

# NATIONAL Assessment Centre Services

(Ref: Jan 2003)

19 MAY 2018 12:06

Date In: 21/09/2018 19:47	Job description	Date & Time Completed	Done by
Ref No: NA1806108/17370/Y	SAS e-filing		
Veh No: SLV 8800Y	E-mail (within 8hrs; A/C 2hrs)		
D.O.A: 21/09/2018 08:25	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: QD 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: SKM 8999S	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

NA1806108	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)		
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 2003)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*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		
Lat 1:	9) N12: Idac Mobile \$0		
Lat 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	24/09/2018 19:47
Date Of Accident	21/09/2018 08:35
Exact Location Of Accident	YIO CHU KANG ROAD NEAR GERALD DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV8800Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH LI LING
NRIC No	S8632318D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82211851
Alternative Phone No	OTHERS-82211851

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3-1.6 (A)
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	1700085797
Cover Note Number	

### Driver

Name of Driver	TOH LI LING
NRIC No	S8632318D
Date Of Birth	12/10/1986
Occupation	INDOOR
Date Of Driving Pass	17/02/2012
Driving Experience	6 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82211851
Fax Number	
Contact Number	OTHERS-82211851
Email Address	NOEMAIL



Address	BLK 404B FERNVALE LANE #14-135
Postcode	792404
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	3
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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

PLEASE REFER TO POLICE REPORT T/20180921/7003

#### 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	SKM8999S
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 2

Vehicle Registration Number SLP7022P  
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 TOH LI LING  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SLV8800Y  
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.

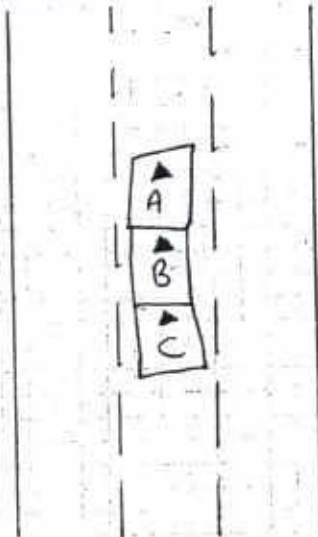
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Rachel Wong  
NRIC/FIN No.:



SKETCH PLAN



Yio Chu Kang Road  
Near Gerald Drive

Vehicle A : SLV 8800Y

Vehicle B : SKM 8999S

Vehicle C : SLP 7022P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling straight.  
Vehicle in front of me stopped, I followed suit. Suddenly I  
heard a loud bang and vehicle B hit onto my vehicle rear  
portion. Would like to state that I only felt one impact.

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:



**SINGAPORE  
POLICE FORCE**



T/20180921/7003

1 of 3

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

Report No. T/20180921/7003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/09/2018 10:34	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: TOH LI LING			Address: APT BLK 404B FERNVALE LANE #14-135 SINGAPORE 792404	
ID Type / ID No.: NRIC NO / S8632318D			Contact No.: Home/Office:	Mobile: 82211851
Nationality: SINGAPORE CITIZEN			Email: desmund3di@gmail.com	
Sex: Female	Age: 31	Date of Birth: 12/10/1986	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Ticketing Manager			Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/09/2018 08:35	Type of Location: Straight Road
Location:  YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SKM8999S	Car					0
SLP7022P	Car					0
SLV8800Y	Car	KIA	CERATO K3 1.6A SUNROOF	Black		0



**SINGAPORE  
POLICE FORCE**



T/20180921/7003

2 of 3

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

Report No. T/20180921/7003

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV8800Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700085797	04/12/2017	03/12/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH LI LING	ID No.	S8632318D
Related Vehicle	SLV8800Y (Car)	Contact No.	82211851
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/09/2018	Date Discharge	21/09/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the stated date and time, I Vehicle A was travelling straight the vehicle infront of me stopped i follow suit.

Suddenly i heard a loud bang and got hit by SKM 8999 S.

SKM 8999 S hit onto my vehicle rear portion.

After i alighted i realised Im in a chain collision

Would like to state that i felt only one impact.

During the impact, my head hit onto the steering wheel and head rest. I got 5days MC due to this accident as i felt dizzy.





**SINGAPORE  
POLICE FORCE**



T/20180921/7003

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

3 of 3

Report No. T/20180921/7003

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
21/09/2018 10:34

Classification Of Case:

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

UN/74D-

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 21/9/2018 (dd/mm/yy) Time of Accident: 08:34 (24-HR-FORMAT)  
Vehicle No.: SLV 8800 Y Vehicle Make & Model: Kia K3  
Exact location of Accident: Yio Chu Kang Rd Near Gerald Drive  
Policyholder's Name / IC No.: Toh Li Ling S8632318D  
Driver's Name / IC No.: Toh Li Ling S8632318D (As Above) ☒  
Driver's Contact No.: 8221 1851 Company Contact No.:  
Driver's Address: Blk 404B Fernvale Lane #14-135 S(792404)  
Insurance Company: AIG Email address (if any):

Relationship between Owner & Driver: Owner or 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

Passenger Name :  
Passenger Name :

Gender :  
Gender :

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: Toh Li Ling

Injuries Sustain: Head & Neck Injured Person in Which Vehicle: SLV 8800 Y

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station:

### The Other Party(s) Details:

1. Driver's Name / IC No.: Vehicle No: SKM 8999 S (B)

Driver's Contact No.: Insurance Company (If any):

2. Driver's Name / IC No.: Vehicle No: SLP 7022 P (C)

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  
IDENTITY CARD NO. S8632318D



Name

TOH LI LING

卓 俐 伶

Race

CHINESE

Date of birth

12-10-1986

Sex

F

Country/Place of birth

SINGAPORE



5671678



NRIC No. S8632318D



Date of issue

15-11-2016

Address

APT BLK 404B FERNVALE LANE  
#14-135  
SINGAPORE 792404



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8632318D

Name: TOH LI LING

Birth Date: 12 Oct 1985

Issue Date: 17 Feb 2012

002043723E



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	EFFECTIVE DATE
Class 3 Motor Cars= $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	17 Feb 2012

NP 42BA

Licence No: S8632318D

## KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : TOH LI LING  
 Period of Insurance : 14 Dec 2017 To 23 Oct 2019  
 Engine No. : G4FGHH687901  
 Chassis No. : KNAFZ411MJ5755582

Vehicle No. : SLV8800Y  
 Policy No. : 1700095797  
 Endorsement No. : 000000000185733  
 Issued Date : 12 Mar 2018

## ABOUT THE COVER

Make/Model	Kia Cerate K3 1.6 SX	Sum Insured	Market Value	First Year of Registration	2017
Engine Capacity/Tonnage	1.591 00 CC	Off Peak Car	No	Insuring with COE/PAFF	Yes
Driver Restriction	NA				

## 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 Mutual 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 \$1,000 as Young and Inexperienced Driver's excess if you are a Young and Inexperienced Driver (defined as under the age of 25 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, velocity 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 - 1800cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) and Section 90 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

## EXCESS

Section 1  
 Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

TOH LI LING - \$500 (Own Damage)

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

- 1 Cycle & Carriage Body & Paint Centre Add: 201 Pandan Garden Singapore 605358 85884501  
 2 Cycle & Carriage Customer Service Centre (For Windscreen claim only) Add: 241 Alexandra Road Singapore 159531 84278600  
 3 Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 330 Ute Rd 3 Singapore 400550 67481000

For other Approved Reporting Centres/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 Standard Chartered Bank (Singapore) Limited

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).

0504622210

C8CKCP2 - JAMES  
 235 ALEXANDRA ROAD  
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Monik*  
 AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE