

NATIONAL Assessment Centre Services (wef 10 Jan 2005)

Date In: 06/06/18	Job description	Date & Time Completed	Done by
Ref No: NA/AIG18010321/13	SAS e-filing		
Veh No: 5J43535D	E-mail (within 8hrs, A/C 2hrs)		
D O A: 05/06/18	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 5K78521A	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

NA1803541	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
Driver/Owner:	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
Contact No:	*TP (N11) : TP (N-on INC) against INC	\$20	
	9) N12: Idac Mobile	\$0	
Damaged Portion:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
QC Checked by (Engr-In-Charge):			
Auditors' Comments :-			
Cat. 1:			
Cat. 2 / 3:			

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	06/06/2018 14:08
Date Of Accident	05/06/2018 11:00
Exact Location Of Accident	MIMOSA RD TWDS SACARA RD NEAR MIMOSA RD PLAYGROUND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3535D
Insured/Policyholder	
Name Of Registered Owner	DS CAR FERRY SERVICES
Co Reg No	-
Email Address	KEENCHIA@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-98535292

Vehicle Particulars

Manufacturer	CITROEN
Model	PICASSO
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700037058
Cover Note Number	

Driver

Name of Driver	CHIA TAT KEEN(XIE DAJIAN)
NRIC No	S7477056H
Date Of Birth	09/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	11/01/1999
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98535292
Fax Number	
Contact Number	
EMail Address	KEENCHIA@YAHOO.COM.SG

Address	34 SEGAR RD #08-29
Postcode	677723
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	SIDE SWIPE
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: : CHRISTINE CHENG GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180605/7005

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT8521A
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN POH GUAT
NRIC/Passport Number	S1659116E
Contact Number	90615801

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:

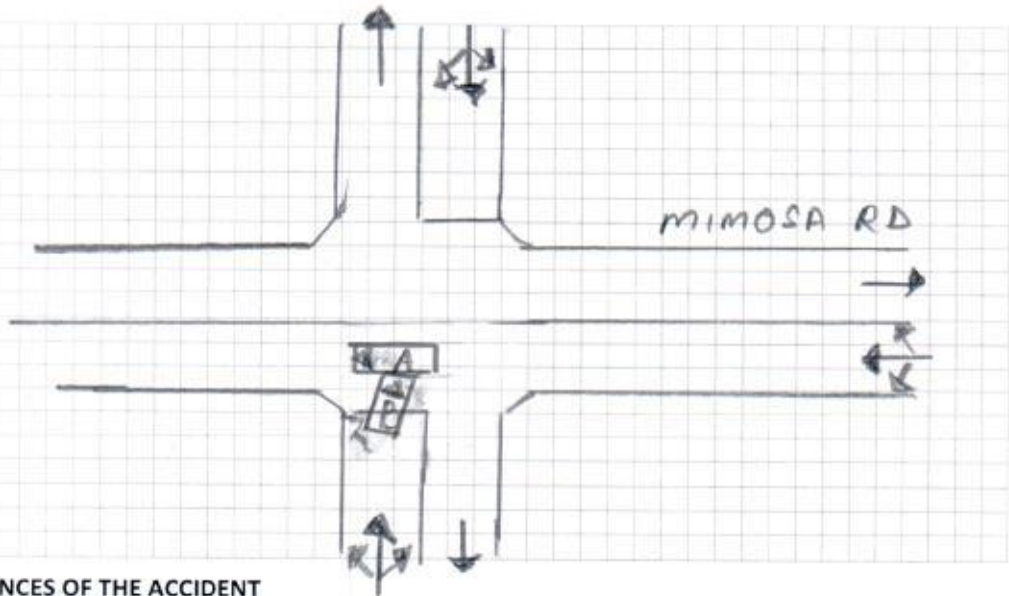
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

MIMOSA RD

A - SJY3535D

B - SKT8521A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180605/7005

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.:



SINGAPORE POLICE FORCE



T/20180605/7005

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180605/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2018 16:01	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: CHIA TAT KEEN			Address: 34 SEGAR ROAD #08-29 SINGAPORE 677723	
ID Type / ID No.: NRIC NO / S7477056H			Contact No.: Home/Office: Mobile: 98535292	
Nationality: SINGAPORE CITIZEN			Email: keenchia@yahoo.com.sg	
Sex: Male	Age: 43	Date of Birth: 09/06/1974	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Real estate agent			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/06/2018 10:59	Type of Location: X-Junction
Location: MIMOSA ROAD uncontrolled cross junction on mimosa road towards Sacara road near Mimosa road playground				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY3535D	Car	CITROEN	C4 PICASSO	White	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY3535D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700037058	07/08/2017	06/08/2018



Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIA TAT KEEN	ID No.	S7477056H
Related Vehicle	SJY3535D (Car)	Contact No.	98535292
Hospital/Clinic	ONECARE CLINIC BOON LAY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	05/06/2018	Date Discharge	05/06/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	TAN POH GUAT	ID No.	S1659116E
Related Vehicle	NIL	Contact No.	90615801
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was traveling on Mimosa road towards Sacara Road and came to an uncontrolled X Junction and i was going straight. I saw a black Subaru SUV on the left of the X Junction slowing down to the STOP sign road marking to make a right turn. So i proceed going straight but the Subaru driver did not stop and hit on my car's left passenger door.



**SINGAPORE
POLICE FORCE**



T/20180605/7005

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180605/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
05/06/2018 16:01

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7477056H



Name
CHIA TAT KEEN
(XIE DAJIAN)
谢达坚

Race
CHINESE

Date of birth
09-06-1974

Sex
M

Country of birth
MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7477056H

Name
CHIA TAT KEEN

Birth Date: 09 Jun 1974

Issue Date: 23 Jun 2003




3645945



NRIC No: S7477056H



Date of issue
07-12-2004

34 SEGAR ROAD #08-29
SINGAPORE 677723

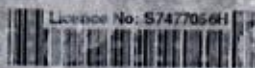
NRIC No: S7477056H Date: 24/11/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class	Description	Valid Date
Class 2B	Motorcycles not exceeding 200 cc	30 Dec 1994
Class 2A	Motorcycles between 201 cc and 400 cc	26 Jan 1205
Class 3	Motor Cars and Motor Tractors (max weight of which unladen does not exceed 2500 kilograms)	11 Jan 1999

NP 428A

Licence No: S7477056H



u/01/99

CITROEN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Policy No. : 1700037058

Period of Insurance : 07 Aug 2017 to 06 Aug 2018

Issued Date : 10 Aug 2017

ABOUT THE POLICYHOLDER

Name of Policyholder : DS CAR FERRY SERVICES
 Address : 34 SEGAR ROAD
 #08-29 BLOSSOM RESIDENCES
 SINGAPORE 677723
 Occupation/Nature of Business : Transport, Logistic and Storage

ABOUT THE VEHICLE

Registration No. : SJY3535D Engine Capacity/Tonnage : 1560 Tonnage
 Chassis No. : VF73DBHGTGJ890101 Engine No. : 10JBHD3070183
 Seating Capacity : 7 First Year of Registration : 2017 Body Type : Other
 Make/Model : CITROEN C4 Picasso 1.6 BlueHDI
 Hire Purchase Company/Employer's Loan : Goldbell Financial Services Pte Ltd

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No
 Driver Restriction : NA Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive :

Any person who is driving on the Policyholder's order or with their 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 for the carriage of passengers or goods in connection with the Policyholder's business. Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired. This Policy does not cover:

- 1) use for driving 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 anyone disabled using a mechanically propelled vehicle, and
- 3) ~~use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired or~~ use for any purpose in connection with Motor Trade.

Other Key Policy Benefits :

Act of God, Strike, Riots and Civil Commotions, Dealer + AIG Authorised workshops, PA to Authorised Driver/Unnamed Passengers Optional- \$10000



EXCESS

Section 1
 Fire - \$0 Own Damage - \$2000 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$2000

Windscreen : \$100

Named Driver
 CHIA TAT KEEN (XIE DAJIAN) - \$2000 (Own Damage) \$2000 (Property Damage)

PREMIUM

Premium : \$ 1,329.79
 GST (7%) : \$ 93.09

Total : \$ 1,422.88

Your Premium includes the following discount(s):

No Claim Discount - 20%

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of DS CAR FERRY SERVICES (53355816J)

Date: 07/02/2017

The Following Are The Brief Particulars of :

Name of Business	DS CAR FERRY SERVICES
Former Name(s) if any	
Date of Change of Name	
Registration No.	53355816J
Registration Date	07/02/2017
Commencement Date	07/02/2017
Status of Business	Live
Status Date	07/02/2017
Renewal Date	
Expiry Date	07/02/2018
Renewal via GIRO	NO
Constitution of Business	Sole-Proprietor
Principal Place of Business	34 SEGAR ROAD #08-29 BLOSSOM RESIDENCES SINGAPORE (677723)
Date of Change of Address	

Principal Activities

Activities (I)	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	
Activities (II)	
Description	

Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
------	----	-------------	---------	----------------	---------------------

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry
					Position

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of DS CAR FERRY SERVICES (53355816J)

Date: 07/02/2017

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry	Position
CHIA TAT KEEN	S7477056H	SINGAPORE CITIZEN	34 SEGAR ROAD #08-29 BLOSSOM RESIDENCES SINGAPORE (677723)	ACRA	07/02/2017	Owner

Withdrawn Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry	Date of Withdrawal
					Position	

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA170207048392

DATE : 07/02/2017

This is computer generated. Hence no signature required.