

NATIONAL Assessment Centre Services

(wef: 1 Jan/05)

19 MAY 18/13/2291

Date In: 11/05/2018 18:10	Job description	Date & Time Completed	Done by
Ref No: NAB/AG/180/8514/4	SAS e-filing		
Veh No: SLF 5253E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/05/2018 16:20	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SL2396K 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)

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

NAB006517

Claimant's Particulars:-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:-	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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 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 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. 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	11/10/2018 18:10
Date Of Accident	04/10/2018 16:20
Exact Location Of Accident	ALONG IRRAWADDY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF5253E
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	201602573M
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-88664288
Alternative Phone No	OFFICE-88664288

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994595
Cover Note Number	

Driver

Name of Driver	CHIN WEE NAM JOHN
NRIC No	S0016020B
Date Of Birth	06/06/1949
Occupation	OUTDOOR
Date Of Driving Pass	01/09/1999
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88664288
Fax Number	
Contact Number	OTHERS-88664288
Email Address	EDWIN@CARCOVE.COM.SG

Address	BLK 16 CANTONMENT CLOSE #14-47
Postcode	080016
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	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?	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)	2
Passenger 1	NAME: : PASSENGER 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

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	SCZ396K
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

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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.

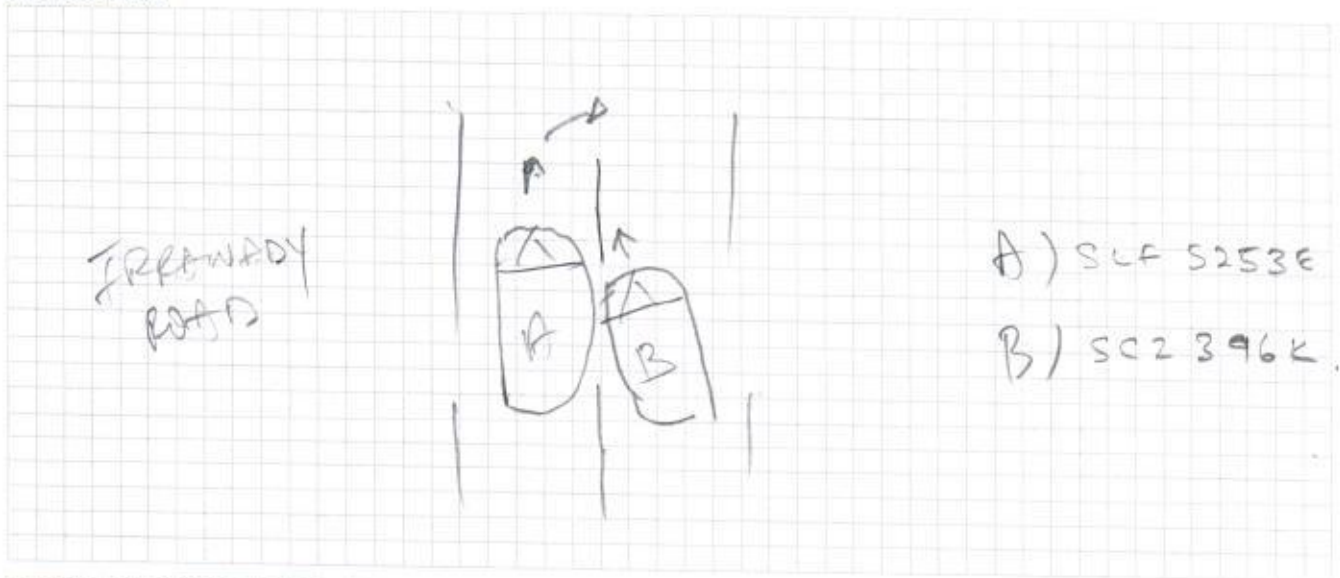


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at IRRAWADDY ROAD WHEN RIDER ASK ME TO TURN RIGHT. I THEN PROCEED TO TURN RIGHT WITHOUT NOTICE AND A VW CRASH INTO MY CAR. A SLIGHT DAMAGE ONTH RIGHT FRONT DOOR AND HS CAR SLIGHT DAMAGE AT FRONT BUMPER.

DECLARATION

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



Policyholder's Signature
Date & Time:

John

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

11/10/2018
John
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (04 / 10 / 2018) (DD/MM/YYYY), TIME: (16 : 20) (HH:MM)

LOCATION: 1 RAWADY ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF 5253 E
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HYUNDAI AVANTE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING GRAB
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: CAR OWNER (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHIN WEE NAM JOHN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S00160208 CONTACT: 88664288
c) ADDRESS: BK 16 CANTONMENT CLOSE S'PORE 080016

* d) DATE OF BIRTH: (06 / 06 / 1949) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SC 2396K MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

EMBU =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0016020B



Name

CHIN WEE NAM JOHN

陳偉南

Race

CHINESE

Date of birth

06-06-1949

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S0016020B

Name: CHIN WEE NAM JOHN

Birth Date: 06 Jun 1949

Issue Date: 21 Jul 2003

1000669550B

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S0016020B

Name: CHIN WEE NAM JOHN

Issue Date: 29/9/2012

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



5883207

NRIC No. S0016020B



Date of issue
02-03-2018

Address

APT BLK 16 CANTONMENT CLOSE
#14-47
SINGAPORE 080016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE
01 Sep 1999

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

NP 428A

Licence No: S0016020B

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

Type	Description	Issue Date
02	TAXI VL	19/01/2005
03	BUS VL	22/09/2009
04	BUS ATTENDANT	22/09/2009





CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

M 2.400

COMPREHENSIVE COMMERCIAL MOTOR
CERTIFICATE NO. SLF5253E
POLICY NO. 999994595

(The below excess is subject to GST)
POLICY EXCESS S\$2000.00 Section (I & (II))
WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value
INSURING WITH COE/PARF Yes
SLF5253E
Car Cove Leasing Pte Ltd

- 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*

30 August 2018
11 February 2019

Any person who is driving on the Insured's order or with their permission.
If You or Your Authorised Driver is below the age of 23 years old and/or above 65 years old and/or has less than 1 year driving experience,
the additional excess Section 2 is S\$3,000, outside Singapore is S\$5,000 and Fire & Theft excess Section 1 is S\$1,500.

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

Heritage Auto Enterprise Pte Ltd

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 21 Sep 2018.

AIG Asia Pacific Insurance Pte. Ltd.

691991-000
Moh Kok Heng
3 Tampines Grande, AIA Tampines
#02-36
SINGAPORE 528799

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL