

NATIONAL Assessment Centre Services

(Unit 1 - 2000)

19N018037422

Date: 11/03/2018 16:55	Job description	Date & Time Completed	Done by
Ref No: N/A/AIG/180051211	SAS e-illing		
Vel No: SKD 4350L	E-mail (with 3rd, AIG 2nd)		
D.O.A: 18/03/2018 00:35	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (with 3rd, AIG 2nd)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VKSP		

Preferred Wksp / INC Assign Wksp / QW:	Tell	Fax
TP Particulars: Yell No: FBF 88474	INC () / Non-INC ()	
Owner / Drivers:	Tell	
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 repeller.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks:	INC Hotline: 678 810016	Date Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

Injury:	
Date Time	Action

NA1801764	Invoice Preparation Checklist	Bill	Wksp
Customer/Owner:	1) ARI Accident Reporting (\$20)		
Contact No:	2) DA Damage Assessment (\$100)	INC (\$10)	
Damaged Portion:	3) TP Towing Fee	\$10/\$12	
	4) FT Follow-Through Survey	\$10	
	5) RT Follow-Through Survey (Recovery)	\$10	
	Exclusion: apply INC Date (w/ 10 Jan 2018)		
	6) TR Bill Material	\$10	
	7) N11 DA + SMRT Survey	\$140	
	8) NTUC Additional Services		
	9) NTUC Additional Services		
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	100) NTUC Additional Services		

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	19/03/2018 16:55
Date Of Accident	18/03/2018 00:35
Exact Location Of Accident	JUNCTION OF TAMPINES AVENUE 7/TAMPINES STREET 34
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD4350L
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	-
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-94883085
Alternative Phone No	OFFICE-94883085

Vehicle Particulars

Manufacturer	KIA
Model	FORTE
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	17-MI000277-R00
Cover Note Number	

Driver

Name of Driver	YEO HUEE KIONG (YANG HUIQIANG)
NRIC No	S8221052J
Date Of Birth	21/07/1982
Occupation	INDOOR
Date Of Driving Pass	25/11/2017
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94883085
Fax Number	
Contact Number	OTHERS-94883085
EMail Address	EDWIN@CARCOVE.COM.SG

Address	BLK 90 COMMONWEALTH DRIVE #03-674
Postcode	140090
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	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	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?	NO
Was there any audio recorded?	NO

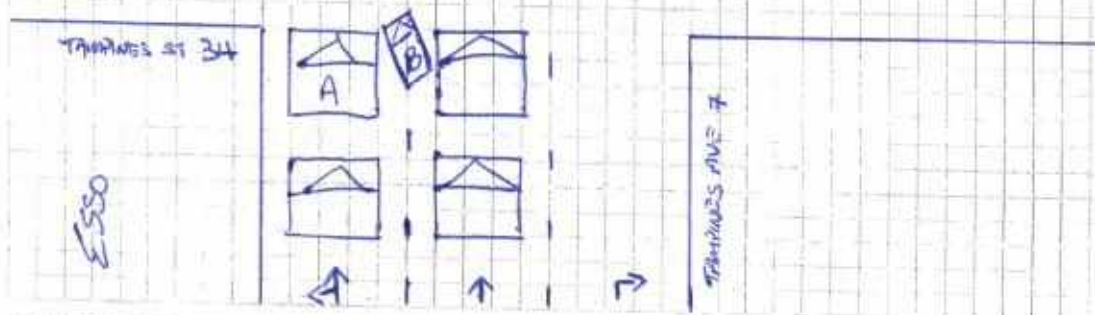
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF8841G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	TAN CHIN JUNG
NRIC/Passport Number	S8007094B
Contact Number	98538475
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

VEH A : SKD 4350L

VEH B : FBF 8841G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE 18th MARCH 2018 AROUND 0035 HRS, I WAS TRAVELLING ALONG TAMPINES AVE 7. I STOPPED AT THE JUNCTION BECAUSE THE AND ~~LEFT~~ LEFT GREEN ARROW TRAFFIC WAS RED. WHEN THE TRAFFIC TURNS GREEN I STARTED TO MOVE OFF. SUDDENLY THIS MOTOR CYCLE FBF 8841G CAME FROM MY RIGHT HAND SIDE AND HE COLLIDED ON MY RIGHT HAND SIDE FRONT BUMPER. AFTER THAT I CAME DOWN AND ASK WHAT HAPPEN, HE TOLD ME HE THOUGHT THE GREEN ARROW IS STILL ON SO HE DECIDED TO TURN LEFT. BUT WHEN HE'S ABOUT TO TURN LEFT THE TRAFFIC LIGHTS TURNS ~~OTHER~~ GREEN AND THERE'S NO GREEN ARROW.

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.:

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: Rishi
NRIC/FIN No.: 19603/2068

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 18 / 03 / 2018 (dd/mm/yy) Time of Accident: 00 28 35 (24-HR-FORMAT)
Vehicle No.: SKD4350L Vehicle Make & Model: KIA FORTE
Exact location of Accident: TAMPINES AVE 7 + TAMPINES ST 34
Policyholder's Name / IC No.: CAR COVE LEASING PTE LTD
Driver's Name / IC No.: YEO HUE KIONG (As Above) ☐
Driver's Contact No.: 94883085 Company Contact No.: _____
Driver's Address: BLK 90 COMMONWEALTH DRIVE #103-674
Email address (if any): edwin@carcove.com.sg Insurance Company: _____
Relationship between Owner & Driver: (Please CIRCLE one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Other 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): _____

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: _____

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.: TAN CHIA JUNG S80070943 Vehicle No.: 73F 88416

Driver's Contact No.: 98538475 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.: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8221052J



Name

YEO HUEE KIONG
(YANG HUIQIANG)

楊 惠 強

Race

CHINESE

Date of birth

21-07-1982

Country of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No. S8221052J

YEO HUEE KIONG
(YANG HUIQIANG)

Birth Date: 21 Jul 1982

Issue Date: 19 Nov 2013



5097413

NRIC No. S8221052J



Date of issue
26-07-2012

Address
APT BLK 90 COMMONWEALTH DRIVE
#03-674
SINGAPORE 140090

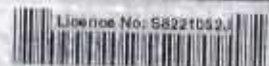
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

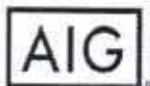
Class	Vehicle Class	Defective Date
Class 2B	Motorcycles < 100 CC	01 Jan 2017
Class 2A	Motorcycles between 101 CC and 400 CC	28 Sep 2017
Class 3	Motor cars < 4,500 kg with < 7 passengers, exclusive of the driver; and motor tractors/vehicles < 1500 kg	28 Nov 2017

S8221052J

S / No. 9000311442

NP 429A





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, 1998

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999 (MALAYSIA)

M.Z.400

(The below excess is subject to GST)

TPFT COMMERCIAL MOTOR	POLICY EXCESS	S\$2000.00 Section (II)
CERTIFICATE NO. SKD4350L	WINDSCREEN EXCESS	NA
POLICY NO. 999994802	SUM INSURED	Market Value
CHASSIS NO. KNAFU411MB5451086	INSURING WITH COE/PAFF	Yes
	SKD4350L	
	Car Cove Leasing Pte Ltd	
1) VEHICLE REGISTRATION NO.		
2) NAME OF INSURED		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	14 February 2018	
4) DATE OF EXPIRY OF INSURANCE	13 February 2019	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		

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\$6,000 and Fire & Theft excess Section I 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 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 21 Mar 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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 911818037422 Vehicle Registration No : 8KD4350L
Name (as shown in NRIC) : Yeo Hui Kiong (Yong Hui Kiong) NRIC/FIN/Passport No : S8221052J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 94883085
Email Address : _____
Date of Accident : 18/03/2018 Time of Accident : 00:35
Place of Accident : JUNCTION OF TAMPINES AVE 7 / TAMPINES STREET 34
Insurance Company : TOKIO MARINE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insurance should be TOKIO MARINE & NOT FIRST COPINS.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Reel Winters
NRIC/FIN No.:
Date: 02/04/2018

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: M/NT/18037422-01 Vehicle Registration No: SKD4350L
Name (as shown in NRIC): Yao Hume Kiong (Tan Hui) NRIC/FIN/Passport No: S8224052J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 94883085
Email Address: _____
Date of Accident: 18/03/2018 Time of Accident: 00:35
Place of Accident: JUNCTION OF Tampines Ave 7 / Tampines ST 34
Insurance Company: _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insurer should be only 1 not Tokio Marine

Policyholder / Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name: Rishi Kumar
NRIC/FIN No.: _____
Date: 02/04/2018