

# NATIONAL Assessment Centre Services: [wef 1 Jan'05] MNA118105680

Date In: 15/6/18-16:44	Job description	Date & Time Completed	Done by
Ref No: NA/A/180/4889/24	SAS e-filing		
Veh No: 5V904H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/6/18-17:40	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: 5L2 6336M	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

NA1805112	Invoice Preparation Checklist	Am't (\$) Est 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:-		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
QC Checked by (Engr-In-Charge):	TP (N11): TP (Non INC) against INC \$20		
Auditors' Comments:-	9) N12: Idac Mobile 30		
Dat 1:	Invoice dated	Fee Charged	
Dat 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	15/08/2018 16:44
Date Of Accident	14/08/2018 17:40
Exact Location Of Accident	AYE TWDS CTE AFTER ALEXANDRA RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV904H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GLI ENTERPRISE
Co Reg No	53360137A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.6L AT 1K23E5 SA
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800080959
Cover Note Number	

### Driver

Name of Driver	KRYSTAL LEE YING YING
NRIC No	S9404830C
Date Of Birth	02/02/1994
Occupation	INDOOR
Date Of Driving Pass	10/05/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82888773
Fax Number	
Contact Number	OFFICE-82888773
Email Address	NOEMAIL

Address	25 HAZEL PARK TERRACE #02-03
Postcode	678948
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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?	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	SLZ6336M
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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJK7862G
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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 3

Vehicle Registration Number

SLD2153R

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

KRYSTAL LEE YING YING

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJV904H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



## 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)

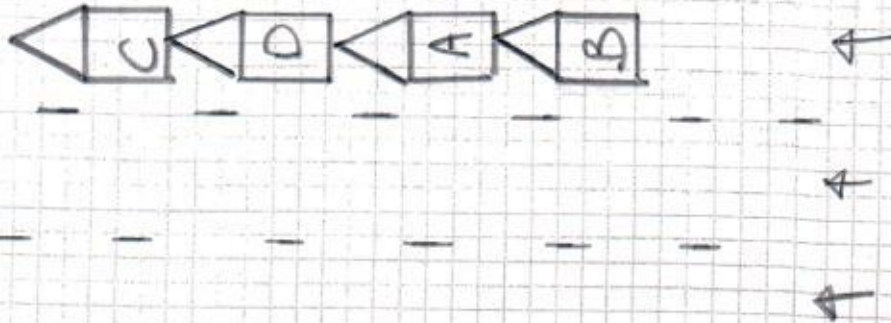


Reporting Centre Personnel's Signature

SKETCH PLAN

AVE TOWARDS ALEXANDER EXIT

- Vehicle A: STV 904 H
- Vehicle B: SLZ 6336 M
- Vehicle C: STX 780 G
- Vehicle D: SLD 2153 R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the above mentioned location. The vehicle in front of me slowed down and I follow to slow down as well. Before I could come to a complete stop, I felt an impact at the rear. The impact was so great that it pushed my car forward to hit the vehicle in front. I came out of my vehicle and realised it's a collision involving 4 vehicles.

DECLARATION

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

Date & Time:

(If driver is not the police officer)  
Date & Time:



Name:

NRIC/FIN No.:

*[Signature]*



VEHICLE NO: SJV 904 H

MAKE &amp; MODEL : VOLKSWAGEN JETTA 1.6 (A)

DATE OF ACCIDENT	14 / 08 / 2018	
TIME OF ACCIDENT	3.40 AM / <u>PM</u>	
LOCATION OF ACCIDENT	AVE TOWARDS CTE AFTER ALEXANDER EXIT	
Exact Purpose use during accident		
NAME OF OWNER	GLI ENTERPRISE	
TELP NO		
NRIC	53360137A	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	YES <u>NO</u>	
INSURANCE CO.		
TYPE OF CAVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.		
NAME OF DRIVER	As above / If No: KRISTAL LEE YING YING	
NRIC	S9464830C Any passengers: NIL	
DATE OF BIRTH	02 / 02 / 1994	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS		
GENDER	Male / <u>Female</u>	
CONTAC NO.	82888773 Office: Home:	
ADDRESS	25 HAZEL PARK TERRACE # 02-03 S(678948)	
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes : Reg No:	
RELATIONSHIP	Employee / If No: <u>Inden</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other :	
ROAD SURFACE	<u>Dry</u> / Wet / Other :	
ANY INJURIES	No / If yes : Who? DRIVER	
CONTAC NO.		
POLICE REPORT	No / If yes : Where?	
VEHICLE B NO.	SLZ 6336 M Any Passenger : NIL	
NAME		
CONTAC NO.		
VEHICLE C NO.	SJK 7862 G Any Passenger :	
VEHICLE D NO.	SLD 2153 R Any Passenger :	
VEHICLE E NO.	Any Passenger :	
VEHICLE F NO.	Any Passenger :	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <u>NO</u> -	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd	
TELP NO	1 Kaki Bukit ave 6 #02-15	
FAX NO.	Singapore 417883	
	Tel : 67476106 (6 lines)	

6 Speed Autowerkz Pte Ltd

68 Kaki Bukit Avenue 6

#02-05 ARK @ KB, Singapore 417896

Tel: 6384 7037 Fax: 6384 7039

Email: 6speedautowerkz@gmail.com

4387610



NRIC No. S9404830C



Date of issue  
14-04-2009

Address  
25 HAZEL PARK TERRACE  
#02-03  
SINGAPORE 678948



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9404830C

Name



KRYSTAL LEE YING YING

李 熒 榮

Race

CHINESE

Date of birth

02-02-1994

Country of birth

SINGAPORE

Sex

F

S9404830C



**REPUBLIC OF SINGAPORE**

**DRIVING LICENCE**



Licence Number: **S9404830C**

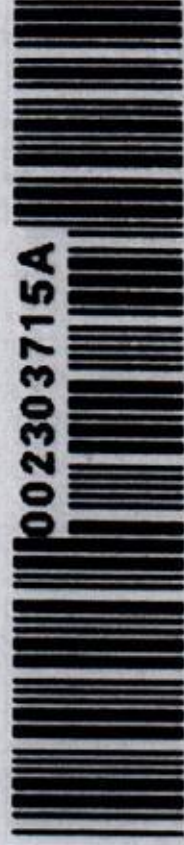
Name:

**KRYSTAL LEE YING YING**

Birth Date: **02 Feb 1994**

Issue Date: **10 May 2014**

**002303715A**





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

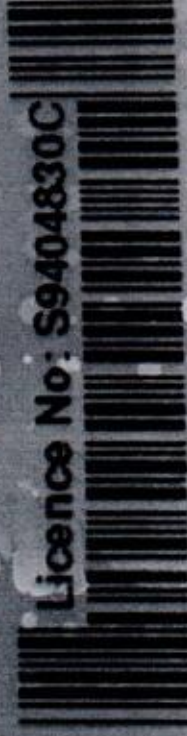
**EFFECTIVE DATE**

**Class 3A** Motor cars without clutch pedals (Auto)  $\leq 3000\text{kg}$   
with  $\leq 7$  passengers, exclusive of the driver; and  
other motor vehicles without clutch pedals  $\leq 2500\text{kg}$

**10 May 2014**

**NP 428A**

**Licence No: S9404830C**







# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : GLI Enterprise  
**Period of Insurance** : 11 Jul 2018 To 10 Jul 2019  
**Engine No.** : BSE880228  
**Chassis No.** : WVVZZZ1KZAU000865

**Vehicle No.** : SJV904H  
**Policy No.** : 1800080959  
**Endorsement No.** :  
**Issued Date** : 06 Jul 2018

### ABOUT THE COVER

**Make/Model** : VOLKSWAGEN JETTA 1.6 (A)  
**Engine Capacity/Tonnage** : 1,598.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2010  
**Insuring with COE/PAF** : Yes

#### Person or Classes of Persons Entitled to Drive\* :

Any person who is driving on the Policyholder's order or with their 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" ("YIDER") 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 1500cc - 1600cc Optional

\* 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 - \$600 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

#### Named Driver and Excess (where applicable)

Lee Swee Khoo - \$600 (Own Damage), Lee Ying Ying Krystal - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

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](http://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: TAI THONG LEE TRADING PTE LTD

I/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).

0107017000

NG GEK KIM

371 ALEXANDRA ROAD #06-03A AIA ALEXANDRA

SINGAPORE 159963 SP-MICHELLE-PG

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Marik*

**AIG Asia Pacific Insurance Pte. Ltd.**

AUTHORISED REPRESENTATIVE

GEK KIM NG