

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA 118134477.

Date In: 16/10/18 15:41	Job description	Date & Time Completed	Done by
Ref No: NAL AIG 18018766/44	SAS e-filing		
Veh No: GBE 82855	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/10/18 10:05	i-Motor Claim Form		
OD: <u>TP</u> 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:

SHC 6533X.

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

NA1806598

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Int Bill

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 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:-
- 9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

30

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 16/10/2018 15:41
 Date Of Accident 16/10/2018 10:05
 Exact Location Of Accident JUNC OF EUNOS RD 5 & EUNOS AVE 3
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE8285S
Insured/Policyholder
 Name Of Registered Owner CHONG HUAT INTERIOR RENOVATION SERVICE
 Co Reg No -
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-63822887

Vehicle Particulars

Manufacturer NISSAN
 Model CABSTAR
 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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 2100459585-02
 Cover Note Number -

Driver

Name of Driver NEO AIK BOON
 NRIC No S6839819C
 Date Of Birth 18/10/1968
 Occupation INDOOR
 Date Of Driving Pass 23/06/1998
 Driving Experience 20 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96631566
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address BLK 173D PUNGGOL FIELD #11-635
Postcode 824173
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
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? 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: : ANBAZHAGAN MUNIRAJ
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 SHC6553X
Vehicle Make/Model/Colour
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)

DETAILS OF INJURED PERSON 1

Name	NEO AIK BOON
Approximate Age	
Injuries Sustain	NECK AND SHOULDER
Injured person in which vehicle?	GBE8285S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ANBAZHAGAN MUNIRAJ
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBE8285S
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.

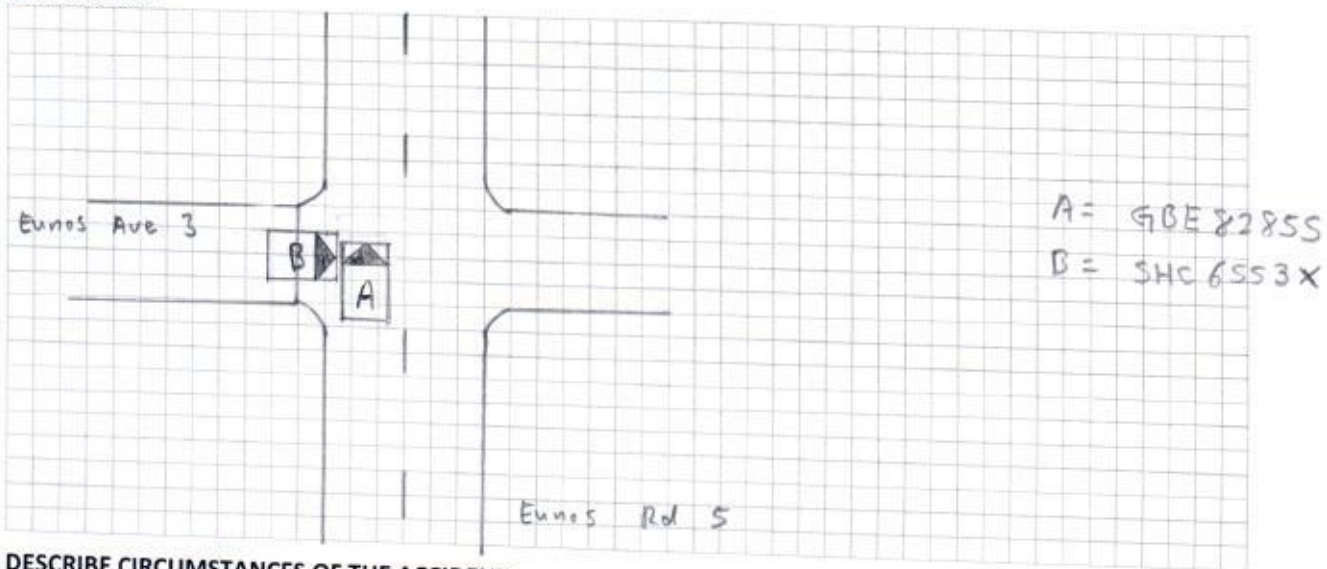


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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/20181016/2084

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 4

Report No. T/20181016/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2018 14:37		Vide Report No.:		Station Diary No.: 13
Informant's Particulars				
Name of Informant: NEO AIK BOON		Address: APT BLK 173D PUNGGOL FIELD #11-635 SINGAPORE 824173		
ID Type / ID No.: NRIC NO / S6839819C		Contact No.: Home/Office: Mobile: 96631566		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 49	Date of Birth: 18/10/1968	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: RENOVATION SUPERVISOR		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/10/2018 10:05	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 EUNOS ROAD 5 EUNOS AVENUE 3 along Eunos Road 5 towards Sims Avenue				
Weather: Sunny	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE8285S	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Silver	Seriously Damaged	1
SHO8553X	Car	KIA	OPTIMA 1.7(A)	Silver	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20181016/2084

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 4

Report No. T/20181016/2084

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NEO AIK BOON	ID No.	S6839819C
Related Vehicle	GBE8285S (Lorry)	Contact No.	96631566
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	16/10/2018	Date Discharge	16/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	ANBAZHAGAN MUNIRAJ	ID No.	G7836037U
Related Vehicle	GBE8285S (Lorry)	Contact No.	84520904
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/10/2018	Date Discharge	16/10/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the above mentioned date and time, I was driving my lorry, GBE8285S along Eunos Road 5 towards Sims Avenue together with one passenger seated at the front passenger seat. I wish to state that the road is a two way road and only one lane for each direction with broken lines in between.

As I reached the junction of Eunos Road 5 and Eunos Avenue 3, which is a one way road, I noticed a vehicle approaching mine at a fast speed and I do not have enough time to react. Thus, the vehicle's front part collided to the left side of my lorry near to the passenger door. This collision caused my right shoulder and head to hit against the side window and the dented passenger door to hit my passenger on the left of his neck.

After slightly recovering from the shock, I alighted the vehicle and realized that a taxi, SHC6553X, had driven out from Eunos Avenue 3 and did not stop at the stop line before proceeding. I do not know as to which direction the taxi is heading to.

My lorry was not able to be driven after the accident and it was towed away to the workshop. My passenger and I were also feeling uneasy and sore on the neck and shoulder and decided to seek medical attention at Mount Alvernia Hospital. I was given 5 days of medical leave from 16/10/2018 to 20/10/2018 and my passenger was given 4 days of medical leave from 16/10/2018 to 19/10/2018.



**SINGAPORE
POLICE FORCE**



T/20181016/2084

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

3 of 4

Report No. T/20181016/2084

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20181016/2084

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

4 of 4

Report No: T/20181016/2084

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:

G /

Sgt 2 RADIN SALIHUL 'IMRAN BIN RADIN
FADLI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Signature Of Informant:

Date/Time:

16/10/2018 14:37

Classification Of Case:

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6839819C



NEO AIK BOON

柔英文

CHINESE

18-10-1968 M

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6839819C

NEO AIK BOON

Birth Date: 18 Oct 1968

Issue Date: 05 Feb 2014



2962743



NRIC No. S6839819C



04 Dec 1997

APT BLK 173D PUNGGOL FIELD #11-635

SINGAPORE 824173

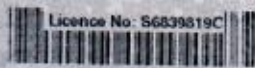
NRIC No. S6839819C Date 16-06-2002 No. 1271758

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	04 Dec 1997
Class 3	Motor Cars <= 3000kg with <= 7 passengers exclusive of the driver, and other motor vehicles <= 2500kg	23 Jun 1996

BP 425A



Licence No. S6839819C

Done

COI.pdf



AIG

CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Chong Huat Interior Renovation Service
 Period of Insurance : 31 Mar 2018 To 30 Mar 2019
 Engine No. : ZD30009626N
 Chassis No. : JN1SC2F24Z0856270
 Vehicle No. : GBE82855
 Policy No. : 2100459585-02
 Endorsement No. :
 Issued Date : 21 Feb 2018

ABOUT THE COVER

Make/Model : NISSAN NEW CABSTAR
 Engine Capacity/Tonnage : 1.6 Tonnage
 Driver Restriction : NA
 Sum Insured :
 Market Value :
 Off Peak Car : No
 First Year of Registration : 2016
 Insuring with COE/PAIF : Yes

Person or Classes of Persons Entitled to Drive*

* Any person who is driving on the Policyholder's order or with their permission
 to this Policy will indemnify the Policyholder or any authorized 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 (YIDR)" if you are or Your Authorized Driver (named or unnamed) is under the age of 25 and has less than 2 years driving experience

Age Condition : All Age Condition

Limitation as to use*

* Use in connection with the Policyholder's business
 1. Use for the carriage of passenger vehicle (van for hire or reward) in connection with the Policyholder's business
 2. Use for social, domestic, or pleasure purposes. This Policy does not cover as use for hire or reward, driving test, racing, public display, reliability trial or speed testing, and to test while driving a heavy except the towing of anyone disabled using a mechanically propelled vehicle. (1) Use for any purpose in connection with Motor Trade

* Limitations mentioned inoperative by Section 3 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 188) and Section 35 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings

EXCESS

Section 1
 Fee : \$0 Own Damage : \$400 Theft : \$0 Flood Cover : \$0

Section 2
 Property Damage : \$0

Windscreen : \$100

Named Driver and Excess : where applicable

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

1. Tan Chong Motor Sales Add: 911 Bt Timah Road Singapore 59622 6494091 6494092 6494093
2. TC AutoCare Add: No. 1, Sub: Loh Yang Road Singapore 626099 6262212
3. Tan Chong Motor Sales Add: 111/111 S. Lee Pagar Singapore 37254 6367051 6367074
4. AutoStar Industries Add: 191B Road 4 Singapore 408425 6430460
5. TC AutoCare Add: 211 Lany Road Singapore 15617 6708111 6708112 6708113

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 or AIG SG Motor App. Search, scan and download "AIG SG" from iTunes or Google Play

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TAN CHONG CREDIT 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. 188), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia)

0500510416

TAN CHONG CREDIT PTE LTD-TYN
 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 59622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. N. S.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (subject to our accident claims)
- Assistance Motor Claims process
- Medical Claims assistance

If no one is injured in the accident:

- You are not required to make any police report
- Report vehicle number, make and colour, insurance number and policy number of the other involved party to the police

What should I do in the event of an accident?

- Stop safely and move your car to a safe place
- Do not admit or discuss fault or blame with the other party
- Report the accident to AIG with your insurance number (if involved in an accident)
- Do not accept any third party's offer of assistance or payment without the approval of AIG
- Submit relevant documents (e.g. police report, repair estimate, etc.) to AIG

