

NATIONAL Assessment Centre Services (wef 1 Jan 2005) MMA 118103723.

Date In: 11/8/18 14:51	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/ AIG 18014565164.	E-mail (within 5hrs, A/C 2hrs)		
Veh No: SGT 4806C	i-Motor Claim Form		
D.O.A: 10/8/18. 14:05.	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD <input checked="" type="checkbox"/> 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: SHA 3348C. 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

MMA 1805085	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
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:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*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		
	9) N12: Idac Mobile \$30		
at 1:	Invoice dated	Fee Charged	
at 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	11/08/2018 14:51
Date Of Accident	10/08/2018 14:05
Exact Location Of Accident	JUNC OF CHOA CHU KANG AVE 4 & CHOA CHU KANG LOOP
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGT4806C
Insured/Policyholder	
Name Of Registered Owner	SHIN-HAN LIMO SERVICES
Co Reg No	53315973C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98575910
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY
Fleet Policy	NO
Policy Number	999994611
Cover Note Number	-
Driver	
Name of Driver	OW KWOK THOONG
NRIC No	S1801255C
Date Of Birth	27/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1988
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85007026
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 710 WOODLANDS DRIVE 70 #06-39
Postcode	730710
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	COLLISION - HEAD TO REAR
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3348C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEO BOON PAR
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name OW KWOK THOONG

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? SGT4806C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode


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.

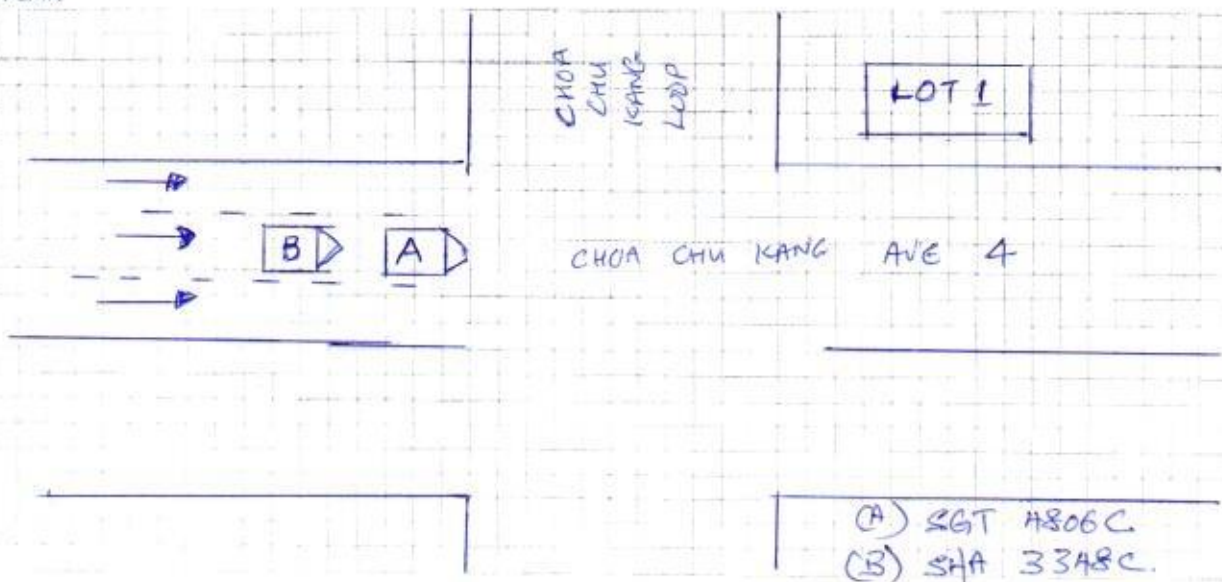

Policyholder's Signature
Date & Time:




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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

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.:

Vehicle No.	SGT 4806C	Model / Make	TOYOTA AXIO 1.5L
Date of Accident	10/8/2018		
Time of Accident	2:05 PM	HRS	
Location of Accident	TRAFFIC LIGHT JUNCTION OF CHOA CHU KANG AVE 4 & CHOA CHU KANG		
Exact purpose use during accident	LOOP.		
Name of Owner	SHIN-HAN LIMO SERVICES		
Telephone No.	H/P : 9857 5910	Home :	Office :
NRIC	53315973C		
Address	48 SPRINGSIDE WALK S'PORE 786628		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	999994611		
Name of Driver	As Above If No, OW KWOK THOONG		
NRIC	81801255C	Any Passengers :	No.
Date of birth	27/06/1967		
Occupation	Outdoor /	Indoor	
Driving License Pass Date	30/03/1988		
Gender	Male /	Female	
Contact No.	H/P : 8500 7026	Home :	Office :
Address	BLK 710 WOODLANDS DRIVE 70 #06-39 S(730710)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who? OW KWOK THOONG	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SHA 3348C	Any Passengers :	N.A.
Name of Driver	LEO BOON PAR	Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N.A.	Witness Contact :	
Accident Portion	Rear Portion.		
Camera Recorder	Yes / No		
Email Address	owenow67@hotmail.com		
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixin.		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n51.com.sg		



SINGAPORE POLICE FORCE



T/20180810/2120

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 4

Report No. T/20180810/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2018 18:04		Vide Report No.:		Station Diary No.: 174	
Informant's Particulars					
Name of Informant: OW KWOK THOONG			Address: APT BLK 710 WOODLANDS DRIVE 70 #06-39 SINGAPORE 730710		
ID Type / ID No.: NRIC NO / S1801255C			Contact No.: Home/Office: Mobile: 85007026		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 27/06/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/08/2018 14:05	Type of Location: T-Junction X-JUNCTION
Location: Along Road 1 CHOA CHU KANG AVENUE 4 CHOA CHU KANG AVENUE 4 (TOWARDS LOT ONE)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGT4806C	Car	TOYOTA	COROLLA AXIO 1.5X A	Silver	Slightly Damaged	0
SHA3348C	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0



Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 4

Report No: T/20180810/2120

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	OW KWOK THOONG	ID No.	S1801255C
Related Vehicle	SGT4806C (Car)	Contact No.	85007026
Hospital/Clinic	WOODLANDS POLYCLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/08/2018	Date Discharge	10/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LEO BOON PAR	ID No.	S0166583I
Related Vehicle	SHA3348C (Car)	Contact No.	91723193
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am the driver of vehicle registration no. SGT4806C.

On 10/08/2018 at about 1405hrs, I was travelling straight on Lane 2/3 of Choa Chu Kang Ave 4 (towards Lot One) and stopped at the X-junction of Choa Chu Kang Ave 4 and Choa Chua Kang Loop. Traffic light was Red and I was the first car at the junction.

Suddenly, I felt an impact from the rear of my vehicle. The front of vehicle SHA3348C had collided with the rear of my vehicle.

Both drivers exchanged particulars and checked for damage. As a result of the impact, my rear boot cannot be closed properly and the rear bumper of my vehicle was dented.

I sought medical treatment at Woodlands Polyclinic on the same day and was given 03 days of MC for neck pain and pending further medical review.

No Traffic Police was at scene. I have front and rear-facing in-vehicle camera installed.



**SINGAPORE
POLICE FORCE**



T/20180810/2120

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 4

Report No. T/20180810/2120

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180810/2120

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

4 of 4

Report No. T/20180810/2120

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report **N 130**
J /
Sgt 2 MUHAMMAD SYAFIQ BIN ABDUL
MANAF Signature :

Signature Of Interpreter
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH
Contact No.: 65476367

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/08/2018 18:04

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1801255C**

Name: **OW KWOK THOONG**

Birth Date: **27 Jun 1967**

Issue Date: **07 Jan 2003**

000092735G




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1801255C**



Name: **OW KWOK THOONG**

區國棟

Race: **CHINESE**

Date of Birth: **27-06-1967** Sex: **M**

Country of Birth: **SINGAPORE**

S1801255C

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

PASS DATE: **30 Mar 1988**

Licence No: **S1801255C**



NP 428A

A0100262

S1801255C

NRIC No: **S1801255C**

Blood Group: **A+** Date of issue: **28-01-2002**

APT BLK 710 WOODLANDS DRIVE 70 #06-39 SINGAPORE 730710

NRIC No: **S1801255C** Date: **29/04/2010** No: **6480531**






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, 1969 (MALAYSIA)

W 2 400

THIRD PARTY		COMMERCIAL MOTOR		POLICY EXCESS		(The below excess is subject to GST)	
CERTIFICATE NO.		SGT4806C		WINDSCREEN EXCESS	NA	SS2000.00 (Sect II)	
POLICY NO.		999994611		SUM INSURED	NA		
1) VEHICLE REGISTRATION NO.				INSURING WITH COE/PARF			
2) NAME OF INSURED				SGT4806C			
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT				SHIN-HAN LIMO SERVICES			
4) DATE OF EXPIRY OF INSURANCE				09 May 2018			
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*				08 May 2019			
<p>Any person who is driving on the Insured's order or with their permission.</p> <p>SS2,000.00 Section II Excess is applicable for driver who is above 22 years old with minimum 2 years driving experience.</p> <p>The policy does not cover drivers who are below 22 years old and / or less than 2 year driving experience.</p> <p>Intended usage is for limousine/ rental purposes.</p>							
<p>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 to that behalf from driving the Motor Vehicle.</p>							
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.							
<p>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.</p>							
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 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 in Singapore 09 May 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

