

NATIONAL ASSESSMENT CENTRE SERVICES

Date In: 04/06/2018 10:43	Job Description	Date & Time Completed	Done by
Ref No: N/A 814 6008222/7	SAS e-illing		
Veh No: SLD 3065E	E-mail (within 2hrs, A/C only)		
D.O.A: 03/05/2018 19:30	E-motor Claim Form		
OD / TPT Reporting Unit	E-motor W/O (within 20 mins, TPT only)		
	E-photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Work		

Preferred Wksp (INC Assign Wksp / OWI)	Tell	Fax
TP Particulars	Yeh No: SRP 9672L	INC () / Non-INC ()
Owner / Driver ()	Tell	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date	Time
Insured/Driver Liability: ()	% (Note: BSL SUMI (W/O): NI 0-20%, PI 21-79%, PI 80-100%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: ()	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Work-in-Garage: Customers Information strictly Confidential & Strictly NO refer of repeller.

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

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

Remarks:	Done by
1) Apply for Transition Allowance () / Courtesy Car ()	
2) QC Check / Post Rep & Inspection ()	
3) Upload Recovery Photo (Repair Cost > \$3000) ()	

Injury: ()

Other: ()

NA 1802918	Invoice Preparation Checklist
Vehicle Particulars	1) AR (Accident Reporting) (\$30)
Driver/Owner	2) DA (Damage Assessment) (\$100) INC (47)
Policy No:	3) TPI (Towing Fee) (\$20)
Assigned Person:	4) PT (Follow-Through Survey) (\$20)
	5) PT (Follow-Through Survey (Recovery)) (\$20)
	6) TR (Towing Fee) (\$20)
	7) NI (NI DA + SMRT Survey) (\$100)
	8) NTUC Additional Service (\$100)
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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	04/05/2018 10:43
Date Of Accident	02/05/2018 19:30
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT LANE 1 EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD3065E
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	-
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-93869532
Alternative Phone No	OFFICE-93869532
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	YES
Policy Number	999994802
Cover Note Number	
Driver	
Name of Driver	LIN WEI JIE
NRIC No	S8142026B
Date Of Birth	27/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	01/11/2007
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93869532
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address BLK 18D HOLLAND DRIVE
#28-421
Postcode 275018
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 CHAIN COLLISION
Weather Conditions AFTER RAIN
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 3
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) 4
Passenger 1 NAME: : PASSENGER
GENDER: : FEMALE
Passenger 2 NAME: : PASSENGER
GENDER: : FEMALE
Passenger 3 NAME: : PASSENGER
GENDER: : MALE

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 TOP SKETCH PLAN

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 SKP9672L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TONG CHEE WAI
NRIC/Passport Number S7432542D
Contact Number 96936375

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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.

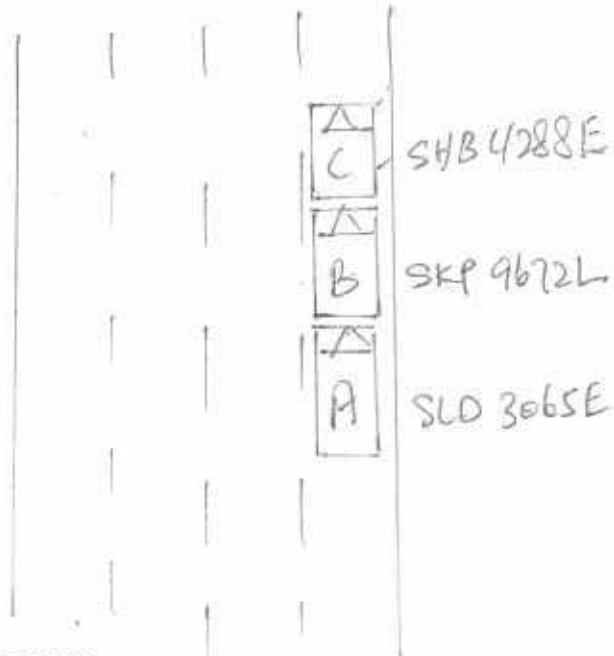


03/05/2018
Driver's Signature
(If driver is not the policyholder)
Date & Time:

04/05/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIE TOWARDS
CHANGI AIRPORT. 1
LANE 1 EXPRESSWAY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS SENDING PASSENGERS TO CHANGI AIRPORT TER 1. I WAS TRAVELING AT EXPRESSWAY, PIE, TOWARDS CHANGI AIRPORT LANE 1. IT WAS HEAVY TRAFFIC AND CARS ARE MOVING SLOWLY. I HAVE ALREADY SLOW DOWN AT THAT TIME. THE CAR IN FRONT OF THE TAXI SUDDENLY JAM BRAKE AND CAUSES THE TAXI, THE SECOND CAR (B) AND ME JAM BRAKE AT ONCE. AND MY CAR SKID FORWARD TO BANG THE CAR IN FRONT ME AND THE FRONT CAR MOVE HIT ON TO THE TAXI.

WE STOP IMMEDIATELY AND CHECK ON ALL PEOPLE INVOLVES IN THE ACCIDENT ANY INJURIES. NO ONE IS INJURED AT THAT TIME AND WE EXCHANGES OUR DRIVER'S PARTICULARS AND CONTACTS AND I CONTINUE MINE ROUTE AFTER ALL THE EXCHANGE AND PHOTO TAKEN.

DECLARATION

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



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

[Signature] 03/05/2018

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

[Signature] 04/05/2018
[Signature] KATIB

ACCIDENT STATEMENT

ACCIDENT DATE: (02 / 05 / 2018) (DD/MM/YYYY), TIME: (019:30) (HH:MM)

LOCATION: PIE towards Changi Airport, Lane 1 expressway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLD 3065E
 b) INSURANCE COMPANY: ATF
 c) POLICY NUMBER: 999994802
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: CAR COVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LIN WEI JIE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8142026B CONTACT: 93867532
 c) ADDRESS: BLK 18D, HOLLAND DRIVE, #28-421
S(275018)

* d) DATE OF BIRTH: (27 / 12 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1 NOV 2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) AFTER RAIN
 b) ROAD SURFACE: (DRY / WET) OTHERS _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKP 9672 L MODEL: _____
 b) DRIVER'S NAME: TONG CHEE WAI
 c) NRIC/FIN/PASSPORT: S7432542D CONTACT: 9693 6375

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SHB 4288E MODEL: I40
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

Fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8142026B



Name
LIN WEI JIE
林 伟 捷
Race
CHINESE
Date of birth
27-12-1981
Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8142026B

Name
LIN WEI JIE

Birth Date 27 Dec 1981
Issue Date 07 Jul 2003




4808955



NRIC No. S8142026B



Date of issue
06-01-2012

APT BLK 18D HOLLAND DRIVE #28-421
SINGAPORE 275018

NRIC No. S8142026B Date: 05/11/2018


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS DATE

Class 2B	Motorcycles <= 200 CC	21 Aug 2002
Class 2A	Motorcycles between 201 CC and 400 CC	11 May 2004
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	01 Nov 2007

S / No. 9000074622

S8142026B





HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

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

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1990

ROAD TRANSPORT ACT, 1967 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1958 (MALAYSIA)

M 2 400

TPFT COMMERCIAL MOTOR CERTIFICATE NO. SLD3065E		(The below excess is subject to GST) POLICY EXCESS S\$2000.00 Section (II) WINDSCREEN EXCESS S\$100.00	
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		SLD3065E Car Cove Leasing Pte Ltd	
4) DATE OF EXPIRY OF INSURANCE		14 February 2018	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		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*			
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.			
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.			
LOSS OF USE		Not Included	
HIRE PURCHASE COMPANY		Heritage Auto Enterprise Pte Ltd	
<p>*Limitations rendered inoperative by Section 9 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, 1967 (Malaysia).

Issued in Singapore 14 Feb 2018

AIG Asia Pacific Insurance Pte. Ltd.

891991-000
Moh Kok Heng
3 Tampines Grande, AIA Tampines
#02-38
SINGAPORE 628798


AUTHORISED REPRESENTATIVE

ORIGINAL

SSFOEC