SINGAPORE 730720

NRIC No: S2188164C

Date: 07-08-2001

No: 4090060

COMMERCIAL AUTOPLUS

CERTIFICATE NO. 2100412751-02000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$1600.00 (1)
WINDSCREEN EXCESS S\$100.00
(for policies with effect from 1st November 2002)

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

GT3366L

SCT Holdings Electrical Pte Ltd

14 May 2017

13 May 2018

Any person provided he is in the Insured's employ and is driving on their order or with their permission.
A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the
Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said
Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

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 in connection with the Insured's business.
 - 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Insured's business.
 - 3) Use for social, domestic or pleasure purposes.
- The Policy does not cover : a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

SOLE AGENT'S WORKSHOP : For new vehicles less than 3 years from initial registration, you have the option for claims-related
repairs to be done at Sole Agent's workshop.

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

1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only
3. Ethoz - 30 Bukit Batok Cres (Tel: 66547777) 4. DPS Body & Paint (Subsidiary of C&C) - 209 Pandan Gardens (Tel: 65684501)
5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)
9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Not Included

* NAMED DRIVER NA

HIRE PURCHASE COMPANY HONG LEONG FINANCE LTD
EMPLOYER'S LOAN

*Limitations rendered inoperative by Section 8 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 26 Apr 2017

AIG Asia Pacific Insurance Pte. Ltd.

030210-477
AIG - AUTO DIRECT
78 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120


AUTHORISED REPRESENTATIVE