

NATIONAL Assessment Centre Services: [wef 1 Jan 2009] **MNA 1180#65627.**

Date In: 21/5/18 11:08	Job description	Date & Time Completed	Done by
Ref No: NA/11618009118164	SAS e-filing		
Veh No: GBG 8456E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 191518 08:40	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: () Tel: () Fax: ()

TP Particulars: Veh No: **YM 8316Y** 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

Claimant's Particulars:-	NA1803174	Invoice Preparation Checklist	
		Ant (\$)	Ant (\$)
Driver/Owner:		1st Bill	Add Bill
Contact No:		30.00	
Damaged Portion:			
QC Checked by (Engr-In-Charge):			
Auditors' Comments:-	Sat. 1:	1) AR: Accident Reporting (\$30);	
		2) DA: Damage Assessment (\$100); INC (\$80)	
Sat. 2/3:		3) TP: Towing Fee \$40/\$45	
		4) FT: Follow-Through Survey \$120	
		5) FT: Follow-Through Survey (Resurvey) \$30	
		For claiming against INC Only (wef 10 Jan 2009)	
		6) TR: Re-inspection \$75	
		7) N1: Idnc DA + SMRT Survey \$160	
		8) NTUC Additional Services -	
		QI:	
		*N5: Courtesy Car / Tpl Allowance \$5	
		*N6: Repair Co-ordination \$10	
		*N7: Post Repair Inspection \$25	
		*N8: DV / Collect Excess Coordination \$5	
		IP (N11): TP (N-on INC) against INC \$20	
		9) N12: Idnc Mobile 30	
		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 willful 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	21/05/2018 11:08
Date Of Accident	19/05/2018 08:40
Exact Location Of Accident	TPE TWDS SLE B4 PASIR RIS DR 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8456E
Insured/Policyholder	
Name Of Registered Owner	KIM HOCK FOOD TRADING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85227619

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	-
Cover Note Number	1700010986

Driver

Name of Driver	YEONG CHONG KHEONG
NRIC No	S1142318C
Date Of Birth	30/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	07/12/1978
Driving Experience	39 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85227619
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 478 JURONG WEST ST 41 #11-276
Postcode	640478
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	1

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 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	YM8316Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	98321140
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YEONG CHONG KHEONG
Approximate Age	

Injuries Sustain

BODY

Injured person in which vehicle?

GBG8456E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

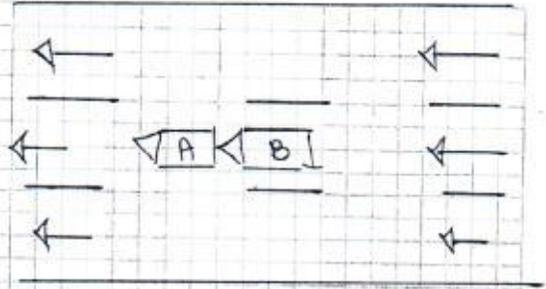
Address

Postcode

SKETCH PLAN

Vehicle A: G1BG 8456E

Vehicle B: Ym8316Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

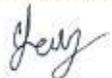
On the stated date & time, I was driving on the stated venue. The front vehicle stopped & I stopped. When I start to move off my vehicle; Vehicle B Ym8316Y hit onto my vehicle the great impact causes damages to my vehicle.

DECLARATION

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

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.:

Date of Accident : 19/5/2018 Accident Time: 8:40am (24-HR-Format)
 Accident Place : TPE Towards SLE before Pasir Ris Dr 8
 Vehicle No. (Car Plate No.) : G8G 8456E Make/Model: Nissan Cabstar
 Insurance Company : AIG Policy No: 17,00010986
 Owner or Company Name / IC No. : Kim Hock Food Trading Pte Ltd
 Owner or Company Contact No. : _____ Owner's Hp: A 199400723W Company Tel: _____
 DRIVER'S Name / IC No. : Yeong Chong Kheong / S1142318C
 DRIVER'S Date Of Birth : 30/10/1955 DRIVER'S License Pass Date: 7/12/1978
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : B1K 478 Jurong West St 41 #11-276 (S) 640478
 DRIVER'S Contact No./ Alt No. : 1) 8522 7619. 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle No: <u>YM 8316 Y</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: <u>98321140</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S1142318C**
 Name: **YEONG CHONG KHEONG**

Birth Date: **30 Oct 1955**
 Issue Date: **10 Oct 2003**

000906688F




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1142318C**

Name: **YEONG CHONG KHEONG**
 楊 忠 強

Race: **CHINESE**
 Date of birth: **30-10-1955** Sex: **M**
 Country/Place of birth: **SINGAPORE**





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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	18 May 1961
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Dec 1978
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	02 Mar 1979

NP 433A

License No: **S1142318C**



5538490

000906688F

NAME: **S1142318C**

Date of issue: **08-12-2015**

Address: **APT BLK 478 JURONG WEST STREET 41 #11-27B SINGAPORE 640478**






COVER NOTE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder	: Kim Hock Food Trading Pte Ltd	Vehicle No.	: GBG 8456 E
Period of Insurance	: 30 May 2017 to 29 May 2018	Cover Note No.	: 1700010986
Engine No.	: ZD30015662N	Endorsement No.	:
Chassis No.	: JN1SC2F24Z0859347	Issued Date	: 26 May 2017

ABOUT THE COVER

Make/Model	: NISSAN/NEW CABSTAR	Sum Insured	: Market Value	First Year of Registration	: 2017
Engine Capacity/Tonnage	: 1.6 Tonnage	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: NA				
Person or Classes of Persons Entitled to Drive*					

- a) Any person who is driving on the Policyholder's order or with their permission.
- b) This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$5,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorized 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*

- 1) Use in connection with the Policyholder's business.
- 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
- 3) Use for social, domestic or pleasure purposes. This Policy does not cover use for hire or reward, driving school, driving test, racing, race-making, reliability trial or speed-testing, and is) use whilst driving a trailer (except the towing of a motor disabled) using a mechanically propelled vehicle. ii) use for any purpose in connection with Motor Traffic.

* Limitations imposed in respect of Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 109) and Section 95 of the Road Transport Act, 1987 (Malaysia), and not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

- 1 Tan Chong Motor Sales Add: 913 Bl Timah Road Singapore 59622 6434051 6469492 6469493
 - 2 TC AutoClinic Add: No 1, Bukit Lim Yang Road Singapore 62898 6262212
 - 3 Tan Chong Motor Sales Add: 17 Lor 6 Toa Payoh Singapore 319254 61571763 63573754
 - 4 AutoClinic International Add: 19 Ubi Road 4 Singapore 408523 64500568
 - 5 TC AutoClinic Add: 25 Leng Kee Road Singapore 199097 67038511 67049512 67039513
- For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6398 8200. Alternatively, you may refer to AIG website 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: ETHOZ Capital Ltd.

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately. We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 109), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1956 (Malaysia). For Corporate Policies, this Cover Note is valid for 90 days from the commencement date of the period of insurance.

6500610544
TAN CHONG CREDIT PTE LTD - CHU
 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 59622 ANSP-MOTOR
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE Dorian Lee