

**NATIONAL Assessment Centre Services** [ref 1 Jan 09] **MMA 118045948**

Date In: <b>6/4/18 13:39</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MA1AIG18006386/64</b>	SAS e-filing		
Veh No: <b>GU 3223K</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>31/3/18 14:05</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: <b>FBD 6073E</b>	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

<b>Claimant's Particulars:-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Sat 1: Sat 2/3:	<b>MA1802163</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
		1) AR: Accident Reporting (\$30);	<b>30.00</b>	
		2) DA: Damage Assessment (\$100); INC (\$30)		
		3) TF: 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 2009)		
		6) TR: Re-inspection \$75		
		7) N1: Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
	QD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N11 INC) against INC \$20			
	9) N12: Idac Mobile 30			
	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	06/04/2018 13:39
Date Of Accident	31/03/2018 14:05
Exact Location Of Accident	CARPARK AT BLK 404 PANDAN GARDENS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU3223K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ESTEEM DECOR LLP
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68414122

### 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	2100485626-01
Cover Note Number	-

### Driver

Name of Driver	LIM TJENG SIANG
NRIC No	S1767990B
Date Of Birth	02/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1983
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98512331
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address BLK 148 LOR 1 TOA PAYOH #10-913  
 Postcode 310148  
 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 COLLISION - MAJOR/MINOR RD  
 Weather Conditions DRIZZLING  
 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) 1

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name CLEMENTI N.P.C  
 Police Station Address ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: - FAX NO:  
 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  
 Remarks/ Reasons: WITH DRIVER  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBD6073E  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category MOTORCYCLE  
 Name of Driver MURALIRAM S/O MANICKAM  
 NRIC/Passport Number S7805452B  
 Contact Number 94492967  
 Address  
 Postcode  
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

## 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:

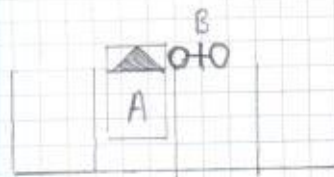
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# SKETCH PLAN

A = GU 3223K  
B = FCD 6073 E



carpark at blk 404 Pandan Gardens.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## 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.:



**SINGAPORE  
POLICE FORCE**



T/20180401/2093

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3  
Report No. T/20180401/2093

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/04/2018 22:46		Vide Report No.:		Station Diary No.: 171	
<b>Informant's Particulars</b>					
Name of Informant: LIM TJENG SIANG			Address: APT BLK 148 LORONG 1 TOA PAYOH #10-913 SINGAPORE 310148		
ID Type / ID No.: NRIC NO / S1767990B			Contact No.: Home/Office: Mobile: 98512331		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 02/03/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/03/2018 14:05	Type of Location: Car Park
Location: Along Road 1 PANDAN GARDENS				
Carpark at Blk 404 near the gantry				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD6073E	Motorcycle	YAMAHA	YAMAHA	Red	Slightly Damaged	1
GU3223K	Van	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL	Silver	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20180401/2093

2 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20180401/2093

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MURALIRAM S/O MANICKAM	ID No.	S7805452B
Related Vehicle	FBD6073E (Motorcycle)	Contact No.	94492967
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LIM TJENG SIANG	ID No.	S1767990B
Related Vehicle	GU3223K (Van)	Contact No.	98512331
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date, time and place, I was about to go out of the lot in my carpark. I had checked both sides before moving out, and seeing that it was clear, I proceeded to move off. Just as I had moved off, I heard a bang from my passenger side door. I immediately stopped the van and got out of the vehicle and saw a motorcycle bearing reg. no. FBD6073E had hit onto my passenger side door.

There were no injuries on me and the rider. We both exchanged particulars and subsequently moved off.

I am lodging this report for insurance claim purposes.





**SINGAPORE  
POLICE FORCE**



T/20180401/2093

3 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20180401/2093

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

D /

MUHAMMAD SHAHRIAR RAHMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:

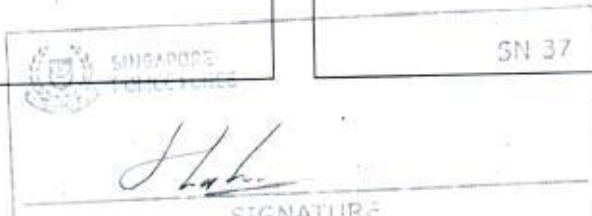
01/04/2018 22:46

Classification Of Case:

SN 37

Authentication Stamp

NP168



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1767990B



Name  
LIM TJENG SIANG  
林呈祥  
Race  
CHINESE  
Date of birth  
02-03-1964  
Country of birth  
SINGAPORE

Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
S1767990B  
Name  
LIM TJENG SIANG  
Birth Date  
02 Mar 1964  
Issue Date  
16 Dec 2002



4677872



NRIC No. S1767990B



Date of issue  
09-02-2011


Address  
APT BLK 148 LORONG 1 TOA PAYOH  
#10-913  
SINGAPORE 310148

LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

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

PASS DATE  
27 Oct 1983

Licence No. S1767990B





## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Esteem Decor LLP  
 Period of Insurance : 06 Oct 2017 To 05 Oct 2018  
 Engine No. : 1KD2649350  
 Chassis No. : JTFHT02P900205599

Vehicle No. : GU3223K  
 Policy No. : 2100485626-01  
 Endorsement No. :  
 Issued Date : 04 Oct 2017

## ABOUT THE COVER

Make/Model : TOYOTA HIACE 1 ton [Van]

Engine Capacity/Tonnage : 1 Tonnage

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2016

Insuring with COE/PAF : Yes

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

- a) Any person who is driving on the Policyholder's order or with their permission.  
 b) 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 or 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\* :

- 1) Use in connection with the Policyholder's business.  
 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.  
 3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, and by use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle; b) use for any purpose in connection with Motor Trade.

\* 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, 1987 (Malaysia), are not to be included under these headings.

## EXCESS

## Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0

## Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

## APPROVED REPORTING CENTRES/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 6338 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: United Overseas Bank Limited

I/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, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL  
 78 SHENTON WAY #07-16 AIG BUILDING  
 SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

  
 AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

SEPLLC