

NATIONAL Assessment Centre Services. (ver 1 Jan 2008)

Date In: 02/06/2018 10:44

Ref No: NA18009984/14

Vel No: SLH5738M

D.O.A: 01/06/2018 15:00

OD: TP Reporting Only

TP Insure:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 3hrs, A/C 3hrs)

I-Motor Claim Form

I-Motor W/O (within 60 hrs, TP 3hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/ Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars:

Vel No:

FBD2612B

INC() / Non-INC()

Owner / Driver: (

Policy No: (

Period: (

Tel: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%) (Note: Est. Status (WO): N: 0-20%; P: 21-79%; P: 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 repeller.

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

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

Remarks: INC hotline 6788 6016

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

2) QC Check / Post Repair Inspection ()

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

Injury: (

After Time: Actions:

After Time	Actions

NA1803460

Insured's Particulars:

Owner:

Contact No:

Used Portion:

Checked by (Engr-In-Charge):

For Comments:

Invoice Preparation Credits

Item	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30)	30	
2) DA: Damage Assessment (\$100)	100	
3) TP: Towing Fee	540/545	
4) FT: Follow-Through Survey	5120	
5) FT: Follow-Through Survey (Resurvey)	530	
Foreclosing against INC Only (ver 10 Jan 2005)		
6) TR: Re-inspection	375	
7) NI: New DA + SMRT Survey	5160	
8) NTUC Additional Services		
9) NI: New Mobile	101	

Invoice dated

Fee Charged

Amount

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	02/06/2018 10:44
Date Of Accident	01/06/2018 15:00
Exact Location Of Accident	JLN BUKIT HO SWEE BLK 30
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH5738M
Insured/Policyholder	
Name Of Registered Owner	LIM WEE EIK LAWRENCE (LIN WEIYI LAWRENCE)
NRIC No	S7440846Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97884975
Alternative Phone No	OTHERS-97884975

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 CVT
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	2100489375-01
Cover Note Number	

Driver

Name of Driver	LIM WEE EIK LAWRENCE (LIN WEIYI LAWRENCE)
NRIC No	S7440846Z
Date Of Birth	03/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1998
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97884975
Fax Number	
Contact Number	OTHERS-97884975
EMail Address	NOEMAIL

Address	BLK 317C ANCHORVALE ROAD #11-198
Postcode	543317
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 - CHANGE/CROSS LANE
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?	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: : NIL 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD2612B
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)

SKETCH PLAN

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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.

Policyholder's Signature

Date & Time: 2/6/18
1050hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time: 2/6/18
1050hrs

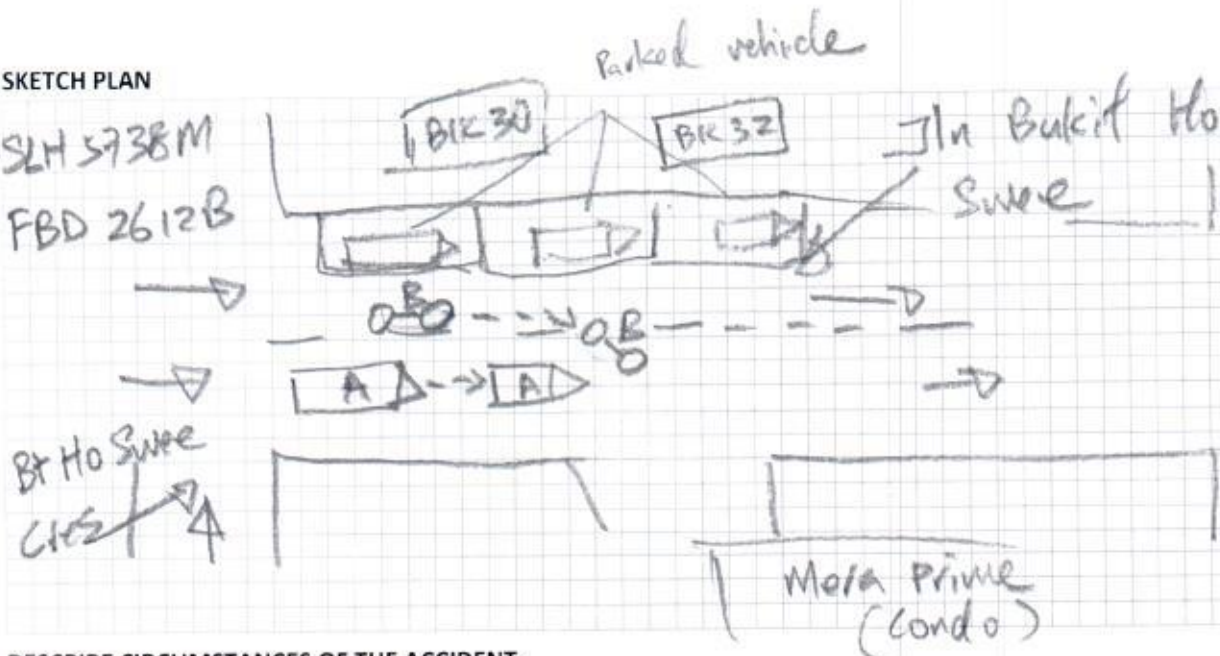
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

A - SH 5738M
B - FBD 2612B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/6/2018 at about 1500hrs, I was driving my vehicle SH 5738M along Jln Bukit Ho Swee towards the direction of Tim Rd. While I was traveling pass Bt Ho Swee Cres, a m/cycle FBD 2612B was traveling on my left lane. When I was between Mera Prime (Condo) and BK 30, the m/cycle suddenly signalled right, and cut into my lane. The front left bumper of my vehicle hit the right rear passenger stand of the m/cycle. No one was injured. No damage to the m/cycle. The front left bumper of my vehicle was badly damaged.

When the m/cycle cut into my lane, I horned at him the rider and jammed my brakes but it was too late.

DECLARATION

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

Policyholder's Signature
Date & Time: 2/6/18
1050hrs

Driver's Signature
(If driver is not the policyholder)
Date & Time: 2/6/18
1050hrs

Reporting Centre Personnel's Signature
Name: 2/6/2018
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7440846Z



Name

LIM WEE EIK LAWRENCE
(LIN WEIYI LAWRENCE)

林 玮 毅

Race

CHINESE

Date of birth

03-12-1974

Sex

M

Country of birth

SINGAPORE

S7440846Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7440846Z

Name

LIM WEE EIK LAWRENCE
(LIN WEIYI LAWRENCE)

Birth Date: 03 Dec 1974

Issue Date: 18 Jan 2003



000236534D

3650872



NRIC No. S7440846Z



Date of issue

18-12-2004

Address

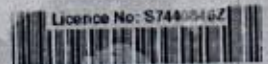
APT BLK 317C ANCHORVALE ROAD
#11-19B
SINGAPORE 543317

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

PASS DATE

Class 2: Motorcycles not exceeding 200 cc
Class 3: Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

15 Jun 2003
09 Oct 1993



Licence No: S7440846Z

NP 428A



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lim Wee Eik Lawrence (Lin Wei Yi Lawrence)
Period of Insurance : 10 Nov 2017 To 09 Nov 2018
Engine No. : 2ZR1852834
Chassis No. : JTDGG20W00J005851

Vehicle No. : SLH5738M
Policy No. : 2100489375-01
Endorsement No. :
Issued Date : 16 Oct 2017

ABOUT THE COVER

Make/Model : TOYOTA NEW WISH

Engine Capacity/Tonnage : 1,798.00 CC

Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2016
Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive* :

1. The Policyholder

2. 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

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.

Loss of Use 150000 - 160000 Optional

* Limitations required imperatively by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 96 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

Windscreens : \$100

Named Driver and Excess (where applicable)

Lim Wee Eik Lawrence (Lin Wei Yi Lawrence) - \$600 (Own Damage)

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

Approved Reporting Centres: AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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).

0030210000

AIG ASIA PACIFIC INSURANCE PTE. LTD.
79 SHENTON WAY #07-16 AIG BUILDING
SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPMLU

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AIG Asia Pacific Insurance Pte. Ltd.

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