

NATIONAL Assessment Centre Services			
Date In: 23/07/2008 18:03	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/AG/180/336814	E-mail (within 8hrs, ADC 2hrs):		
Veh No: SUE 4132 H	i-Motor Claim Form		
D.O.A: 20/07/2008 17:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (P) Reporting Only	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: -	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

NPA/AG/180/336814		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-		1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
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			
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 (N:n 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	23/07/2018 18:03
Date Of Accident	20/07/2018 17:00
Exact Location Of Accident	18 CROSS STREET, CHINA SQUARE CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE4132H
Insured/Policyholder	
Name Of Registered Owner	CHEW YONG HAN MELVIN (ZHOU YONG HAN)
NRIC No	S7604457J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90175680
Alternative Phone No	OTHERS-90175680

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 EX (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	2100475833-01000
Cover Note Number	

Driver

Name of Driver	CHEW YONG HAN MELVIN (ZHOU YONG HAN)
NRIC No	S7604457J
Date Of Birth	20/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	14/03/1997
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90175680
Fax Number	
Contact Number	OTHERS-90175680
Email Address	NOEMAIL

Address	BLK 233 SUMANG LANE #04-343
Postcode	821233
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20180721/7013

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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

18 CROSS STREET, CHINA SQUARE CENTRAL

SLE4132H.



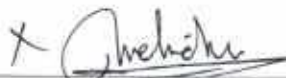
damage by fallen stone

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no A, 2018 0721/7013

DECLARATION

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

X 

Policyholder's Signature
Date & Time:

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


23/07/2018
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



A/20180721/7013

1 of 1

POLICE REPORT (NP299)

Report No. A/20180721/7013

Police Station Of Origin
Central Police Divisional HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 21/07/2018 17:21	Vide Report No.	Station Diary No.
Name Of Informant CHEW YONG HAN MELVIN	Address APT BLK 233A SUMANG LANE #04-343 SINGAPORE 821233	
ID Type / ID No. NRIC NO / S7604457J	Contact No. Home/Office: Mobile: 90175680	
Nationality SINGAPORE CITIZEN	Email Address melvinchew76@yahoo.com	
Occupation Electrical engineering technician (high voltage)	Sex Male	Age 42
	Date of Birth 18/02/1976	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 20/07/2018 18:00 - 20/07/2018 19:00	Location Of Incident 18 CROSS STREET CHINA SQUARE CENTRAL SINGAPORE 048423	

Brief details.

My car (SLE4132H) was park at inside china square central. while i was working at unicorn square sub station with Main Contractor (Nakano Singapore Pte Ltd).
at around 6pm one of the staff told me that stone have fell from the ceiling onto my car. at time on one was near the car or in the car so no injury.

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: 21/07/2018 17:21
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20/072018 (dd/mm/yy) Time of Accident: 18:00 (24-HR-FORMAT)

Vehicle No.: SLE4132H Vehicle Make & Model: KIA Forte K3 1.6 A EX

Exact location of Accident: 18 Cross St, China Square Central

Policyholder's Name / IC No.: Chew Yong Han Melvin / 57664457J

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 90175680 Company Contact No.: _____

Driver's Address: Blk 233A Sunang Lane # 04-343 S (821233)

Insurance Company: _____ Email address (if any): _____

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

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer 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?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 0

☒ Private use / ☐ Work purpose

Passenger Name: _____

Gender: Male / Female

Passenger Name: _____

Gender: Male / 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: online report.

The Other Party(s) Details:

1. Driver's Name / IC No.: Nakano Singapore Pte Ltd. Vehicle No.: _____

Driver's Contact No.: _____ 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
IDENTITY CARD NO. S7604457J



Name

CHEW YONG HAN MELVIN
(ZHOU YONGHAN)

周永汉

Race

CHINESE

Date of birth

20-02-1976

Sex

M

Country of birth

SINGAPORE

S7604457J

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7604457J

Name

CHEW YONG HAN MELVIN
(ZHOU YONGHAN)

Birth Date: 20 Feb 1976

Issue Date: 01 Feb 2008



4182587

NRIC No: S7604457J



Date of issue

02-01-2008

APT BLK 233A SUMANG LANE #04-343
SINGAPORE 821233

NRIC No: S7604457J

Date: 12/01/2018

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

PASS DATE

Class 3 Motor Cars < 2000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg 14 Mar 1997

NP 629A





HOTLINE TEL: (65) 6419 3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.1

KIA AUTO PROTECTOR

CERTIFICATE NO. 2100475833-01000

OWN DAMAGE EXCESS S\$600.00 (1)
WINDSCREEN EXCESS S\$100.00
(for policies with effect from 1st November 2002)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes
SLE4132H

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Chew Yong Han Melvin (Zhou Yong Han)

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

21 Jul 2017

4) DATE OF EXPIRY OF INSURANCE

20 Jul 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *
SUBJECT TO AGE CONDITION :40 years old and above

a) The Insured

b) Any other person who is driving on the Insured's order or with his permission.

A Young and/or Inexperienced Driver Excess ("VIDR") of S\$3,000.00, in addition to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

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 only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / KIA AUTHORISED REPAIRERS

1. Cycle & Carriage Pandan Gardens Service Centre - 209 Pandan Gardens (Tel: 6568 4567)

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

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. Ethos - 30 Bukit Batok Cres (Tel: 66547777)

4. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only 5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560)

6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110) 7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892)

8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336) 9. SME Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476106)

LOSS OF USE 15 Days Replacement Car only for repairs at C & C - Refer to policy wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY MayBank
/ EMPLOYER'S LOAN

* 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 At Singapore 16 Jun 2017

AIG Asia Pacific Insurance Pte. Ltd.

500709-907
CYCLE & CARRIAGE - JAMES (KIA)
239 ALEXANDRA ROAD
SINGAPORE 159930
ANSP-MOTOR

AUTHORISED REPRESENTATIVE

ORIGINAL