

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In <b>09/07/18</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/A18012459/13</b>	SAS e-filing		
Veh No <b>GBH323Z</b>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A <b>07/07/18 2235</b>	i-Motor Claim Form		
OD <b>(TP)</b> 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</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( <b>VISION AUTOWORK</b> Tel: Fax: )	
TP Particulars:	Veh No: <b>SHD4038A</b> 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

**NA1804304**

## Invoice Preparation Checklist

Amt (\$) Amt (\$)  
1st Bill Add Bill

<b>Claimant's Particulars :-</b>	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:-		
	OP*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
<b>QC Checked by (Engr-In-Charge):</b>	TP (N11) : TP (Non INC) against INC \$20		
<b>Auditors' Comments :-</b>	9) N12: Idac Mobile \$0		
Cat. 1:	Invoice dated Fee Charged		
Cat. 2 / 3:	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	09/07/2018 16:40
Date Of Accident	07/07/2018 22:35
Exact Location Of Accident	JUNC OF GEYLANG RD & SIMS WAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH333Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEW KIM CHOK
NRIC No	S0608227J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97423108
Alternative Phone No	OTHERS-97423108
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700094099
Cover Note Number	
<b>Driver</b>	
Name of Driver	TEW ENG HUEI
NRIC No	S1683032A
Date Of Birth	19/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	05/04/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92978668
Fax Number	
Contact Number	
Email Address	TERRYTEW866@GMAIL.COM

Address	BLK 537 BEDOK NORTH ST 3 #04-559
Postcode	460537
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	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

PLS REFER TO THE 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	SHD4038A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:

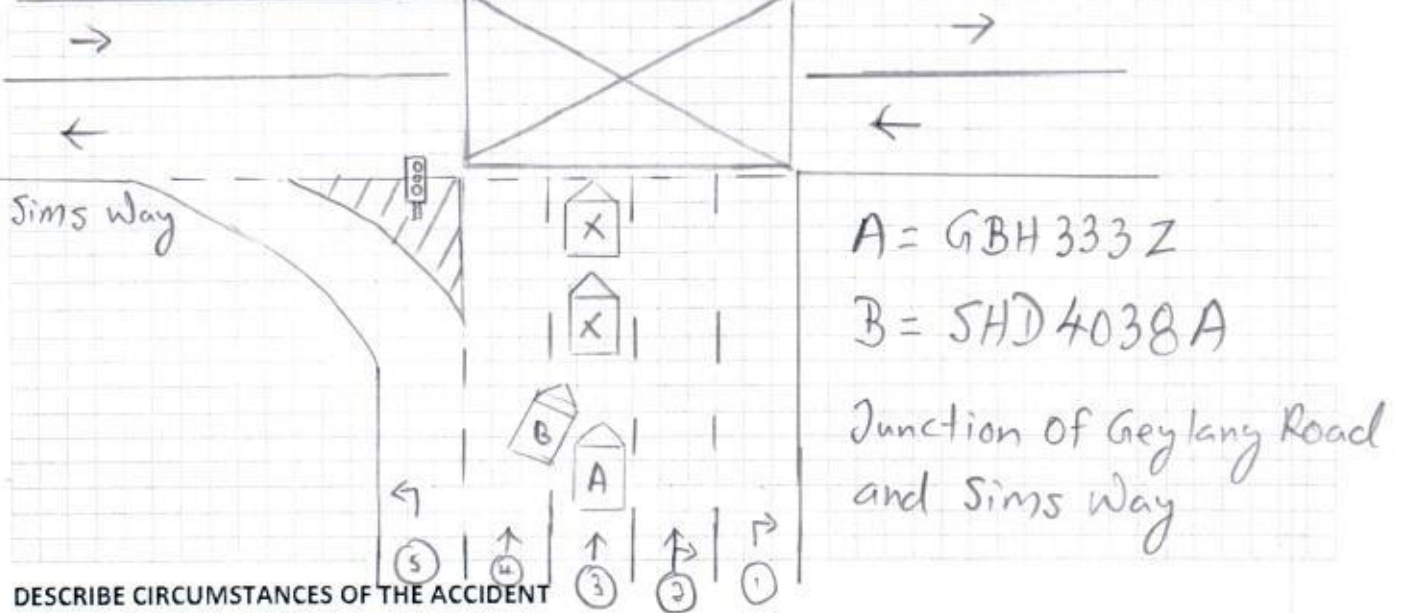
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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.:

On 07.07.18 at about 22:35 hours at Junction of Geylang Road and Sims Way. I was stationary on the lane 3 (along Geylang Road), waiting for the traffic light to turn green.

When the traffic light turned green and I was about drive forward, suddenly I felt an impact from my left, when I alighted I realise it was vehicle (B) cut into my lane and collided onto front left hand side portion of my vehicle (A).

Vehicle (A): GBH 333Z

Vehicle (B): SHD 4038A

A handwritten signature in blue ink, appearing to be 'Zh' or similar, located in the center of the page.



No Driver's IC



## SINGAPORE ACCIDENT STATEMENT

Accident Date: 07/07/2018		Time: 22:35 (hh:mm) 24 hr format	
Location Junction of Geylang Road and Sims Way			
Vehicle Number GBH333Z			
Insured Name Tew Kim Chok			
NRIC/FIN 50608227J		Contact Number 9742 3108	
Make Nissan		Model NV350	
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting			
Insurance Company AIG			
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only			
Policy Number 1700094099			
Name of Driver Tew Eng Hui		( ) Same as Insured	
NRIC / FIN 5/683032A		Contact Number 9297 8668	
Date of Birth 19/05/1965			
Driving Pass Date 05/04/2012			
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor			
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female			
Email Address terrytew866@gmail.com		( ) NO EMAIL	
Address of Driver BIK 537 Bedok North St 3 #04-559 S(460537)			
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No			
If No, Relationship of the Driver with the Insured			
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( <input checked="" type="checkbox"/> ) Children ( ) Sibling			
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No			
If Yes, Vehicle Registration Number of Driver's Own Vehicle			
Insurance Company of Driver's Own Vehicle			
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others			
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others			
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No			
Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No			
If yes, injured detail			
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No			
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report			
DETAILS OF 3 <sup>rd</sup> party		Name / Nric Contact	
Veh B SHJ 4038A			
Veh C			
Veh D			
Veh E			
Veh F			

Driver Only.


GBH333Z Driver

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO S1683032A



TEW ENG HUEI  
張永輝  
Race  
CHINESE  
Date of birth 19-05-1965 Sex M  
Country of birth  
SINGAPORE

S1683032A



APT B, 537 BEDOK NORTH STREET  
#04-559  
SINGAPORE 460537

BLK 537 BEDOK NORTH ST 3  
#04-559  
460537



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1683032A  
Name: TEW ENG HUEI

Birth Date: 19 May 1965  
Issue Date: 18 Apr 2018

002794332D



GBH 333 Z

driver

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  05 Apr 2012

NP 428A



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0608227J



Name

TEW KIM CHOK

Race

CHINESE

Date of birth

11-09-1942

Sex

M

Country/Place of birth

SINGAPORE

GBH 333Z

Owner

5317949



NRIC No. S0608227J



Date of issue

16-06-2014

Address

APT BLK 537 BEDOK NORTH STREET 3  
#04-559  
SINGAPORE 460537





# CERTIFICATE OF INSURANCE

## NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

<b>Name of Policyholder</b>	: Tew Kim Chok	<b>Vehicle No.</b>	: GBH333Z
<b>Period of Insurance</b>	: 28 Dec 2017 To 27 Dec 2018	<b>Policy No.</b>	: 1700094099
<b>Engine No.</b>	: YD25002032B	<b>Endorsement No.</b>	:
<b>Chassis No.</b>	: JN1MC2E26Z0009614	<b>Issued Date</b>	: 22 Jan 2018

### ABOUT THE COVER

<b>Make/Model</b>	: NISSAN NV350 PANEL VAN	<b>Sum Insured</b>	: Market Value	<b>First Year of Registration</b>	: 2017
<b>Engine Capacity/Tonnage</b>	: 1.5 Tonnage	<b>Off Peak Car</b>	: No	<b>Insuring with COE/PARF</b>	: Yes
<b>Driver Restriction</b>	: NA				

#### Person or Classes of Persons Entitled to Drive\*

Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission. This Policy will indemnify any authorised driver other than the Policyholder 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\*

- 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 B 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**  
Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

**Section 2**  
Property Damage - \$0

**Windscreen** : \$100

#### Named Driver and Excess (where applicable)

Tew Eng Huel - \$800 (Own Damage)

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

1. Tan Chong Motor Sales Add: 913 Bt Timah Road Singapore 589623 64694091 64694092 64694093
2. TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 628099 62622212
3. Tan Chong Motor Sales Add: 17 Lor 6 Toa Payoh Singapore 319254 63570753 63570754
4. Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
5. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

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](http://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: TAN CHONG CREDIT PTE LTD

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).

0500610427

TAN CHONG CREDIT PTE LTD-LSE

911 BUKIT TIMAH ROAD

SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

**AIG Asia Pacific Insurance Pte. Ltd.**  
AUTHORISED REPRESENTATIVE

SSCAGB