

NATIONAL Assessment Centre Services (wef: 1 Jan 2005) MANA418114242			
Date In: 03/09/2008 17:11	Job description	Date & Time Completed	Done by
Ref No: NBA/H19180/604814	SAS e-filing		
Veh No: Skip 3341 U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/08/2008 08:45	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: Skip 8673M	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

XIA1805649	Invoice Preparation Checklist		Am't (\$) 1st 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			
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 + SMKT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*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 \$0			
	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	03/09/2018 17:11
Date Of Accident	31/08/2018 09:45
Exact Location Of Accident	BLK 2 BEACH ROAD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW3341U
Insured/Policyholder	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91383499
Alternative Phone No	OFFICE-91383499

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	999994556
Cover Note Number	

Driver

Name of Driver	LEONG SIEW CHOY
NRIC No	S0142710E
Date Of Birth	08/01/1950
Occupation	OUTDOOR
Date Of Driving Pass	06/05/1987
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91383499
Fax Number	
Contact Number	OTHERS-91383499
Email Address	NOEMAIL

Address	BLK 286 TAMPINES STREET 22 #09-181
Postcode	1852
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	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

PLEASE REFER TO SKETCH PLAN

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	SGP8673M
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)	

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 Authorized 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 revoke 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.:

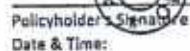
2 Beach Road, Carpark

Vehicle A: SKW 3341 W

Vehicle B: SGP 8673 M

On the stated date and time, I vehicle A was parked stationary in the lot. Suddenly Vehicle B reversed and hit onto my vehicle left portion.

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



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

03/09/2018
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]

Email: gm1@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 31/8/2018 (dd/mm/yy) Time of Accident: 09:45 (24-HR-FORMAT)
Vehicle No.: SKW33414 Vehicle Make & Model: Toyota Vios
Exact location of Accident: 2 Beach Road carpark
Policyholder's Name / IC No.: Asset Lim / 53309913K
Driver's Name / IC No.: Leong siew choy / 50142710E (As Above) ☐
Driver's Contact No.: 9138 3499 Company Contact No.: _____
Driver's Address: Blk 286 Tampines St 22 #09-181 S(1852)
Insurance Company: AIIG Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee Driver / 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): 01

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: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No.: SGP 8673M

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 DRIVING LICENCE

LEONG SIEW CHOY

000768660H

08 Jan 1950

23 Aug 2003

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0142710E

LEONG SIEW CHOY

梁稍財

CHINESE

08-01-1950

SINGAPORE

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S0142710E

Name: LEONG SIEW CHOY

Please visit www.lta.gov.sg to check the status of this vocational licence

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B	Motorcycles <= 200 CC	27 Dec 1976
Class 2A	Motorcycles between 201 CC and 400 CC	17 Dec 1976
Class 2	Motorcycles > 400 CC	17 Dec 1976
Class 3	Motor cars <= 3000 kg with <= 7 passengers, excluding off the highway and motor trucks/vehicles > 3000 kg	06 May 1987

S0142710E

S/Nr. 9000173055

Licence No: S0142710E

1640748

NRIC No. S0142710E

Blood Group: B+

Date of Issue: 31-01-1994

Address: APT BLK 286 TAMPINES STREET 22 #09-191 SINGAPORE 1652

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	25/06/2018





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, 1966

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

THIRD PARTY

CERTIFICATE NO.

COMMERCIAL MOTOR

(The below excess is subject to GST)

POLICY NO.

SKW3341U

POLICY EXCESS

S\$1500.00 (Sect II)

999994866

WINDSCREEN EXCESS

NA

999994856

SUM INSURED

NA

INSURING WITH COE/PARF

NA

SKW3341U

ASSET LIMO

02 May 2018

09 March 2019

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*

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

S\$1,500.00 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 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 26 Apr 2018

AIG Asia Pacific Insurance Pte. Ltd.

503052-000

HUND

55 Lorong L Telok Kurau

#02-59 Bright Centre

Singapore 425500

Marib

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPOEC

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA418114242 Vehicle Registration No: SKW 33414
Name (as shown in NRIC): LEONG SHAN EOH NRIC/FIN/Passport No: S0142710E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 91383499
Email Address: _____
Date of Accident: 31/08/2018 Time of Accident: 09:45
Place of Accident: B1C2 BEACH ROAD CARPARK
Insurance Company: ALG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To insert Policy number 999994556

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rishi Wairora
NRIC/FIN No.: 0510912018
Date: