

NATIONAL Assessment Centre Services

(part 1 of two)

17/04/2018

Date In: 10/05/2018 15:57
Ref No: N/A 1800859874
Veh No: QLS 5119 B
D.O.A: 10/05/2018 06:50

OD / TP / Reporting Only

TP Insured:

| Job description | Date & Time Completed | Done by |
|--|-----------------------|---------|
| SAS calling | | |
| E-mail (vehicle sheet, A/C sheet) | | |
| 1-Motor Claim Form | | |
| 1-Motor W/O (vehicle sheet, W/O sheet) | | |
| 1-Photo Uploaded | | |
| Assessment/Survey Report | | |
| Ass'l Report by Fax/Hand to Owner/VWAP | | |

Preferred Wksp / INC Assign Wksp / QW:

Tel:

Fax:

TP Particulars: Yell No: SUM 948E

INC () / Non-INC ()

Owner / Drivers:

Tel:

Policy No:

Period:

Cover Type:

Confirmed by:

Date:

Time:

Insured/Driver Liability: () % (Note: Bil. Slati (WO): N: 0-20%, P: 21-79%, P: 80-100%)

Year of Registration: () Wmnty: YES () / NO ()

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

General Remarks:

() Work-in-Guionair: Customers Information strictly Confidential & Strictly NO rate of repair.

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

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

Remarks: (INC) 6788 00157

Date Time Completed

Done by

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Post Time:

Assess:

Assess:

Assess:

Assess:

Assess:

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Assess:

NA1803007

Document: Particulars

Driver/Owner:

Policy No:

Assigned Portion:

Checked by (Eng-In-Charge):

Comments:

L1:

2/2:

Invoice: Preparation Checklist

- 1) ARI Accident Reporting (\$300)
- 2) DA/Damage Assessment (\$100) INC (\$10)
- 3) TP/Towing Fee
- 4) PT/Follow Through Survey
- 5) PT/Follow Through Survey (Recovery)
- 6) PT/Follow Through Survey (INC Only) (Max 10 per 2100)
- 7) TRI/Recovery Fee
- 8) TRI/Recovery Fee (\$100)
- 9) TRI/Recovery Fee (\$100)
- 10) TRI/Recovery Fee (\$100)

- 11) NTUC Additional Survey Fee
- 12) NTUC Additional Survey Fee
- 13) NTUC Additional Survey Fee
- 14) NTUC Additional Survey Fee
- 15) NTUC Additional Survey Fee
- 16) NTUC Additional Survey Fee
- 17) NTUC Additional Survey Fee
- 18) NTUC Additional Survey Fee
- 19) NTUC Additional Survey Fee
- 20) NTUC Additional Survey Fee

Invoice total

Net Charge

Net Charge

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 | 10/05/2018 15:57 |
| Date Of Accident | 10/05/2018 06:50 |
| Exact Location Of Accident | DUNEARN ROAD U-TURN TOWARDS BUKIT TIMAH ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLC5119B |
| Insured/Policyholder | |
| Name Of Registered Owner | NG SOR TIN |
| NRIC No | S7004501Z |
| Email Address | SHARONNG4145@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96694088 |
| Alternative Phone No | OTHERS-96694088 |

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 | REPORTING ONLY |
| 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 | 2100466566-01000 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | NG SOR TIN |
| NRIC No | S7004501Z |
| Date Of Birth | 06/02/1970 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/06/1988 |
| Driving Experience | 29 YEARS AND 10 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96694088 |
| Fax Number | |
| Contact Number | OTHERS-96694088 |
| Email Address | SHARONNG4145@GMAIL.COM |

| | |
|---|---|
| Address | BLK 472 CHOA CHU KANG AVENUE 3 #14-145 |
| Postcode | 680472 |
| 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 | 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) | 2 |
| Passenger 1 | NAME: : DAUGHTER 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

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 | SLM948E |
| Vehicle Make/Model/Colour | KIA |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | VIVIAN |
| NRIC/Passport Number | |
| Contact Number | 98786230 |
| 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 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:

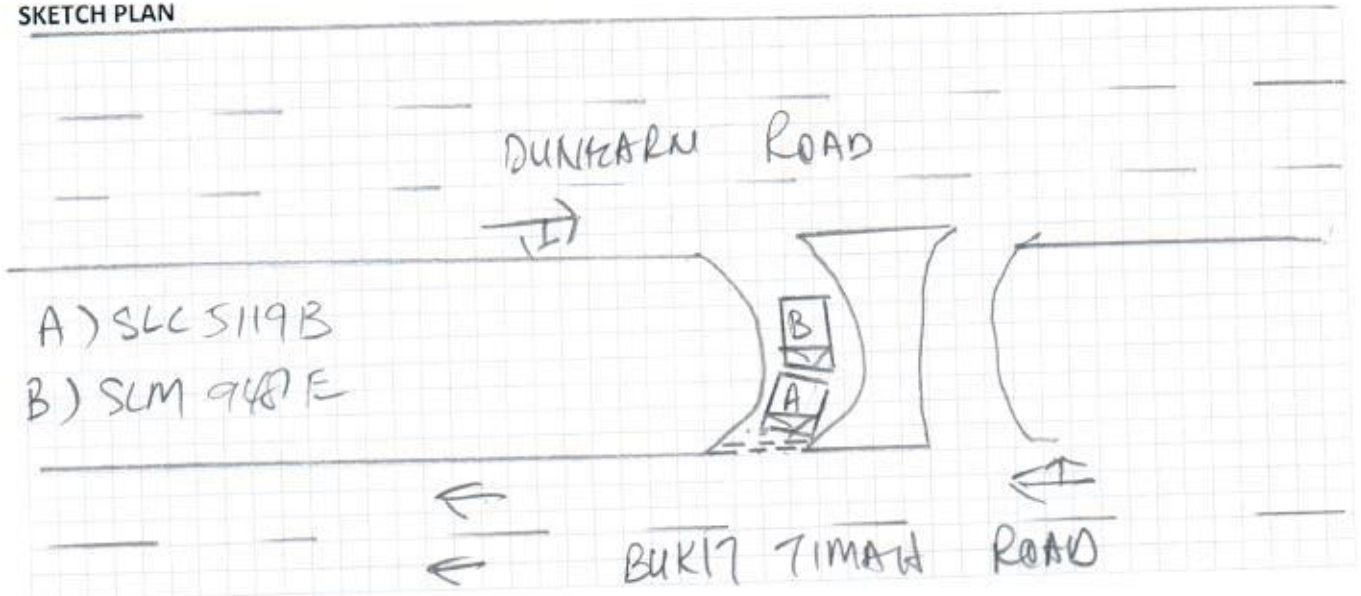
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 10-3-18
4PM.

10/05/2018
Reporting Centre Personnel's Signature
Name: ROSE WATSON
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While making u-turn and stopped at the stop line. The behind car hit my car.

DECLARATION

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


Policyholder's Signature
Date & Time:

10-5-18


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

10-5-18
4pm.

 10/05/2018
Reporting Centre Personnel's Signature
Name: Reshmi Watters
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 05 / 2018) (DD/MM/YYYY), TIME: (06 : 51) (HH:MM)

LOCATION: DURAIAN RD U-TURN TOWARDS BUKIT TIMAH

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC5119B
b) INSURANCE COMPANY: AIA
c) POLICY NUMBER: 2100466566 - 01000
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA WISH
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: NG SOR TIN (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: 570045012 CONTACT: 9669 4088
C) ADDRESS: BK 472 Choa Chu Kang #14-145
Ave 3 S680472

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NG SOR TIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 570045012 CONTACT: 9669 4088
c) ADDRESS: BK 472 Choa Chu Kang Ave 3
#14-145 S680472

* d) DATE OF BIRTH: (06 / 02 / 70) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16-06-2004

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) _____
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: SLM 948E MODEL: # KIA
b) DRIVER'S NAME: Vivian
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9878 6230

9. THIRD PARTY VEHICLE

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

Email = sharanng4145@gmail.com

Fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7004501Z



NG SOR TIN

黄淑珍

Race

CHINESE

Date of Birth

06-02-1970

Sex

F

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7004501Z

Name

NG SOR TIN

Birth Date: 06 Feb 1970

Issue Date: 15 Jun 2004



1956735

NRIC No: S7004501Z



Blood Group: O+ Date of issue: 29-04-1994

APT BLK 472 CHOA CHU KANG AVENUE 3 #14-145
SINGAPORE 680472

NRIC No: S7004501Z

Date: 02/09/2016

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

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE
30 Jun 1988

NP 426A





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. 2100466566-01000

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
SLC5119B

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Ng Sor Tin

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

18 May 2017

4) DATE OF EXPIRY OF INSURANCE

17 May 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 27 Apr 2017

AIG Asia Pacific Insurance Pte. Ltd.

030210-102
AIG - AUTO DIRECT
78 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPCAR.