

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNAJIS18654

Date In: 12/9/18-18:00	Job description	Date & Time Completed	Done by
Ref No: NA/1613016203/24	SAS e-filing		
Veh No: J6E756U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1/9/18-09:00	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: Unknown	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

NA1805838	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
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*		
QC Checked by (Engr-In-Charge):	*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		
	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	12/09/2018 18:08
Date Of Accident	11/09/2018 09:00
Exact Location Of Accident	CTE EXIT 15 TWDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE256U
Insured/Policyholder	
Name Of Registered Owner	LIM CHIN LOO
NRIC No	S1143552A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96704991
Alternative Phone No	OFFICE-96704991

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO
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	REPORTING ONLY
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	2100453075-02
Cover Note Number	

Driver

Name of Driver	CHIA TECK SHYUE
NRIC No	S1674231G
Date Of Birth	21/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	16/01/1985
Driving Experience	33 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98185258
Fax Number	
Contact Number	OFFICE-98185258
EMail Address	NOEMAIL

Address	BLK 341 HOUGANG AVENUE 7 05-467
Postcode	530341
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180911/2166.

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	UNKNOWN
Vehicle Make/Model/Colour	BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

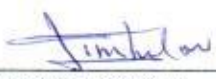
SKETCH PLAN


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 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:

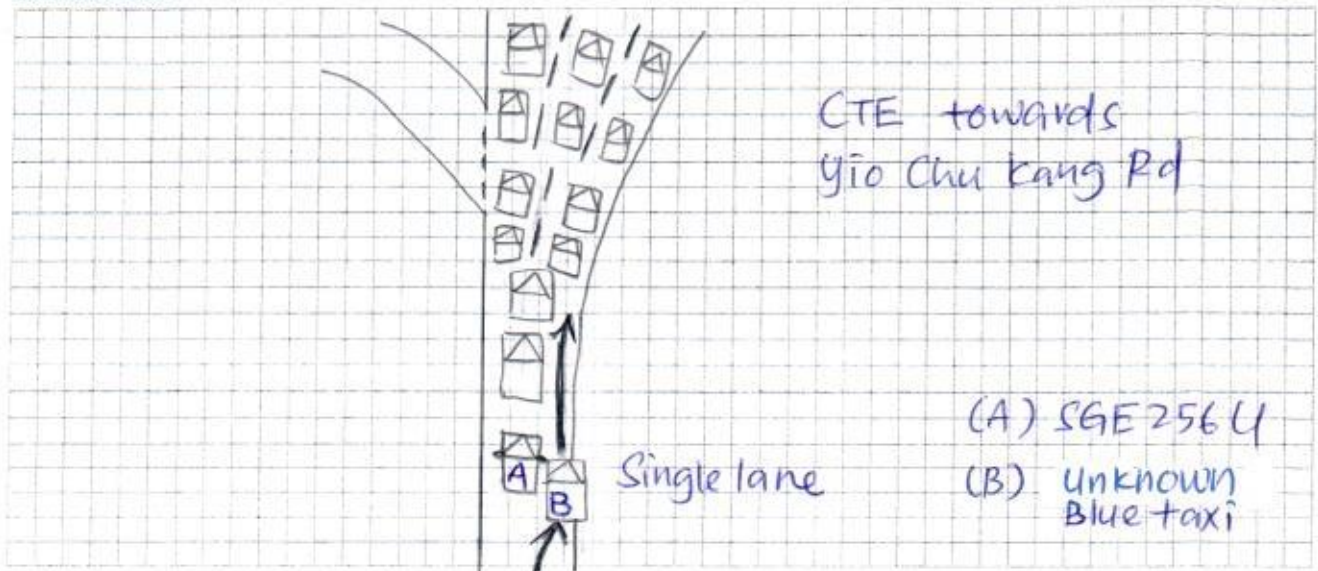
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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)
Date & Time:


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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/9/2018 at about 9am, I was exiting CTE towards Yio Chu Kang Road (Exit 15). There is a single lane and heavy traffic. I was queueing to exit the lane. Suddenly, a blue taxi squeeze into my right side and hit onto my front right side mirror. The said blue taxi didn't stop and still move forward continuously. I could not remember the vehicle number of that taxi.

Refer to Police Report No: T/20180911/2166

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.:

Particular of Insured / Driver & Details of the Accident

Location of Accident: CTE (Exit 15) towards Yio Chu Kang Road Date of Accident: 11/9/2018
Landmark of Accident Area: _____ Time of Accident: 9am
Purpose when vehicle was used at the time of accident: Private Use
(eg. Going Home)

Details of Own Vehicle

Vehicle Registration Number: SGE256 U Make / Model: Toyota Camry
Claiming Own Insurance: YES / NO If No, Reporting only / Third Party Claim
Name of Preferred workshop: Optima Werkz Pte Ltd Contact: 6484 9919

Insured / Policy Holder

Name of Registered Owner: Lim Chin Loo NRIC: S1143552 A
Address: 30 Choa Chu Kang St. 64 #03-02 (S) 689098
HP: 9670 4991 LM

Driver

Name of Driver: Chia Teck Shyue NRIC/ Fin: S1674231 G
Driving License Pass Date: 16/9/1985 DOB: 21/4/1964
Address: B1K 341 Hougang Ave 7 #05-467 (S) 530341
Occupation: INDOOR / OUTDOOR Mobile No: 9818 5258 Alan
Gender: MALE / FEMALE Other Contact: Home No. / Office / Others: _____
Vehicle registration No. of Driver's own vehicle (if applicable) _____ Insurance Company: AIG
Applicable if driver and policyholder are two different person

Email: sparklingmovers
@singnet.com.sg
relative

Driver an employee: YES / NO If no, what is relationship with the policyholder: _____
If Driver is a policyholder, please kindly ignore this question

Insurance Company

Fleet Policy: YES / NO Policy Number: 2100453075-02 Type of Coverage: Comprehensive

General information of Accident

Type of Accident: Hit & Run HEAD-REAR / SIDE SWIPE / OTHERS: _____
Weather Conditions: Clear / RAINING / OTHERS: _____
Road Surface: DRY / WET Material / Property damaged: YES / NO
Any police report made: YES / NO Injured party: YES / NO
For Injured Party details, it must be supported by police report

Details of other vehicle Property 1

Vehicle Registration No: 90??
Vehicle Make / Model / Colour: Blue Taxi
Name of Driver: Hit & Run
No. of Passenger (Including Driver): _____
NRIC: _____
Contact Number: _____
Nature of Damage: _____

Details of Other vehicle Property 2



**SINGAPORE
POLICE FORCE**



T/20180911/2166

1 of 3

Report No. T/20180911/2166

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2018 19:34		Vide Report No.:		Station Diary No.: 98	
Informant's Particulars					
Name of Informant: CHIA TECK SHYUE			Address: APT BLK 341 HOUGANG AVENUE 7 #05-467 SINGAPORE 530341		
ID Type / ID No.: NRIC NO / S1674231G			Contact No.: Home/Office: Mobile: 98185258		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 21/04/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MOVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/09/2018 09:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY (SLE) slip towards Yio Chu Kang Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGE256U	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180911/2166

2 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180911/2166

CONTINUATION OF REPORT

Driver			
Name	CHIA TECK SHYUE	ID No.	S1674231G
Related Vehicle	SGE256U (Car)	Contact No.	98185258
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11/09/2018 at about 9am, I was exiting CTE towards Yio Chu Kang Road (Exit 15). There is a single lane and heavy traffic. I was queueing to exit the lane. Suddenly, a blue taxi squeeze into my right side and hit onto my front right side mirror. The mirror shattered. The said blue taxi didn't stop and still move forward continuously. I could not remember the taxi vehicle number. I do not have in car camera.



**SINGAPORE
POLICE FORCE**



T/20180911/2166

3 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180911/2166

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:

F /

SI NORSHAFIK BIN AB HAMID

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Signature Of Informant:

Date/Time:

11/09/2018 19:34

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature

Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1674231G

Name: CHIA TECK SHYUE

Birth Date: 21 Apr 1964

Issue Date: 13 Nov 2003

0009996508




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1674231G

Name: CHIA TECK SHYUE

謝 德 學

Race: CHINESE

Date of birth: 21-04-1964

Sex: M

Country of birth: SINGAPORE




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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 16 Jan 1985

Licence No: S1674231G

NP 428A



Barcode

NRIC No: S1674231G

Date of issue: 31-03-2010

Address: APT BLK 341 HOUGANG AVENUE 7 805-467 SINGAPORE 530341





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lim Chin Loo
Period of Insurance : 01 Mar 2018 To 28 Feb 2019
Engine No. : 6ARP121136
Chassis No. : MR053DK5100105431

Vehicle No. : SGE256U
Policy No. : 2100453075-02
Endorsement No. :
Issued Date : 05 Feb 2018

ABOUT THE COVER

Make/Model : TOYOTA NEW CAMRY 2.0
Engine Capacity/Tonnage : 1,998.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PAFF : 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" ("YIDP") 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 Chin Loo - \$800 (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 6339 6200. 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: DBS BANK 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).

0030210000

AIG ASIA PACIFIC INSURANCE PL
78 SHENTON WAY #07-16 AIG BUILDING
SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSCK54