

NATIONAL Assessment Centre Services (wef 1 Jan 2015) MAA/18086057			
Date In: 08/07/2018 11:27	Job description	Date & Time Completed	Done by
Ref No: MAA/18086057/21244	SAS e-filing		
Veh No: SLP 8803D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/07/2018 11:30	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:	Veh No: SMA 64657	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 () / Towel-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

MAA/1804240	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac 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 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	04/07/2018 11:27
Date Of Accident	03/07/2018 11:30
Exact Location Of Accident	JUNCTION OF NICOLL HIGHWAY AND STAMFORD ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLP3803D
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	-
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-92329902
Alternative Phone No	OFFICE-92329902
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994802/100857699-00001
Cover Note Number	
Driver	
Name of Driver	TEO BENG TECK
NRIC No	S1479631B
Date Of Birth	24/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	06/05/1980
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92329902
Fax Number	
Contact Number	OTHERS-92329902
Email Address	EDWIN@CARCOVE.COM.SG

Address	BLK 120 BUKIT MERAH VIEW #03-02
Postcode	152120
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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: : PASSENGER 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA6465T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN YONG SONG
NRIC/Passport Number	S8021521E
Contact Number	96199543
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: *Rishi*
NRIC/FIN No:

SKETCH PLAN Junction of Nucc Highway / STAMFORD ROAD

↑

▲

12

Ver 3: SMA 6465T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT AROUND 1130 AM. BEFORE REACHING THE TURNING JUNCTION I REALIZE

LANE GOING STRAIGHT. WHILE I WAS CHECKING MY BLIND SPOT THE CAR

IT ENDED HITTING THE REAR OF THE CAR.

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



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

Reporting Centre Personnel's Signature
Name: Paulina
NRIC/FIN No: 9201 111 111

NRIC/FIN No.

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 03 / 07 / 2018 (dd/mm/yy) Time of Accident: 11 : 30 (24-HR-FORMAT)

Vehicle No.: SP3803D Vehicle Make & Model: HONDA SHUTTLE

Exact location of Accident: NICOLL HIGHWAY AND STAMFORD ROAD JUNCTION.

Policyholder's Name / IC No.: CAR CONE LEASING PTE LTD.

Driver's Name / IC No.: TEO BENQ TECK (As Above) ☐

Driver's Contact No.: 9232 9902 Company Contact No.: _____

Driver's Address: BLK 120 BLK 120 MERAH VIEW #03-02 (S) / S2120

Email address (if any): edwin@carcone.com.sg Insurance Company: AVG

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hired or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 2 FEMALE

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: TAN YONG SONG / S8021521E Vehicle No.: SMA 6465T

Driver's Contact No.: 9619 9543 Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No.: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number **S1479631B**
 Name **TEO BENG TECK**

Birth Date **24 Jun 1961**
 Valid Date **24 Nov 2003**



001017730C


REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1479631B**



Name **TEO BENG TECK**
張明德

Race **CHINESE**
 Date of birth **24-06-1961**
 Country/Piece of birth **SINGAPORE**

Sex **M**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	06 May 1980
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	29 Nov 2000

NP 429A

Licence No: **S1479631B**



5439874



NRIC No: **S1479631B**



Date of issue **03-03-2015**

Address
APT BLK 120 BUKIT MERAH VIEW
#03-02
SINGAPORE 152120



HOTLINE TEL: (65) 6419-3500
FAX: (65) 6413-1723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1990
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

MZ 400

TPFT COMMERCIAL MOTOR

CERTIFICATE NO. 999994802/100857699-00001

OWN DAMAGE EXCESS S\$2,000.00 (II)

WINDSCREEN EXCES N/A

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

SLP3803D

2) NAME OF INSURED

Car Cove Leasing Pte Ltd

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

12 Feb 2018

4) DATE OF EXPIRY OF INSURANCE

11 Feb 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the insured's order or with their permission.

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 for the carriage of passengers or goods in connection with the Insured's business.

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover

1) Use for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.



LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY Heritage Auto Enterprise Pte Ltd

* 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 in Singapore 4 Apr 2018.

AIG ASIA PACIFIC INSURANCE PTE. LTD

691991-000

MOH KOK HENG

AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120 SP-MOH

Authorised Representative

ORIGINAL

89C528