

NATIONAL Assessment Centre Services (wef 1 Jan'05) MN A18077416

Date In: 14/6/18-18:20	Job description	Date & Time Completed	Done by
Ref No: NA/A18010921/24	SAS e-filing		
Veh No: 6V21281	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 13/6/18-18:30	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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: 6W1284K	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

NA18077501	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: 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*		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
Auditors' Comments:-	Invoice dated	Fee Charged	
Pat. 1:	Invoice dated	Fee Charged	
Pat. 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	14/06/2018 18:20
Date Of Accident	13/06/2018 18:30
Exact Location Of Accident	SEMBAWANG RD TWDS CANBERRA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV2178J
Insured/Policyholder	
Name Of Registered Owner	LI YOON DI @YOON SENG
NRIC No	S2077058I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90078423
Alternative Phone No	OFFICE-90078423

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO 110CDI
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100116876-09
Cover Note Number	

Driver

Name of Driver	LI YOON DI @YOON SENG
NRIC No	S2077058I
Date Of Birth	09/04/1940
Occupation	INDOOR
Date Of Driving Pass	29/07/1960
Driving Experience	57 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90078423
Fax Number	
Contact Number	OFFICE-90078423
EMail Address	NOEMAIL

Address	BLK 216 MARSILING LANE #15-822
Postcode	730216
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	3
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

REFER TO 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	GW1784K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBA3938X
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LI YOON DI @YOON SENG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GV2178J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN


IMPORTANT NOTICE


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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.

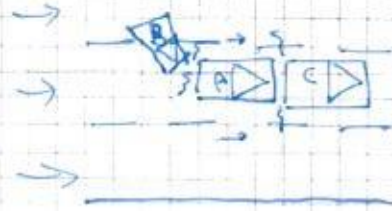

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN SEMBAYAN ROAD TOWARDS CANBERRA RD DIRECTION.

VEHICLE A - GV 2178J
VEHICLE B - GW 1784K
VEHICLE C - GBA 393FX



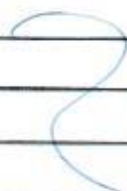
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG SEMBAYAN ROAD TOWARDS CANBERRA ROAD DIRECTION, I WAS ON THE SECOND LANE.

WHILE TRAVELLING STRAIGHT AHEAD THE VEHICLE IN FRONT BRAKED TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE. AND THE IMPACT WAS SO GREAT THAT PUSHED ME FORWARD AND HIT ONTO THE VEHICLE IN FRONT.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE BEARING (GW 1784K) THAT COLLIDED TO THE REAR OF MY VEHICLE. IT WAS A CHAIN COLLISION INVOLVING 3 VEHICLES.


VEHICLE A - GV 2178J
VEHICLE B - GW 1784K
VEHICLE C - GBA 393FX



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.:

Vehicle No.	GV 278J	Model / Make	MARC UTO 110 CDI
Date of Accident	13/06/2018		
Time of Accident	1830	HRS	
Location of Accident	JIMSAWANK ROAD TOWARDS CANBERRA RD DIRECTION		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	LI BOON DI		
Telephone No.	H/P : 9007 8423	Home :	Office :
NRIC	S 2077 0582		
Address	BLK 216 MARSLIN LANE		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	2100116876-09		
Name of Driver	As Above If No,		
NRIC	Any Passengers : NIL		
Date of birth	09/04/1990		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	29 Jul 1960		
Gender	Male / Female		
Contact No.	H/P : 9007 8423	Home :	Office :
Address	BLK 216 MARSLIN LANE #15-22 S(730216)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state Owner	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	LI BOON DI 9007 8423		
Name And Contact No.			
Police Report	No	If Yes, Where?	
Vehicle B No.	GV 1784 K	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	GBA 3938 X	Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	FRONT / REAR		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE DIA (P)		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	ION		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n51.com.sg		

Owner / Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man

License Number: S20770581

Name: LI YOON DI

Birth Date: 09 Apr 1940

Issue Date: 21 Jul 2003

Barcode: 000672767G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S20770581

Portrait of a man

Name: LI YOON DI
@YOON SENG
李運盛

Race: CHINESE

Date of Birth: 09-04-1940 Sex: M

Country of Birth: SELANGOR

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Jul 1960

NP 428A

Barcode: Licence No: S20770581

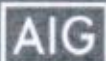
Barcode: 2256775

NRIC No: S20770581

Portrait of a man

Blood Group: O+ Date of Issue: 08-08-1994

Address: APT BLK 216 MARSILING LANE
#15-B22
SINGAPORE 2573



CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY ONLY COMMERCIAL VEHICLE

Name of Policyholder : Li Yoon Di @ Yoon Seng
Period of Insurance : 01 Jun 2018 To 31 May 2019
Engine No. : 61198050349007
Chassis No. : VSA63809423387314

Vehicle No. : GV2178J
Policy No. : 2100116876-09
Endorsement No. :
Issued Date : 25 Apr 2018

ABOUT THE COVER

Make/Model : MERCEDES BENZ VITO 110CDI 1.2 ton [Van]
Engine Capacity/Tonnage : 1.2 Tonnage **Sum Insured** : NA
Driver Restriction : NA **Off Peak Car** : No

First Year of Registration : 2002
Insuring with COE/PAF : NA

Person or Classes of Persons Entitled to Drive*

- a) The Policyholder
 b) 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.

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 a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle.c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Section 2

Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

Li Yoon Di @ Yoon Seng

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

For Approved Reporting Centres, 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: NA

I/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).

0500702000

TKH INSURANCE AGENCY

6001 BEACH ROAD #11-09 GOLDEN MILE TOWER

SINGAPORE 199589

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Kong Heng Tan

75 Shenton Way #07-16 AIG Building S079120 | T: +65 6419 3000 | F: +65 6415 3723 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.