

NATIONAL Assessment Centre Services (with 1-800-833-8385)

NA1802307

Date In: 11/04/2018 16:38	Job Description	Date & Time Completed	Done by
Ref No: NBA/019/000670617	SAS e-tiling		
Veh No: SLC B327	E-mail (with photos, photos)		
D.O.A: 11/04/2018 11:00	Motor Claim Form		
OD: TP / Reasoning Only	Motor W/O (with photos, if any)		
TP Insure:	Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Whse / INC Assign Whse / OW: Toll Fax

TP Particulars: Yell No: **SBG 83887** INC () / Non-INC ()

Owner / Driver: Toll

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: Time: ()

Insured/Driver Liability: () % (Note: B/L Status (WO): NI 0-20%, PI 21-79%, PI 80-100%)

Year of Registration: () Warranty: YBS () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly confidential & strictly NO refer of repairs.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () Invoice: YES () / NO () Towing Co: ()

Removal: ()	DR: ()	DR: ()	DR: ()
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

Injury: _____

Directions	Actions

NA1802307

Human Resources	Invoice Preparation Checklist		
Driver/Owner	1) ARI Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$100)	
Damaged Portion:	3) TP: Towing Fee	\$100	
	4) PT: Follow-Through Survey	\$100	
	5) PT: Follow-Through Survey (Recovery)	\$100	
	6) TR: Bill generation	\$10	
	7) NI: (AVDA + SMRT Survey)	\$140	
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tol Allowance	\$1	
	10) NI: Repair Coordination	\$10	
	11) NI: Post Repair Inspection	\$10	
	12) NI: DV / Collision Coordination	\$1	
	13) NI: (NI) / TP (NI) / INC: Contact INC	\$10	
	14) NI: (NI) / TP (NI) / INC: Contact INC	\$10	
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Not 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	11/04/2018 16:38
Date Of Accident	11/04/2018 11:00
Exact Location Of Accident	BLK 925 YISHUN CEBTRAL 1 MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ1382J
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	-
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-98805704
Alternative Phone No	OFFICE-98805704

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994802
Cover Note Number	

Driver

Name of Driver	LEE MIAO QI
NRIC No	S9029360E
Date Of Birth	23/08/1990
Occupation	INDOOR
Date Of Driving Pass	17/11/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98805704
Fax Number	
Contact Number	OFFICE-98805704
EMail Address	EDWIN@CARCOVE.COM.SG

Address	BLK 346 ANG MO KIO AVENUE 3 #10-2270
Postcode	560346
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 (COLLISION TYPE IS HEAD TO SIDE)

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	SBG8388T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SEK
NRIC/Passport Number	S1304918A
Contact Number	96681876
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 willful misrepresentation or withholding of material facts may allow insurance companies to repeal 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:

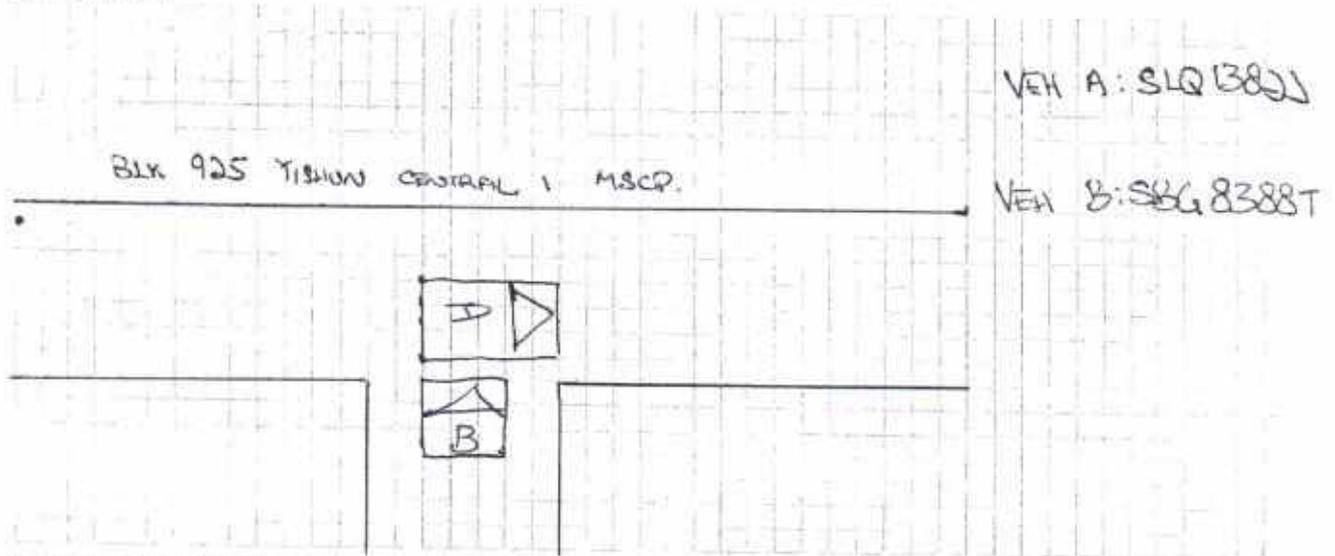
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Driver's Signature
(if driver is not the policyholder)
Date & Time:

11/04/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT INSIDE THE MSCP ON 11TH APRIL 2018
 AT AROUND 1100 HRS. WHILE I PASS BY THE SLOPE OF THE MSCP THE
 VEH B SGG 8388T WAS STILL HALFWAY UP FROM THE SLOPE. SO I PROCEED
 BUT HALFWAY PASS THE SLOPE SUDDENLY I FELT AN IMPACT HIT
 ONTO MY CAR. AFTER THAT I PARK MY CAR ONE SIDE AND
 EXCHANGE PARTICULARS. HE INSIST TO CALL ORANGE FORCE TO COME SO WE WAITED.
 AFTER THE ORANGE FORCE CAME, THE OFFICER ASKED US AND TOLD THE 3RD PARTY
 THAT IN THIS SCENARIO IS THE 3RD PARTY FAULT AND IF HE BRING US GO
 TO THEIR AUTHORISED WORKSHOP.

DECLARATION

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

Policyholder Signature
 Date & Time:



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

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

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 11 / 04 / 2018 (dd/mm/yy) Time of Accident: 11 : 00 (24-HR-FORMAT)
Vehicle No.: SLG 1382J Vehicle Make & Model: VOLKSWAGEN JETTA
Exact location of Accident: BLK 925 YISHUN CENTRAL 1 MSCP
Policyholder's Name / IC No.: CAR CARE LEASING PTE LTD
Driver's Name / IC No.: LEE MIAO QI 29029360E (As Above)
Driver's Contact No.: 9880 5704 Company Contact No.: _____
Driver's Address: BLK 346 ANG MO KIO AVENUE 3 #10-2270 (S) 560346
Email address (if any): edwin@carcare.com.sg Insurance Company: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / **Hired** 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?

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

No. of Passengers (Including Driver): 1

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 SEK 21204918A Vehicle No.: SBG 8388T

Driver's Contact No.: 9668 1896 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. S9029360E



Name
LEE MIAO QI

李妙琪
Race
CHINESE
Date of birth 23-08-1990 Sex F
Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S9029360E

LEE MIAO QI

Birth Date: 23 Aug 1990
Licence Date: 17 Nov 2017

002745064F

3764323



NRIC No. S9029360E



Date of Issue
05-09-2005

Address
APT BLK 945 ANG MO KIO AVENUE 3
#10-2270
SINGAPORE 660346

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 17 Nov 2017



Licence No. S9029360E

NP 428A



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

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)

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

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1939 (MALAYSIA)

M Z 403

TPFT COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SLQ1382J	POLICY EXCESS	S\$2000.00 Section (II)
POLICY NO.	999994802	WINDSCREEN EXCESS	NA
1) VEHICLE REGISTRATION NO.		SUM INSURED	Market Value
2) NAME OF INSURED		INSURING WITH COE/PARF	Yes
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		SLQ1382J	
4) DATE OF EXPIRY OF INSURANCE		Car Cove Leasing Pte Ltd	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		14 February 2018	
		13 February 2019	
<p>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</p>			
<p>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.</p>			
6) LIMITATION AS TO USE*			
<p>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.</p>			
<p>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</p>			
LOSS OF USE	Not Included		
HIRE PURCHASE COMPANY	Heritage Auto Enterprise Pte Ltd		
<p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>			

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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 28 Mar 2018

AIG Asia Pacific Insurance Pte. Ltd.

691691-000
Moh Kok Heng
3 Tampines Grande, AIA Tampines
#02-38
SINGAPORE 528769



AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC