

NATIONAL Assessment Centre Services

(Ref: 101024)

NA/41804727

Date In: 26/07/2018 18:56	Job description	Date & Time Completed	Done by
Ref No: NA/41804727/3656/Y	SAS e-filing		
Veh No: SL2 2512Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/07/2018 19:35	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: SL2 2512Y	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

<p>NA/41804727</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cal 1:</p> <p>Cal 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p>		<p>Amt (\$)</p> <p>1st Bill</p>	<p>Amt (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p>		<p>Fee Charged</p>	
	<p>Invoice dated</p>		<p>Fee Charged</p>	

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	26/07/2018 16:56
Date Of Accident	25/07/2018 19:35
Exact Location Of Accident	AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL4389Y
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	-
Email Address	MELVIN27@ROCKETMAIL.COM
Mobile Phone No	(LOCAL) +65-97463458
Alternative Phone No	OFFICE-97463458

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	999994528/100863812
Cover Note Number	

Driver

Name of Driver	MELVIN KHOO KUM HENG (MELVIN QIU JINXING)
NRIC No	S7347460D
Date Of Birth	27/12/1973
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1998
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97463458
Fax Number	
Contact Number	OTHERS-97463458
Email Address	MELVIN27@ROCKETMAIL.COM

Address	BLK 448 YISHUN RING ROAD #10-86
Postcode	760448
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	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	4
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ2512Y
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PANG CHENG HOCK
NRIC/Passport Number	S6837514B
Contact Number	96232318
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLP2501G
Vehicle Make/Model/Colour MITSUBISHI
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver KENN LIM WEI XIONG
NRIC/Passport Number S8917436H
Contact Number 96818596
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGW6242A
Vehicle Make/Model/Colour TOYOTA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver JASMIN NG KWEE CHU
NRIC/Passport Number S7726915J
Contact Number 97555498
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: 26/7/18
2:27pm

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

AYE TOWARDS 7uA8

A) SL4389Y C) SLP2501G

A) SLU4389Y C) SLP2501G
B) SLZ2512Y D) SGW 6242A

while travelling at lane 1 of A/E (CULMS),
noticed vehicle in front of me slow down a lot
I too jam on my brakes, but still got into contact
with vehicle in front.
Also noticed that after impact with vehicle in front,
that vehicle released brake and hit the other vehicle
in front of him.

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

Date & Time: 26/7/18
2:30pm

NRIC/FIN No. _____

ACCIDENT STATEMENT

ACCIDENT DATE: 25/07/2018 (DD/MM/YYYY), TIME: 19:36 (HH:MM)
LOCATION: AYE (TUN)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLL 4389 Y
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA VEZEL HYBRID
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
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: Van Cao (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MELVIN KHOO KUM HENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7347460 D CONTACT: 9746 3458
c) ADDRESS: BLK 448 UISHIN KENG ROAD
#10-86, S760448

* d) DATE OF BIRTH: 27/12/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 02/02/1998

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

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: SLZ 2512 Y MODEL: HONDA
b) DRIVER'S NAME: PANG CHENG HOCK
c) NRIC/FIN/PASSPORT: S683754 B CONTACT: 9623 2318

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLP 2501 G MODEL: MITSUBISHI
e) DRIVER'S NAME: KENN LIM WEI XIONG
f) NRIC/FIN/PASSPORT: S8917486 H CONTACT: 9681 8596

SGW 6242 A TOYOTA

JASMIN NG KWEE CHU

S7726915 J

97555498

Email =

melvin27@rocketmail.com

VIDEO =

YAS

*PERSONAL IF
im*

** No of passengers
(including driver)
(3)*

** No of passenger
(including driver)
()*

** No of passengers
(including driver)
()*

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7347460D



Name

MELVIN KHOO KUM HENG
(MELVIN QIU JINXING)

邱锦兴

Race

CHINESE

Date of birth

27-12-1973

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7347460D

MELVIN KHOO KUM HENG
(MELVIN QIU JINXING)

Birth Date 27 Dec 1973

Issue Date 11 Jan 2003



3457114

NRIC No. S7347460D

Date of issue

15-01-2004

APT BLK 448 YISHUN RING ROAD #10-86
SINGAPORE 760448

NRIC No: S7347460D

Date: 10/09/2011

No: 6930346

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

VALID DATE

03 Feb 1960



NP 426A



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

POLICY SCHEDULE

COMPREHENSIVE COMMERCIAL MOTOR

ATTACHMENT (II)

PERIOD OF INSURANCE : (both dates inclusive)	From : 19 Jul 2018 To : 18 Jul 2019	POLICY NO. : 999994528/100863812 ENDORSEMENT NO. : 00000
INSURED :	Vincar Leasing and Rental Pte Ltd	PREMIUM CALCULATION : S\$ After 20% Fleet Discount
ADDRESS :	-	
BUSINESS/PROFESSION :	Fleet Trade	Premium \$1,900.80 GST @ 7% \$133.06 <hr/> Total Due \$2,033.86
REGISTRATION NO. :	SLL4389Y	
MAKE & TYPE OF BODY :	HONDA VEZEL 1.5X HYBRID A	Insurance coverage includes the following benefit(s): Legal Liability of Passenger for Act Of Negligence, Passenger Risks, SRCC & FLOOD - Free, TPPD Limits increase to S\$500,000, Windscreen Damage Unlimited (Excess \$100 applies)
YEAR OF REGISTRATION :	2017 CC/TONNAGE 1496.0	
SEATING CAPACITY :	4	SUBJECT TO ENDORSEMENT(S) : 1,15,18,25,26d,57,72(b),89,92,131,157,209,212(a),215(a) The policy does not cover drivers who are below 22 years old and/or with less than 2 year driving experience. Issued in SINGAPORE on 25 Jul 2018
CHASSIS NO. :	RU31208843	
ENGINE NO. :	LEB5908856	
SUM INSURED :	\$1.00	
INSURING WITH COE/PART :	Yes	
EXCESS :	\$2,000.00 (I & II)	
NAMED DRIVERS :		
HIRE PURCHASE OWNERS/EMPLOYER'S LOAN :	MayBank	

Person(s) Entitled To Drive :

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

An additional Young and Inexperienced Driver (YIDR) Excess of S\$3,000 (unless otherwise stated) applies to any drivers(named and unnamed) who is below age 23 or has less than 2 years driving experience.

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.



501980-000
VINCAR PTE LTD
1 CHANG CHARN ROAD
#05-02 OC BUILDING
SINGAPORE 159530

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Authorised Representative

ORIGINAL

SSCD5K