

NATIONAL Assessment Centre Services.

(wef 1 Jan'05) **NA/18/01074**

Date In: 6/8/18-11/11	Job description	Date & Time Completed	Done by
Ref No: NA/18/01074	SAS e-filing		
Veh No: 5M2959J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 5/8/18-15:50	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: 5FV626U	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%. P: 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

NA/18049/4	Invoice Preparation Checklist:	Am't (\$) Int Bill	Am't (\$) 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) 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:-		
	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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Ref 1:			
Ref 2 / 3:			

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	06/08/2018 11:11
Date Of Accident	05/08/2018 15:50
Exact Location Of Accident	TANJONG RHU FLYOVER TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2959J
Insured/Policyholder	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994656
Cover Note Number	

Driver

Name of Driver	TAY KOK BOON, MARC
NRIC No	S9431871H
Date Of Birth	29/06/1994
Occupation	INDOOR
Date Of Driving Pass	18/02/2014
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81570951
Fax Number	
Contact Number	OFFICE-81570951
Email Address	NOEMAIL

Address	BLK 850 HOUGANG CENTRAL #09-51
Postcode	530850
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	3
Was any body injured in the Accident?	YES
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: : NORMAN 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	SFU6226U
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFG8181A
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)	

DETAILS OF INJURED PERSON 1

Name	TAY KOK BOON, MARC
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJM2959J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 5 / 08 / 2018 (dd/mm/yy) Time of Accident: 15 : 50 (24-HR-FORMAT)
Vehicle No.: SJM 2959J Vehicle Make & Model: Hyundai Avante
Exact location of Accident: Tanjong Rhu Flyover towards Ching
Policyholder's Name / IC No.: Asset Lim / 53309913K
Driver's Name / IC No.: Tay Kok Boon, Marc / 59431871H (As Above) ☐
Driver's Contact No.: 81570951 Company Contact No.: _____
Driver's Address: Blk 850 Honggang Central #09-51 S(530850)
Insurance Company: AIU Email address (if any): _____

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

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee (Hire) 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): 02

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: Tay Kok Boon Marc

Injuries Sustain: _____ Injured Person in Which Vehicle: SJM 2959J

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

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SFU 62264 ^(B)

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

2. Driver's Name / IC No.: _____ Vehicle No: SFG 8181A ^(C)

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.

SKETCH PLAN

IMPORTANT NOTICE

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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

	<p>Tanjong Rhu Fly over</p> <p>Vehicle A: SJM 2959J</p> <p>Vehicle B: SFU 62264</p> <p>Vehicle C: SFG 8181A</p>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

<p>On the stated date and time, I vehicle A stopped as the vehicle in front of me stopped too. Suddenly vehicle B hit onto my vehicle rear portion. I only felt one impact. After I alighted I realise I'm involved in a chain collision.</p> <p>Passenger: male 97974708 Norman.</p>

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S9431871H**

Name: **TAY KOK BOON, MARC**

Birth Date: **29 Aug 1994**


Issue Date: **18 Feb 2014**

002276375F




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9431871H



Name: **TAY KOK BOON, MARC**

郑国文


Race: **CHINESE**

Date of birth: **29-08-1994**

Country/Place of birth: **SINGAPORE**

Sex: **M**

S9431871H



PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

or Cars=<3000kg with =<7 passengers, exclusive 18 Feb 2014
the driver; and other motor vehicles =< 2500kg

Licence No: S9431871H



5226075

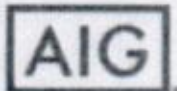


NRIC No. **S9431871H**



Date of issue: **17-09-2013**

Address: **APT BLK 850 HOUGANG CENTRAL
#09-51
SINGAPORE 530850**



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1988

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999 (MALAYSIA)

M 2.401

THIRD PARTY
CERTIFICATE NO.
POLICY NO.

COMMERCIAL MOTOR
SJM2959J
999994686

(The below excess is subject to GST)
POLICY EXCESS \$51500.00 (Sect II)
WINDSCREEN EXCESS NA

SUM INSURED NA
INSURING WITH COE/PARF NA
SJM2959J
ASSET LIMO

- 1) VEHICLE REGISTRATION NO.
2) NAME OF INSURED
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE
FOR THE PURPOSES OF THE ACT
4) DATE OF EXPIRY OF INSURANCE
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

06 July 2018
09 March 2019

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

\$51,500.00 Section II Excess is applicable for driver who is above 22 years old and/or with minimum 2 years driving experience.

The policy does not cover drivers who are below 22 years old with less than 2 year driving experience.

Intended usage is for limousine/ rental purposes.

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*

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired

The Policy does not cover: 1) Use for tuition, driving test, 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 any purpose in connection with the Motor Trade.

LOSS OF USE Not Included

HIRE PURCHASE COMPANY NA

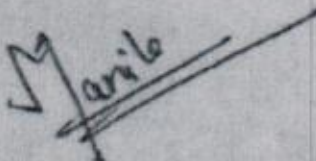
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 96 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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 03 Jul 2018

AIG Asia Pacific Insurance Pte. Ltd.

503052-000
HUND
55 Lorong 1 Telok Kurau
#02-59 Bright Centre
Singapore 425500



AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC