

NATIONAL Assessment Centre Services

[Ref: 123456]

Date In: 10/09/18	Job description	Date & Time Completed	Done by:
Ref No: NA/A1418016405/13	SAS e-filing		
Veh No: SFV79418	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 08/09/18 0300	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: (SK)	Tel:	Fax:
TP Particulars:	Veh No: 54455315	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

NA1805729	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) 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:-			
QC Checked by (Engr-In-Charge):	OD*			
	*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 (N-on INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile 30			
Cat. 2 / 3:	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	10/09/2018 10:36
Date Of Accident	08/09/2018 03:00
Exact Location Of Accident	SIMS AVE TWDS PAYA LEBAR NEAR LOR 13 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFV7941B
Insured/Policyholder	
Name Of Registered Owner	LIM CHI SEN
NRIC No	S7181483A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96985876
Alternative Phone No	OTHERS-96985876

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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 CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100282587-06
Cover Note Number	

Driver

Name of Driver	LIM ZHI WEI
NRIC No	S9771492D
Date Of Birth	26/04/1997
Occupation	INDOOR
Date Of Driving Pass	21/02/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96985876
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 3 HAIG ROAD #05-539
Postcode	430003
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	SIDE SWIPE
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?	YES
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: : HENG CHEONG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180908/2037

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	SLH5531S
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 LIM ZHI WEI

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SFV7941B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name HENG CHEONG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SFV7941B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

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.

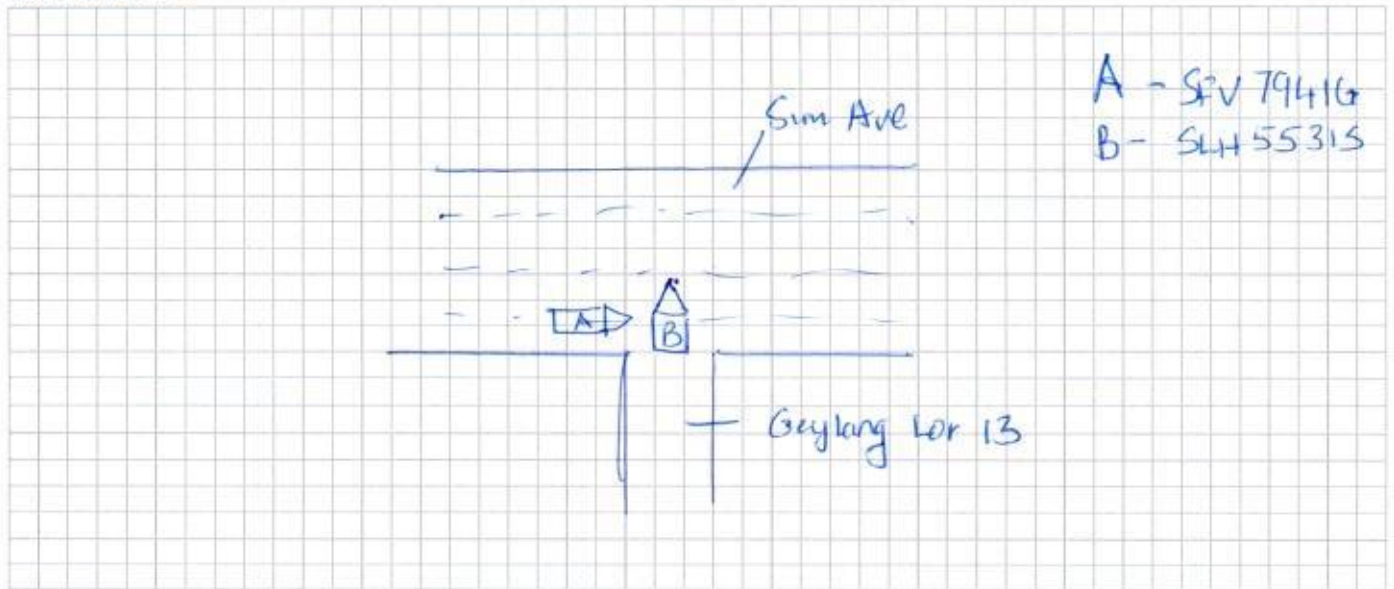
林敬明

Policyholder's Signature
Date & Time:

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

10/09/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police report CT/20180908/2037

DECLARATION

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

林敬胜

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

lynn 10/09/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180908/2037

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180908/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2018 07:59		Vide Report No.: G/20180908/0054		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM ZHI WEI			Address: APT BLK 3 HAIG ROAD #05-539 HAIG VIEW SINGAPORE 430003		
ID Type / ID No.: NRIC NO / S9771492D			Contact No.: Home/Office: Mobile: 96985876		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 26/04/1997	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Working proprietor (construction)		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/09/2018 03:00	Type of Location: Straight Road
Location: SIMS AVENUE SIMS AVE X LOR 13 GEYLANG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFV7941B	Car	MITSUBISHI	LANCER 1.6 A	Blue		1
SLH5531S	Car	HONDA	VEZEL 1.5RS HYBRID A	White		0



SINGAPORE
POLICE FORCE



T/20180908/2037

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180908/2037

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, I WAS TRAVELLING ON THE 2ND LEFT OF 4 LANES ALONG SIMS AVE > SIMS AVE EAST. AS I WAS DRIVING, OUT OF A SUDDEN A VEHICLE CAME OUT FROM LOR 13 GEYLANG. I TRIED TO BRAKE BUT IT WAS TOO LATE AS BOTH CAR COLLIDED. AFTER THE ACCIDENT, BOTH DRIVER WAS ABLE TO STEP OUT OF THE VEHICLE AND COMMUNICATE. HOWEVER MY PASSENGER WAS FEELING UNWELL AND WAS CONVEYED BY AMBULANCE.

THAT'S ALL.



SINGAPORE
POLICE FORCE



T/20180908/2037

3 of 3

Report No. T/20180908/2037

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:

TP /
TONG HWEE SIONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt YUS MASTARI I KHAZALI
Contact No.: 65476214

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
08/09/2018 07:59

Classification Of Case:

SINGAPORE
POLICE FOR THE

Signature:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 8/9/2018	TIME: 0300hrs	(hh:mm) 24 hrs Format
LOCATION: Sim Ave towards Paya Lebar near Lorong 13 Geylang		
VEHICLE NUMBER: SFV 7941B		
INSURED NAME: Lim Chi Sen		
NRIC / FIN: S71B1483A	CONTACT: 96985876	
MAKE: mit	MODEL: Lancer 1.6 A	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY: AIG		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER :		
NAME DRIVER : Lim Zhi Wei		() SAME AS INSURED
NRIC / FIN: S9771492D	CONTACT:	
DATE OF BIRTH: 26/4/97		
DRIVING PASS DATE: 21/2/2017		
OCCUPATION: () INDOOR () OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS:	() NO EMAIL	
ADDRESS OF DRIVER: 3 H216 Road #05-539 S (450003)		
Number Of Passenger Include Driver: 2 pax		
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) YES () NO		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse () Friend () Relative (<input checked="" type="checkbox"/>) Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO		
If YES, Injured details : ① Heng Cheong - male		
② Driver		
Convey By Ambulance: (<input checked="" type="checkbox"/>) YES () NO		
Was There Any Video Capture By Car Camera? () YES () NO		
Was There Accident Reported To The Police? (<input checked="" type="checkbox"/>) YES () NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	Contact
Veh B: SLH55315	(NTUC)	
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9771492D**

Name: **LIM ZHI WEI**

Birth Date: **26 Apr 1997**

Issue Date: **21 Feb 2017**

 002659225C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9771492D**



Name

LIM ZHI WEI

林志威

Race
CHINESE

Date of birth
26-04-1997

Sex
M

S9771492D

Country of birth
MALAYSIA

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 21 Feb 2017

NP 428A



Licence No: S9771492D

4885908



NRIC No **S9771492D**

Date of issue
19-09-2012

Address
**APT BLK 3 HAIG ROAD
#05-539
SINGAPORE 430003**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7181483A



Name

LIM CHI SEN

林 啟 勝

Race
CHINESE

Date of birth
24-07-1971

Sex
M

S7181483A

Country/Place of birth
MALAYSIA



9342517



NRIC No. S7181483A



Nationality
MALAYSIAN

Date of issue
01-09-2014

71A CARPMAEL ROAD
SINGAPORE 429807

NRIC No: S7181483A

Date: 13/06/2015



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lim Chi Sen
 Period of Insurance : 16 Dec 2017 To 15 Dec 2018
 Engine No. : 4G18GL4027
 Chassis No. : JMYSTCS3A5U005740

Vehicle No. : SFV7941B
 Policy No. : 2100282587-06
 Endorsement No. :
 Issued Date : 14 Dec 2017

ABOUT THE COVER

Make/Model : MITSUBISHI LANCER 1.6A EXCLUSIVE
 Engine Capacity/Tonnage : 1,584.00 CC Sum Insured : Market Value
 Driver Restriction : NA Off Peak Car : No
 First Year of Registration : 2005
 Insuring with COE/PARF : No

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her 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" ("YIDR") 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 6 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)

Lim Chi Sen - \$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 5200. Alternatively, You may refer to AIG website 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: NA

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).

0126004000

CHENG KIM HONG SHIRLEY
 AIG BUILDING 78 SHENTON WAY #07-16
 SINGAPORE 079120 SP-RICHARDCHIA-AGNESWOON
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSP/05

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	1483A

Vehicle Details

Vehicle No.:	SFV7941B
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Sep 2018
Vehicle Make:	MITSUBISHI
Vehicle Model:	LANCER 1.6 A
Primary Colour:	Blue
Manufacturing Year:	2005
Engine No.:	4G18GL4027
Chassis No.:	JMYSTCS3A5U005740
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	\$13,686.00
Original Registration Date:	16 Jun 2005
First Registration Date:	16 Jun 2005
Transfer Count:	1
Actual ARF Paid:	\$15,055.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	31 May 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$31,722.00
COE Rebate Amount:	\$10,574.00
Total Rebate Amount:	\$10,574.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 10 Sep 2018