

NATION 11 Assessment Centre Services

Date: 13/04/18	Job description	Date & Time Completed	Done by
Ref: NA/A19/18006871/13	SAS e-filing		
Veh No: SKT6351L	E-mail (within 8hrs, MP 2hrs)		
DOI: 13/04/18 0930	i-Motor Claim Form		
DOI: 13 Reporting Only	i-Motor W/O (Within 10/2 hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insured	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (N-57)	Tel:	Fax:
TP Particulars:	Veh No: 5JF6440Z	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

NA/1802319	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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 -		
	Q1:		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 10		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	13/04/2018 14:27
Date Of Accident	13/04/2018 09:20
Exact Location Of Accident	PIE TWDS TUAS B4 CTE(CITY)EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT6351L
Insured/Policyholder	
Name Of Registered Owner	LIM BENG HWA
NRIC No	S1643673I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96177167
Alternative Phone No	OTHERS-96177167

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100417315-02000
Cover Note Number	

Driver

Name of Driver	LIM BENG HWA
NRIC No	S1643673I
Date Of Birth	14/11/1964
Occupation	INDOOR
Date Of Driving Pass	31/01/1984
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96177167
Fax Number	
Contact Number	OTHERS-96177167
Email Address	NOEMAIL

Address	BLK 636 BEDOK RESERVOIR RD #06-31
Postcode	410636
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	2
Passenger 1	NAME: : LIM SHU YUN 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF6440Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJX5877J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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 LIM BENG HWA
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKT6351L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LIM SHU YUN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKT6351L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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.:

PIE TOWARDS TJAS BEFORE LIE (CITY) EXIT.

SKETCH PLAN

A - SKT 6351 L

B - SJF 6440 Z

C - SJX 5877 J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE TOWARDS TJAS ON THE MOST EXTREME RIGHT LANE OF 5-LANES, EXPRESSWAY. SOMEWHERE BEFORE LIE (CITY) EXIT, VEHICLES AHEAD OF ME SLOWED DOWN AND STOPPED DUE TO HEAVY TRAFFIC. AS SUCH, I APPLIED BRAKE AND STOPPED COMPLETELY BEHIND VEH (C). OUT OF SUDDEN, VEH (B) CAME FROM THE REAR AND COLLIDED DIRECTLY ONTO THE REAR PORTION OF MY VEHICLE. DUE TO THE IMPACT, MY VEHICLE SURGED FORWARD AND COLLIDED ONTO THE REAR PORTION OF VEHICLE (C). THEREFORE, I ALIGHTED AND REALISED THAT I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEHICLES.

VEHICLE A - SKT 6351 L

VEHICLE B - SJF 6440 Z

VEHICLE C - SJX 5877 J

DECLARATION

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

② 
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)

 13/04/18
Reporting Centre Personnel's Signature
Name:

Vehicle No.	SRT 6351 L	Model / Make	TOYOTA ALTIS.
Date of Accident	13/04/18		
Time of Accident	0920 AM	HRS	
Location of Accident	PLE TOWARDS TUAS BEFORE CTE (CITY) EXLT.		
Exact purpose use during accident	PERSONAL USE		
Name of Owner	LIM BENG HWA		
Telephone No.	H/P : 96177167	Home :	Office :
NRIC	S16436731		
Address	BLK 636 BEDOK RESERVOIR ROAD #06-31 S(410636)		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	AIA		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	2100417315-02000		
Name of Driver	As Above If No,		
NRIC	Any Passengers : 1 FEMALE		
Date of birth	14/11/1964		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	31 JAN 1984		
Gender	<u>Male</u> / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee,	If no, state	OWNER
Weather condition	<u>Clear</u>	Raining Other	
Road Surface	<u>Dry</u>	Wet Other	
Any Injuries	No,	If Yes, Who?	PENDING
Name And Contact No.	LIM BENG HWA	96177167	
Name And Contact No.	LIM SHU YUN	(REF TO 96177167)	
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	SJE 6440 Z	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	SJX 5877 J	Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	FRONT / REAR		
Camera Recorder	<u>Yes</u> / No		
Email Address			
PARTICULAR WORKSHOP	N51 AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	JUN MENG		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S16436731



Name
LIM BENG HWA

林 民 华

Race

CHINESE

Date of Birth

14-11-1964

Country of Birth

SINGAPORE

Sex

M

S16436731

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S16436731

Name

LIM BENG HWA

Birth Date 14 Nov 1964

Issue Date 16 Dec 2002



000009079K

AD223078



NRIC No. S16436731

Blood Group Date of issue

O+ 21-09-2002

Address

APT BLK 636 BEDOK RESERVOIR ROAD
#06-31
SINGAPORE 410636

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

PASS DATE

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

31 Jan 1984

NP 428A



Licence No: S16436731



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.X.1

AUTOPLUS

CERTIFICATE NO. 2100417315-02000

OWN DAMAGE EXCESS S\$600.00 (1)
WINDSCREEN EXCESS S\$100.00
(for policies with effect from 1st November 2002)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes
SKT6351L

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Lim Beng Hwa

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

18 Jun 2017

4) DATE OF EXPIRY OF INSURANCE

17 Jun 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *
SUBJECT TO AGE CONDITION :All Age Condition

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

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 *

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

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 Loss of Use 10 Days (1600cc) - Refer to policy wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY DBS BANK 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 At Singapore 2 May 2017

AIG Asia Pacific Insurance Pte. Ltd.

030210-472
AIG - AUTO DIRECT
78 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

ORIGINAL

SSCGUK