

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 20/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/1618019183/13	SAS e-filing		
Veh No: SKX 41504	E-mail (w/thin 8hrs, AIC 2hrs)		
D.O.A: 21/10/18 1245	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: (N-51 Tel: Fax:)

TP Particulars:	Veh No: 5LSS 846B	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

NA1806709

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

	Amt (\$) 1st Bill	Amt (\$) 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) RT: 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:-		
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 \$0		

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	22/10/2018 18:13
Date Of Accident	21/10/2018 12:45
Exact Location Of Accident	TIONG BAHRU RD JUNC BOON TION RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX4350G
Insured/Policyholder	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	201533046C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83802233

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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	
Cover Note Number	100867674

Driver

Name of Driver	LIN SWEE ENG(LIN SUIYING)
NRIC No	S7243230D
Date Of Birth	17/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	19/09/2000
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98520640
Fax Number	
Contact Number	
EMail Address	LIMSEBEN72@GMAIL.COM

Address	BLK 603 HOUGANG AVE 4 #06-221
Postcode	530603
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	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD DAMAGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS5846B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH LAI SENG
NRIC/Passport Number	
Contact Number	90583506
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIN SWEE ENG(LIN SUIYING)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKX4350G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

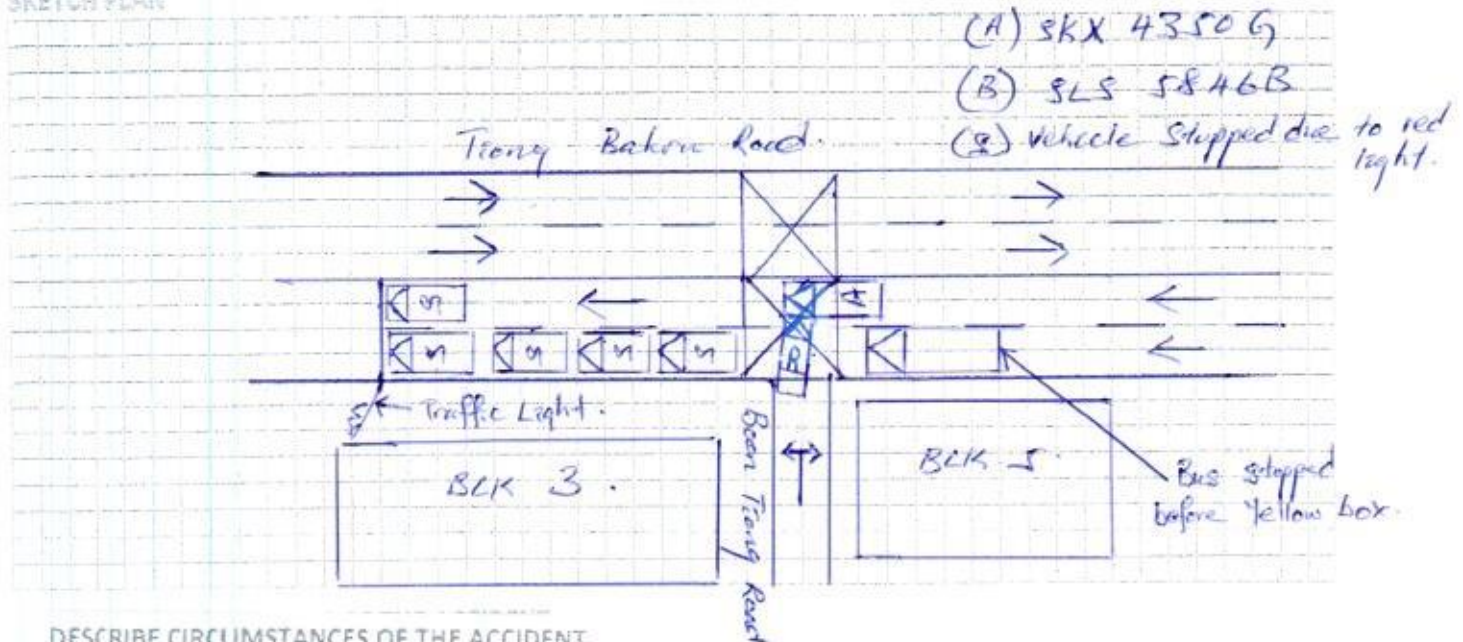


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/10/18 at @ 1245hrs, I was travelling in my vehicle (SKX 4350G) along Tiong Bahru Road towards Outram direction on the right lane near Boon Tiong Road junction heading straight. Suddenly, a vehicle (SLS 5846B) turning right from Boon Tiong Road collided onto the front left portion of my vehicle.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time:

Signature 22/10/18



Reporting Centre Personnel's Signature
Name:
KIDNEY UNIT

Vehicle No.	8KX 4350 G	Model / Make	Toyota ALTIS.
Date of Accident	21 / 10 / 18		
Time of Accident	1245 HRS		
Location of Accident	Tiong Bahru Road Junction Boon Tiong Road.		
Exact purpose use during accident	Chauffeur		
Name of Owner	Twinstar Leasing Pte Ltd.		
Telephone No.	H/P: 8380 2233	Home:	Office:
NRIC	201533046 C		
Address	No. 2, Kaki Bukit Ave 2 #01-17 (S) 417 921		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	AIG		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.			
Name of Driver	As Above If No, Lim Swee Eng		
NRIC	87243230 D	Any Passengers:	N.A.
Date of birth	17 / 11 / 1972		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	19 / 09 / 2000		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 9852 0640	Home:	Office:
Address	BLK 603, Honggang Ave 4 #06-221 (S) 530603		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee, If no, state <u>Freel</u>		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	Lim Swee Eng (H/P: 9852 0640)		
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	SLP 5846 B	Any Passengers:	N.A.
Name of Driver	Koh Lai Seng	Contact No.:	9058 3506
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	N.A.	Witness Contact:	N.A.
Accident Portion	Front left Portion		
Camera Recorder	Yes <u>No</u> SD CARD DAMAGE		
Email Address	limseben72@gmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?	Yes / <u>No</u>		
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	# Huixin		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7243230D**
 Name: **LIM SWEE ENG (LIN SUIYING)**
 Birth Date: **17 Nov 1972**
 Issue Date: **28 Mar 2006**

001407324D

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7243230D**


Name: **LIM SWEE ENG (LIN SUIYING)**
林 穗 颖
 Race: **CHINESE**
 Date of Birth: **17-11-1972** Sex: **M**
 Country of Birth: **SINGAPORE**

Land Transport Authority

VOCATIONAL LICENCE
 Licence No: **S7243230D**
 Name: **LIM SWEE ENG**

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



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

Class 3 Motor Cars=<3000kg with <=7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg

PASS DATE: **19 Sep 2000**

Licence No: **S7243230D**

NP 428A

3329325

NRIC No: **S7243230D**


APT BLK 603 HOUGANG AVENUE 4 #06-221
 SINGAPORE 530603
 NRIC No: **S7243230D** Date: **03/02/2018**

06-03-2003




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

Type	Description	Issue Date
12	TAXI VL	24/08/2018



0% 25% 50% 75% 100%

2008 JB

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SKX4350G		
Vehicle Type:	Z10 - Private Hire (Chauffeur) Motor Car	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA	Vehicle Model:	COROLLA ALTIS CLASSIC 1.6 CVT
Chassis No.:	MR053REH104538886	Engine No.:	1ZRY209802
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1598 cc	Power Rating:	-
Maximum Power Output:	90.0 kW (120 bhp)		
Unladen Weight:	1205 kg	Maximum Laden Weight:	1640 kg
Primary Colour:	Grey	Secondary Colour:	-
First Registration Date:	14 Dec 2015	Original Registration Date:	14 Dec 2015
Manufacturing Year:	2015	Open Market Value:	\$17,804.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$8,902.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$17,804.00 (100%)

Owner Particulars

Owner Name: TWINCAR LEASING PTE LTD

Owner ID Type: Company

Owner ID: 201533046C

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 2

Registered Street Name: KAKI BUKIT AVENUE 2

Registered Unit No.: # 01 - 17

Registered Building Name: KAKI BUKIT AUTOHUB

Registered Postal Code: 417921

COE No. / Expiry Date: 2015120101001099W / 13 Dec 2025

COE Bid Category: A - Car (up to 1600cc & 97kW (130bhp))

QP Paid: \$56,001.00

Transaction Details

Business Transaction Ref. No.: 20151214100700962030

Business Transaction Date: 14 Dec 2015

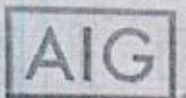
Business Transaction Time: 10:07:00

Message

The above vehicle has been successfully registered.

Please note that \$64,242.00 will be deducted from your GIRO account.

OK



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6413-3723

COVER NOTE

Cover Note No. 100867674

Date 22 Oct 2018

The following risk described in the Schedule is hereby HELD COVERED in the terms of the applicable Company's policy issued to the Policyholder.

SCHEDULE

Policyholder	Twincar Leasing Pte Ltd		
Age Condition	N/A	Registration No	SKX4350G
Policy Type	ACT	Make/Model	TOYOTA COROLLA ALTIS 1.6 AUTO
Effective Date	19 22-Oct 2018	CC/Tonnage	1,596.00
Expiry Date	18 21-Oct 2019	Engine No	1ZRY209802
Hire Purchase Company	NA	Chassis No	MR053REH104538886
		Year of Registration	2015

This policy is subject to driver's age condition. The policy will indemnify the insured or any authorised driver only if he/she meets the age condition. Please refer to policy terms and conditions.

Usage of vehicle only for the following purposes:

1. Use only for social, domestic and pleasure purposes and for the Policyholder's business.
2. Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business and use for social, domestic or pleasure purposes.

Please note that acceptance of the risk is subject to our final acceptance and terms and conditions applicable to the policy. Should you require any change to the insurance, please contact us immediately. Otherwise, any change will not be covered under the policy.

The Company may cancel this cover by notice in writing and the insurance will be terminated and a proportionate part of the annual premium for the insurance will be charged for the time the Company has been on risk.

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE OF INSURANCE

We hereby certify that this cover note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Issued at SINGAPORE

AIG ASIA PACIFIC INSURANCE PTE. LTD.

IMPORTANT NOTICE
THIS COVER NOTE IS VALID FOR
60 DAYS FROM THE FIRST DAY OF
THE POLICY PERIOD.

Authorised Representative

SSPVTP