

NATIONAL Assessment Centre Services [Part 1 of 2]

Date In: 18/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/AIG18007152/13	SAS e-filing		
Veh No: SJW7945M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/04/18 2110	i-Motor Claim Form		
OD: (IP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( **TWINCAR** ) Tel: Fax: )

TP Particulars: Veh No: **F477386** 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

NA1802417	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Ist Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) iFT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD!*		
Auditors' Comments :-	*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	
Cat. 1:	9) N12: Idac Mobile	30	
Cat. 2 / 3:	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	18/04/2018 11:02
Date Of Accident	17/04/2018 21:05
Exact Location Of Accident	BKE TWDS PIE AFT MANDAI RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW7945M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG SOOK FOON
NRIC No	S7584418B
Email Address	WONGSOOKFOON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81334066
Alternative Phone No	OTHERS-81334066

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	1700083626
Cover Note Number	

### Driver

Name of Driver	WONG SOOK FOON
NRIC No	S7584418B
Date Of Birth	07/11/1975
Occupation	INDOOR
Date Of Driving Pass	16/05/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81334066
Fax Number	
Contact Number	OTHERS-81334066
EMail Address	WONGSOOKFOON@GMAIL.COM

Address	BLK 208 BOON LAY PLACE #11-183
Postcode	640208
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	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?	YES
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FY7738G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 UNKNOWN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FY7738G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

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.

② Loay Sook Joo

Policyholder's Signature

Date & Time:

Loay Sook Joo

Driver's Signature

(If driver is not the policyholder)

Date & Time:

flynn 18/04/18

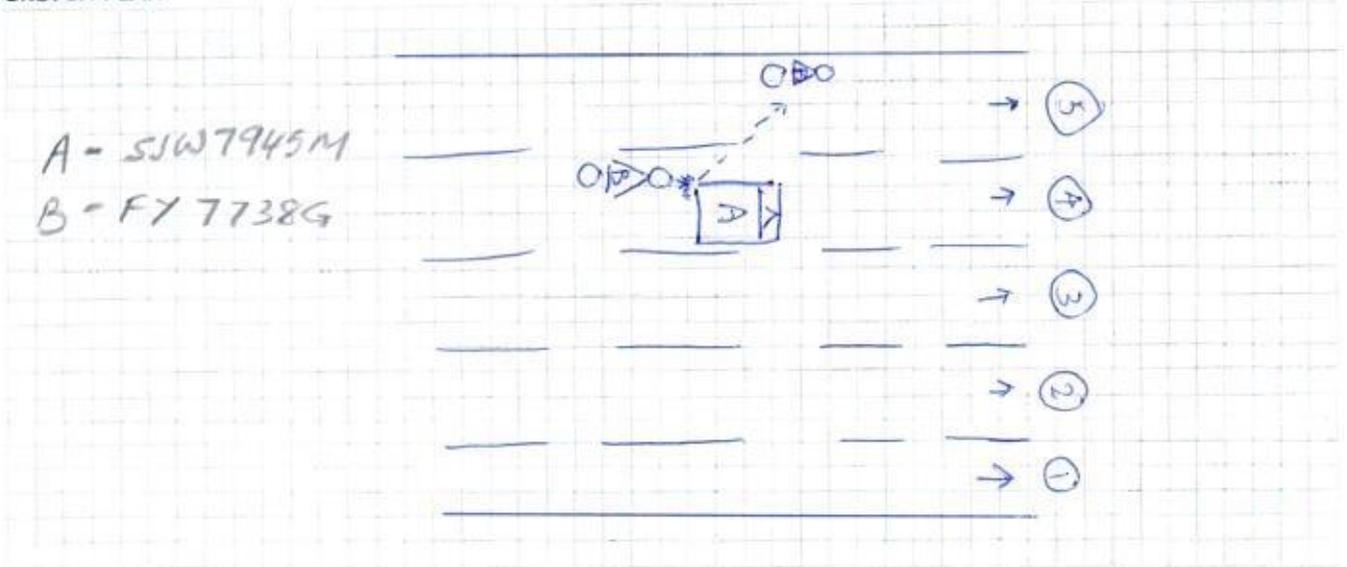
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

BIKE TOWARDS PLE AFTER MANUVAZ RD EXIT.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no. T/20180418/2013.

*(The rest of the section is crossed out with a diagonal line.)*

DECLARATION

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

Wong Sook Foon  
 Policyholder's Signature  
 Date & Time:

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

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



**SINGAPORE  
POLICE FORCE**



T/20180418/2013

1 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649813  
Tel No: 1800-2689999

Report No. T/20180418/2013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/04/2018 08:19		Vide Report No.:		Station Diary No.: 22	
<b>Informant's Particulars</b>					
Name of Informant: WONG SOOK FOON			Address: APT BLK 208 BOON LAY PLACE #11-183 SINGAPORE 640208		
ID Type / ID No.: NRIC NO / S7584418B			Contact No.:		Mobile: 81334066
Nationality: MALAYSIAN			Email:		
Sex: Female	Age: 42	Date of Birth: 07/11/1975	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Despatch worker			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/04/2018 21:05	Type of Location: Straight Road
Location: Along Road 1 KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY7738G	Motorcycle	HONDA	PHANTOM 200M	Silver		0
SJW7945M	Car	TOYOTA	WISH 2.0 AUTO	Silver	Seriously Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJW7945M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700083626	04/12/2017	03/12/2018



**SINGAPORE  
POLICE FORCE**



T/20180418/2013

2 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20180418/2013

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	WONG SOOK FOON	ID No.	S7584418B
Related Vehicle	NIL	Contact No.	81334066
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 17/04/2018 at about 2105hrs, It was a heavy jam and I was queuing up at the highway (KJE) towards Jurong. When I was about to move off, I heard a collision at the rear of my vehicle (SLW7945M). I was shocked and immediately alighted to check what has happened. I saw a motorist and his bike (FY7739G) was on the ground. He was bleeding and his leg was injured but was still conscious to move himself to the side. I called for the ambulance for him and was conveyed to the hospital.

Ambulance, Police officer and Traffic Police Officer were at scene.

Vide Report No.: J/20180417/0220



**SINGAPORE  
POLICE FORCE**



T/20180418/2013

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No. T/20180418/2013

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:

J /

Sgt 2 BALJIT SINGH GREWAL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MOHAMED RIZWAN BIN IBRAHIM

Contact.No.: 65470000

Signature Of Informant:

Date/Time:

18/04/2013 08:19

Classification Of Case:

Authentication Stamp

SN 126

NP168

Signature:

Singapore Police Force

<b>Vehicle No.</b>	SJW 7945 M	Model / Make	TOYOTA WISH
Date of Accident	17/04/18		
Time of Accident	09:08 P.M	HRS	
Location of Accident	BLK TOWARDS PTE AFTER MANDAI RD EXIT.		
Exact purpose use during accident	Personal Use.		
<b>Name of Owner</b>	WONG Sook Foon		
Telephone No.	H/P : 8133 4066	Home :	Office :
NRIC	S7584418B		
Address	APT BLK 208 BUN LAY PLACE		
Claim type	OD	<b>THIRD PARTY</b>	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	<b>Comprehensive</b>	Third Party	Third Party / Fire / Theft
Policy No.	1700083026		
<b>Name of Driver</b>	As Above If No,		
NRIC	Any Passengers : (MALE), (FEMALE)		
Date of birth	07/11/1975		
Occupation	Outdoor	/	<b>Indoor</b>
Driving License Pass Date	16/05/2005		
Gender	Male	/	<b>Female</b>
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	<b>No,</b>	If yes, Reg No.	
Relationship	Employee,	If no, state <u>OWNER</u>	
Weather condition	<b>Clear</b>	Raining	Other
Road Surface	<b>Dry</b>	Wet	Other
Any Injuries	<b>No,</b>	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	<u>JURONG WEST N.P.C</u>
<b>Vehicle B No.</b>	<u>FY 7738 G</u>	Any Passengers : <u>NZL</u>	
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
<b>Accident Portion</b>	<u>REAR LEFT</u>		
<b>Camera Recorder</b>	Yes / <b>No</b>		
<b>Email Address</b>	<u>wongsookfoon@gmail.com</u>		
<b>PARTICULAR WORKSHOP</b>	<u>TWINCAR AUTOMOTIVE PTE LTD</u>		
<b>CONTACT NO.</b>	<u>6842 0051 / 6744 0510</u>		
<b>CONTACT PERSON</b>	<u>JHW MZNG.</u>		
<b>FAX NO</b>	<u>6741 0510</u>		
<b>WORKSHOP EMAIL ADDRESS</b>	<u>Sales@n5i.com.sg</u>		





# CERTIFICATE OF INSURANCE

## AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : WONG SOOK FOON  
 Period of Insurance : 04 Dec 2017 To 03 Dec 2018  
 Engine No. : 3ZRA492171  
 Chassis No. : JTDGJ20W905002554

Vehicle No. : SJW7945M  
 Policy No. : 1700083626  
 Endorsement No. :  
 Issued Date : 04 Dec 2017

### ABOUT THE COVER

Make/Model : TOYOTA Wish 2.0  
 Engine Capacity/Tonnage : 1,987.00 CC  
 Driver Restriction : NA  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2010  
 Insuring with COE/PARF : Yes

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

a) The Policyholder  
 b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 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" ("YIDR") 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\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
 This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

WONG SOOK FOON

### 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.  
 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: INDEX CREDIT PTE LTD

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).

0501295000

INSURE LINK PTE LTD  
 2 KALLANG AVE #08-16 CT HUB  
 SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

Yin Ying Loh

The owner and vehicle particulars for Vehicle No. SJW7945M as at 08 Dec 2017 are as follows:

1.	Name	: WONG SOOK FOON
2.	Identification No. Type	: Singapore NRIC
3.	Identification No.	: S7584418B
4.	Place Of Passport Issue	: -
5.	Vehicle No.	: SJW7945M
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 08 Dec 2017
8.	Original Registration Date	: 19 Apr 2010
9.	First Registration Date	: 19 Apr 2010
10.	Vehicle Type	: P11 - Passenger Station Wagon/Jeep/Land Rover
11.	Vehicle Scheme	: Normal
12.	Attachment 1	: No Attachment
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: TOYOTA
16.	Vehicle Model	: WISH 2.0 AUTO
17.	Year of Manufacture	: 2010
18.	Primary Colour	: Silver
19.	Secondary Colour	: -
20.	Passenger Capacity	: 6
21.	Chassis/Trailer Chassis No.	: JTDGJ20W905002554 / -
22.	Propellant	: Petrol
23.	Engine No./Motor No.	: 3ZRA492171 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 1987 / -
26.	Unladen Weight(kg)	: 1380
27.	Maximum Laden Weight(kg)	: 1945
28.	Open Market Value	: \$22,003.00
29.	PARF Eligibility	: Yes
30.	PARF Eligibility Expiry Date	: 18 Apr 2020
31.	Minimum PARF Benefit	: \$11,001.00
32.	No. of Transfers	: 1
33.	IU Label No.	: 1123712861
34.	COE No.	: 2010050103000329N
35.	COE Expiry Date	: 18 Apr 2020
36.	COE Category	: B - Car (1601cc & above)
37.	Quota Premium/Prevailing Quota Premium	: \$45,501.00 / -
38.	Actual Quota Premium/PQP Paid	: \$45,501.00
39.	Actual ARF Paid	: \$22,003.00
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: -
46.	Road Tax Start Date	: -
47.	Road Tax End Date	: -
48.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category B. The PARF eligibility of the vehicle will expire on 18 Apr 2020.