

# NATIONAL Assessment Centre Services (with notes)

MINA418050585

Date In: 16/04/2018 19:15	Job description	Date & Time Completed	Done by
Ref No: 1804/0168007028/1	SAS e-illing		
Veh No: SKV 121E	E-mail (white sheet, A10 sheet)		
D.O.A: 15/04/2018 15:15	1-Motor Claim Form		
CO: TP / Reporting Only	1-Motor W/O (white sheet, A10 sheet)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'n Report by Fax/Hand to Owner/Whse		

Preferred Worp / INQ Assign Wksp / OW:	Tel:	Fax:
TP Participants: Yeh No: SCP 8832L	INC ( ) / Non-INC ( )	
Owner / Driver:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( )	(Note: BSL Status (WO): NI 0-20%, P: 21-79%, P: 80-100%)	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: ( \$ )	Loading: \$1,000 ( ) / \$3,000 ( )	

General Remarks:

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

( ) Total Loss Case: 1 to e-mail Insurer URGENTLY.

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

Remarks: ( ) INQ Hotline: 6788 6016

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )

Other Tolls / Actions: ( )

MINA41802428	Invoice Preparation Checklist
1) AR: Accident Reporting (330)	INC (40)
2) DA: Damage Assessment (3100)	24/1/1
3) TP: Towing Fee	110
4) PT: Follow-Through Survey	110
5) PT: Follow-Through Survey (Recovery)	110
6) TR: Re-inspection	110
7) NTUC: NTUC & SMART Survey	110
8) NTUC: NTUC & SMART Survey	110
9) NTUC: NTUC & SMART Survey	110
10) NTUC: NTUC & SMART Survey	110
11) NTUC: NTUC & SMART Survey	110
12) NTUC: NTUC & SMART Survey	110
13) NTUC: NTUC & SMART Survey	110
14) NTUC: NTUC & SMART Survey	110
15) NTUC: NTUC & SMART Survey	110
16) NTUC: NTUC & SMART Survey	110
17) NTUC: NTUC & SMART Survey	110
18) NTUC: NTUC & SMART Survey	110
19) NTUC: NTUC & SMART Survey	110
20) NTUC: NTUC & SMART Survey	110

## 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	16/04/2018 19:15
Date Of Accident	15/04/2018 15:15
Exact Location Of Accident	JUNCTION OF QUEENSWAY AND COMMONWEALTH DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV1211E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO BOON LENG
NRIC No	S0009125A
Email Address	YEO.BOONL.LENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97358551
Alternative Phone No	OTHERS-97358551

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER

Exact Purpose for which vehicle was being used at time of accident

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	2100427099-02
Cover Note Number	

### Driver

Name of Driver	YEO BOON LENG
NRIC No	S0009125A
Date Of Birth	11/10/1952
Occupation	INDOOR
Date Of Driving Pass	11/04/1975
Driving Experience	43 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97358551
Fax Number	
Contact Number	OTHERS-97358551
Email Address	YEO.BOONL.LENG@GMAIL.COM



Address	BLK 126 BUKIT MERAH VIEW #02-374
Postcode	151126
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
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)	2

#### 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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP8832L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHIN HO
NRIC/Passport Number	S1814159J
Contact Number	91142533
Address	
Postcode	
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.
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 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:

1:30 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

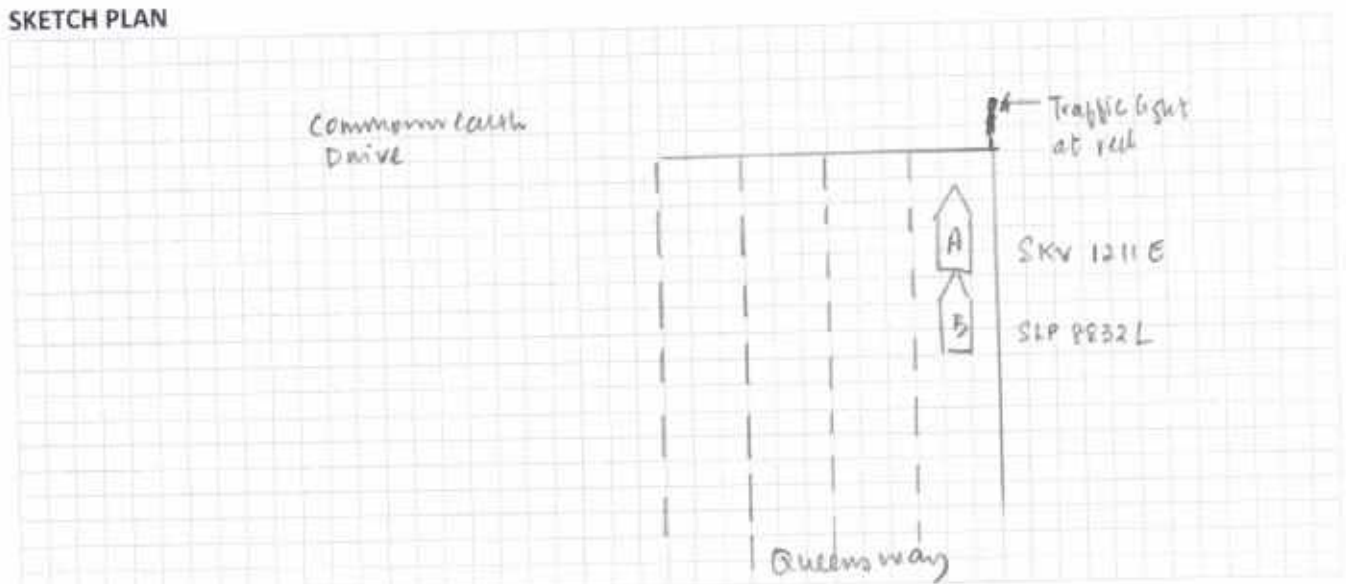
Name:

NRIC/FIN No.:

16/04/2018

Rashid WAPAR

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Queensway at about 3:15 pm on 15 Apr 18 (Sunday) when I braked to stop as the traffic lights at the junction of Commonwealth Drive and Queensway turned yellow. My car was almost stationary at the stop line when it was hit from behind by vehicle B.

The impact caused my car to move forward several metres while vehicle B ended up at the stop line. The rear of my vehicle and the front of vehicle B were damaged.

There were no injuries to drivers, my passenger or the 2 passengers in vehicle B. Both cars were able to drive off.

## DECLARATION

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

16 Apr 18, 1:30pm

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature: *[Signature]* 16/04/2018  
Name: *[Signature]*  
NRIC/FIN No.: *[Signature]*



Date of Accident	Time of Accident	Exact Location of Accident
15/4/2018	3:15pm	Junction of Queensway and Commonwealth Drive

DETAILS OF OWN VEHICLE	
Vehicle Registration No:	8KV 1211 E
Name of Owner:	Yeo Boon Leng
Owner IC:	80009125A
Vehicle Make (Audi/Toyota etc)	Mit Lancer
Type of Vehicle (bicycle, big truck, bus, coupe, CRV, Jeep, Lorry mixer, truck, motorcycle, MPV, prime mover, saloon, van, others)	Saloon
Exact purpose of veh.	Private / Commercial
Are you claiming your own insurance?	Own Damage / Third Party / Reporting Only
Vehicle Category	Private / Commercial / Motorcycle
Insurance Company	AIA
Type of Policy	Comprehensive / Commercial / Third Party
Policy Number	

DRIVER 1 + 1 (wife)	
Name of Driver	Yeo Boon Leng
Driver IC	80009125A
Date of Birth	11/10/1952
Occupation	Retiree
Yrs of Driving Experience	11/4/1975
Gender	Male
Contact No.	9735 8551
Address	816 126 Bukit Merah View #02-824 SE 51126
Email Address	Yeo.boon.leng@gmail.com
Employee of Insured's Company?	-
If no, state relationship of Driver with Insured.	Self
Driver's own vehicle no. & Insurance company	-

DETAILS OF WITNESS	
Name	
Phone	
Email Address	

GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (eg. Chain collision, head-on collision, side swipe, front rear)	head-to-rear
Weather Conditions	Clear / Raining / Others (pls state)
Road Surface	Wet / Dry / Others
OTHER INFORMATION	
Was anybody injured in the accident? *	Yes / No
Was any other vehicle or property damaged? (including Witness)	Yes / No
DETAILS OF POLICE ACTION	
Accident reported to the Police?	Yes / No
If yes, state which police station	
Notice of Intended Prosecution given?	Yes / No

DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Reg. No.	SLP 8832 L
Vehicle Make / Model / Colour / Properties	
Name of Driver	Lee Chin Ho
IC / FIN / Passport Nbr	S1814159 J
Contact Nbr	9114 3583
Address	
Insurance Company	M&H
Nature of Damage	

DETAILS OF INJURED PERSONS 1	
Name	
Address	
Approximate age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seatbelts worn?	Yes / No
Conveyed to hospital by ambulance?	Yes / No

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0009125A



YEO BOON LENG

杨文龙

Race  
CHINESE

Date of Birth: 11-10-1952 Sex: M

Country of Birth:  
SINGAPORE



NRIC No: S0009125A



Blood Group: B+ Date of issue: 21-03-1993

Address:  
APT BLK 126 BUKIT MERAH VIEW #02-374  
SINGAPORE 151126

NRIC No: S0009125A

Date: 10/10/2008

No: 6000400

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0009125A

Name:

YEO BOON LENG

Birth Date: 11 Oct 1952

Issue Date: 24 Aug 2015



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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 11 Apr 1975



Licence No: S0009125A

NP 428A





Name of Policyholder : Yeo Boon Leng  
Period of Insurance : 31 Aug 2017 To 30 Aug 2018  
Engine No. : 4A82CA0567  
Chassis No. : JMY8RCY1AFU005131

Vehicle No.	SAV1211E
Policy No.	2100427099-02
Endorsement No.	
Issued Date	28 Aug 2017

Make/Model	MITSUBISHI LANCER EX 1.6L				
Engine Capacity/Tonnage	1 590.00 CC	Sum Insured	Market Value	First Year of Registration	2015
Driver Restriction	NA	QH Peak Car	No	Insuring with COE/PARF	Yes

[illegible]

Use only for actual, domestic, and personal purposes and for the individual user only. This report cannot cover use for the following categories: (a) resale, distribution, or other commercial purposes; (b) advertising, promotion, or other marketing purposes; (c) legal action; (d) the creation of new products or services; (e) the creation of new businesses; (f) the creation of new markets; (g) the creation of new industries; (h) the creation of new professions; (i) the creation of new occupations; (j) the creation of new careers; (k) the creation of new jobs; (l) the creation of new opportunities; (m) the creation of new challenges; (n) the creation of new risks; (o) the creation of new responsibilities; (p) the creation of new obligations; (q) the creation of new liabilities; (r) the creation of new assets; (s) the creation of new liabilities; (t) the creation of new opportunities; (u) the creation of new challenges; (v) the creation of new risks; (w) the creation of new responsibilities; (x) the creation of new obligations; (y) the creation of new liabilities; (z) the creation of new assets.

\* Lactate is supplied (expressed by Section 8 of the Motor Vehicle (Third-Party Waiver and Compensation) Act, Cap. 185) and Section 16 of the Road Transport Act 1972 (Malaysia) are identical and also cover these vehicles.

Section 1  
Fire - \$1. Own Damage - \$500. Theft - \$1. Flood Cover - \$0

Section 2  
Property (Theft) - \$1

Windscreens - \$100

Named Driver and Excess (includes original car)  
You Better Living 8000 (own Damage)

1. Cycle & Carriage Customer Service Centre / 1st warehouse store only, Add: 27, ring road 9th Singapore 110014 84716628  
2. Cycle & Carriage Customer Service Centre / 2nd warehouse store only, Add: 320, Jln Pk 3 Singapore 409606 87461030  
3. Cycle & Carriage Rty & Parts Center, Add: 355, Havelock Road Singapore 069135 05104450

For other approved Reporting Categories, call 1-800-4-A-HEAD or 1-800-452-4373 for a 24-hour accident emergency hotline or visit [www.4a-head.com](http://www.4a-head.com). For more information, call 1-800-4-A-HEAD or visit [www.4a-head.com](http://www.4a-head.com).

Free Purchase Company/Employee's Loan NA

We hereby certify that the policy is what the Certificate of Insurance represents and is issued in accordance with the provisions of the Motor Vehicle Third Party Rules and Conditions set out in Part 1 of the Road Transport Act 1987 (Malaysia) and Motor Vehicle Third Party Rules (Third Party Rules) 1989 (Malaysia).

04057307 79

CYCLE &amp; CARRIAGE - CHILDHINT

275 ALEXANDRIA ROAD

SINGAPORE 15950 ANSP MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

**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 : MNA418050585 Vehicle Registration No: SKV 1211 E  
Name (as shown in NRIC): Yeo Boon Leng NRIC/FIN/Passport No : 90009125A  
(\* Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 126 Bukit Merah View #02-374 SE 151126 Singapore( )  
Contact (Tel) : 97358561 Mobile No. : \_\_\_\_\_  
Email Address : yeo.boon.leng@gmail.com  
Date of Accident : 16/04/2018 Time of Accident : 19:15  
Place of Accident : Junction of Queensway & Commonwealth Drive  
Insurance Company : AIG

**(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:

Attach video footage & accident site photos.

P. J.  
Policyholder / Driver's Signature

Date: 17/4/18

Rasdi Wahab  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

Rasdi WAHAB  
17/04/2018