

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA18090619

Date In: 12/18-19	Job description	Date & Time Completed	Done by
Ref No: NA/AG/802393/24	SAS e-filing		
Veh No: MS23647	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/7/18-19:30	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: SH92487	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

NA18090619	Invoice Preparation Checklist	Amt (\$) In 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) 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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	13/07/2018 17:19
Date Of Accident	11/07/2018 19:30
Exact Location Of Accident	PIE (CHANGI) AFTER PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS2364T
Insured/Policyholder	
Name Of Registered Owner	WONG KOK KENG
NRIC No	S2614285G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96942756
Alternative Phone No	OFFICE-96942756

Vehicle Particulars

Manufacturer	PROTON
Model	EXORA 1.6L AT (M-LINE) ABS D/AB 2WD 5DR
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	2100155805-08
Cover Note Number	

Driver

Name of Driver	WONG KOK KENG
NRIC No	S2614285G
Date Of Birth	04/05/1950
Occupation	INDOOR
Date Of Driving Pass	01/01/2003
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96942756
Fax Number	
Contact Number	OFFICE-96942756
Email Address	NOEMAIL

Address	BLK 876 TAMPINES STREET 84 #06-34
Postcode	520876
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	CHAIN COLLISION
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?	
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: : - GENDER: : MALE

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	SHA9248T
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)	2

Passenger 1

NAME: :

GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGD9711T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

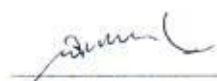
SKETCH PLAN

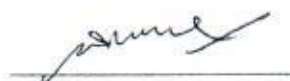
IMPORTANT NOTICE

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:

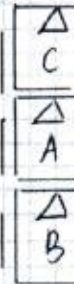

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SJS 2364T

Vehicle B: SHA924BT

Vehicle C: S&D9711T



PTE (changji), after Raya Lebaran

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', SJS 2364T, was travelling straight along the stated venue. Due to front vehicle stopped, I braked as well. About 2 seconds later, vehicle 'B', SHA924BT, hit into my stationary vehicle's rear portion.

The great impact caused my vehicle to propel forward and hit onto vehicle 'C', S&D9711T.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 07 / 2018 (DD/MM/YYYY), TIME: 19 : 30 (HH:MM)

LOCATION: PIE (Changi), After Paya Lebar Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS 2364T
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: PIVOT
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: WONG KOK FENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2642856 CONTACT: 96942756
 c) ADDRESS: 876 Tampines Street 84 #06-34 S(520876)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 04 / 05 / 1950 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11 / 2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA924BT MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: S609711T MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (Including driver)
(02)

* No of passenger
 (Including driver)
(02) males

* No of passenger
 (Including driver)
(01)

Email =

fax =



SINGAPORE POLICE FORCE



G/20180713/7031

1 of 2

POLICE REPORT (NP322)

Report No. G/20180713/7031

Police Station Of Origin
Bedok Police Divisional HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000

Date/Time Report Made 13/07/2018 15:06	Vide Report No.	Station Diary No.
Name Of Informant WONG KOK KENG	Address APT BLK 876 TAMPINES STREET 84 #06-34 SINGAPORE 520876	
ID Type / ID No. NRIC NO / S2614285G	Contact No. Home/Office: Mobile: 96942756	
Nationality SINGAPORE CITIZEN	Email Address wongkk@bpmc.com.sg	
Occupation Other stall sales workers	Sex Male	Age 68
Institution/School Name	Date of Birth 02/05/1950	Race Chinese
Date/Time Of Incident 01/07/2018 00:00 - 13/07/2018 00:00	Location Of Incident APT BLK 876 TAMPINES STREET 84 #06-34 SINGAPORE 520876	

Brief details.

When I was doing my accident report for my vehicle, I then realised I have lost my Driving License.

Property Information								
S/N	Item	Type	Brand	Model	Serial No/ IMEI No	Quantit y	Value	Description

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/07/2018 15:06
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch TAN BING GUANG Contact No.: 18002448999	Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645



**SINGAPORE
POLICE FORCE**



G/20180713/7031

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20180713/7031

1	Licence	Lost	International Driving Permit			1		
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Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

G / Bedok Police Divisional Investigation Branch

TAN BING GUANG

Contact No.: 18002448999

Authentication Stamp

Signature Of Informant:

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

Date/Time:

13/07/2018 15:06

Classification Of Case:

FUPO hotline number: 68429645

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S2614285G**



Name

WONG KOK KENG

黄 国 权

Race

CHINESE

Date of birth

04-05-1950

Sex

M

Country of birth

MALAYSIA

S2614285G



4329335



NRIC No. **S2614285G**

Date of issue

30-12-2008

Address

**APT BLK 876 TAMPINES STREET 84
#06-34
SINGAPORE 520876**



CERTIFICATE OF INSURANCE

PROTON AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Wong Kok Keng
Period of Insurance : 05 Aug 2017 To 04 Aug 2018
Engine No. : S4PHPW9303
Chassis No. : PL1FZ6YRRAF009662

Vehicle No. : SJS2364T
Policy No. : 2100155805-08
Endorsement No. :
Issued Date : 01 Aug 2017

ABOUT THE COVER

Make/Model : PROTON EXORA 1.6A
Engine Capacity/Tonnage : 1,597.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2009
Insuring with COE/PAF : Yes

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.

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 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 (10 days) 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 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 - \$500 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreens : \$100

Named Driver and Excess (where applicable)

Wong Kok Keng - \$500 (Own Damage) Wong Wei Teen - \$500 (Own Damage) Wong Kok Keng - \$500 (Own Damage)

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

1. TTS Eurocars Pte Ltd. Add: 383 Sin Ming Drive, TTS Centre, Singapore 575717 67572622.

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: NA

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).

0500682100

INLINE INSCE AGENCY PL-PROTON

ROBINSON ROAD P O BOX 192

SINGAPORE 900342 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSCFHJ