

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MAA11812719**

Date In: 11/10/18 - 15:18	Job description	Date & Time Completed	Done by
Ref No: NA/161/1013784/24	SAS e-filing		
Veh No: SV095474	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/9/18 11:45	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: SV6315M	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:	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

NA1806255	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) 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)		
Ref. 1:	6) TR: Re-inspection \$75		
Ref. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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 (N-in 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	01/10/2018 15:18
Date Of Accident	30/09/2018 11:45
Exact Location Of Accident	BLK 202 BEDOK NORTH ST 1 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV9547Y
Insured/Policyholder	
Name Of Registered Owner	HTKP
Co Reg No	53373361L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96579127
Alternative Phone No	OFFICE-96579127

Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3 1.6A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800007336
Cover Note Number	

Driver

Name of Driver	QUEK CHEE YONG
NRIC No	S9173216E
Date Of Birth	17/07/1991
Occupation	INDOOR
Date Of Driving Pass	20/05/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94890859
Fax Number	
Contact Number	OFFICE-94890859
EMail Address	NOEMAIL

Address	BLK 539 BEDOK NORTH STREET 3 #04-615
Postcode	460539
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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)	5
Passenger 1	NAME: : LING YU YI, RAY GENDER: : MALE
Passenger 2	NAME: : QUEK SIEW TENG GENDER: : FEMALE
Passenger 3	NAME: : POH KONG CHYE GENDER: : MALE
Passenger 4	NAME: : TAN KOK PING GENDER: : MALE

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	SGY6315M
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 QUEK CHEE YONG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLV9547Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LING YU YI, RAY
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLV9547Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name QUEK SIEW TENG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLV9547Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name POH KONG CHYE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLV9547Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 5

Name TAN KOK PING
Approximate Age

Injuries Sustain	BODY
Injured person in which vehicle?	SLV9547Y
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:
NRIC/FIN No.:

SKETCH PLAN

VEHICLE A - SLV 9547Y

VEHICLE B - SGY 6315M

BUR 201



T T T T T T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BUR 202

I WAS DRIVING ALONG THE OPEN CARPARK AREA OF IN-BETWEEN BUR 201 AND BUR 202.

WHILE DRIVING STRAIGHT, SUDDENLY A CAR DROVE OUT FROM THE PARKING LOT, AND I DOESN'T HAVE ENOUGH TIME TO REACT AND WAS HITTED ON THE LEFT SIDE OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENSE PLATE NUMBER (SGY 6315M) THAT COLLIDED TO THE LEFT SIDE OF MY VEHICLE.

THE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SLV 9547Y

VEHICLE B - SGY 6315M

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:

Vehicle No.	SLV 9547 J	Model / Make	KIA K3
Date of Accident	30 / 09 / 18		
Time of Accident	1145	HRS	
Location of Accident	Buk 202 BEDOK NORTH ST 1	OPEN CARPARK	
Exact purpose use during accident	PRIVATE USE		
Name of Owner	TAN KOK PINH		
Telephone No.	H/P : 9657 9127	Home :	Office :
NRIC	S80024143		
Address	Buk 202 BEDOK NORTH ST 1 #09-499 S(460202)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	1800007336		
Name of Driver	As Above If No, QUEK CHEE MONH		
NRIC	S9173216E	Any Passengers :	4 (3 male 1 female)
Date of birth	17 JUL 1991		
Occupation	Outdoor / Indoor		
Driving License Pass Date	20 MAY 2014		
Gender	Male / Female		
Contact No.	H/P : 9489 0859	Home :	Office :
Address	Buk 539 BEDOK NORTH ST 3 #04-615 S(460539)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	FRIEND
Weather condition	Clear	Raining Other	
Road Surface	Dry	Wet Other	
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	QUEK CHEE MONH, 9489 0859 / LINH YU YI, RAY 9725 6787		
Name And Contact No.	1. QUEK SIEN TENH, 8499 0465 / POH KOON CHYE, 9727 2069		
Police Report	No	If Yes, Where?	TAN KOK PINH, 9657 9127
Vehicle B No.	S956315 M	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	LEFT REAR WHEEL AREA.		
Camera Recorder	Yes / No		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes / No	
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9173216E



Name

QUEK CHEE YONG

郭志榮

Race

CHINESE

Date of birth

17-07-1991

Sex

M

Country/Place of birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9173216E

Name

QUEK CHEE YONG



Birth Date: 17 Jul 1991

Issue Date: 08 Sep 2016



5653497



NRIC No. S9173216E



Date of issue

08-09-2016

Address

APT BLK 539 BEDOK NORTH STREET 3
#04-615
SINGAPORE 460539

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

EFFECTIVE DATE

C	Class 2B	Motorcycles <= 200 CC	12 Aug 2015
C	Class 2A	Motorcycles between 201 CC and 400 CC	17 Feb 2017
C	Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	29 May 2014

S9173216E

S / No. 9000238478

NP 428A





CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : HTKP
 Period of Insurance : 24 Jan 2018 To 23 Jan 2019
 Engine No. : G4FGHH688255
 Chassis No. : KNAFX411MJ5756062

Vehicle No. : SLV9547Y
 Policy No. : 1800007336
 Endorsement No. :
 Issued Date : 24 Jan 2018

ABOUT THE COVER

Make/Model : KIA Cerato K3 1.6 EX
 Engine Capacity/Tonnage : 1591 Tonnage
 Driver Restriction : NA

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2018
 Insuring with COE/PARE : 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" ("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 for the carriage of passengers or goods in connection with the Policyholder's business. Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.
 This Policy does not cover:

- 1) use for driving 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 anyone disabled using a mechanically propelled vehicle; and
- 3) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; c) use for any purpose in connection with Motor Trade;

* Limitations rendered inoperative by Section 5 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 relied upon under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$2000 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$2000

Windscreen : \$100

Named Driver and Excess (where applicable)

TAN KOK PING (CHEN GUOBIN) - \$2000 (Own Damage) \$2000 (Property Damage)

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

- 1 Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
- 2 Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65884501

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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

If the vehicle is hired for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with the service operator. Should you decide to include any other driver, please indicate: (Company reserves the right to accept/reject the inclusion of any Named Drivers)

Hire Purchase Company/Employer's Loan: Goldbell Financial Services Pte Ltd

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).

0500709905

CYCLE & CARRIAGE - LANCE(KIA)
 239 ALEXANDRA ROAD
 SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Janile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Jacinta Lim