

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 24/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/A1418019352/13	SAS e-filing		
Veh No: 5GA852PD	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/10/18 0830	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: (TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: 5LP7549	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: (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

NA1806922	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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: Idao 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 (N11) against INC \$20		
	9) N12: Idao 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	24/10/2018 15:46
Date Of Accident	24/10/2018 08:30
Exact Location Of Accident	PIE TWDS CHANGI B4 THOMSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA8528D
Insured/Policyholder	
Name Of Registered Owner	NG HO PENG
NRIC No	S0118333H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98191795
Alternative Phone No	OTHERS-98191795

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	0100586863-12
Cover Note Number	

Driver

Name of Driver	NG HO PENG
NRIC No	S0118333H
Date Of Birth	13/01/1947
Occupation	INDOOR
Date Of Driving Pass	12/08/1975
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98191795
Fax Number	
Contact Number	OTHERS-98191795
Email Address	NOEMAIL

Address	BLK 206 BOON LAY DRIVE #02-43
Postcode	640206
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	
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)	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP754G
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	SLZ2915T
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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

IMPORTANT NOTICE

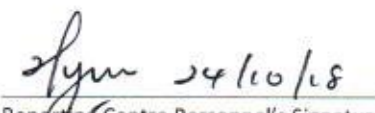
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

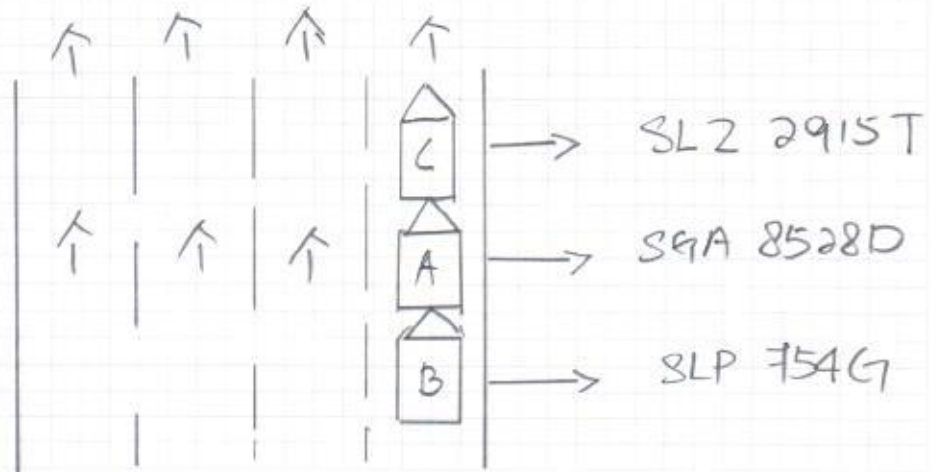

Policyholder's Signature
Date & Time: 24/10/2018


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


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

SKETCH PLAN

PIE TWPS changi Before Thomson



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/10/2018 at about 8.30am, I was travelling along PIE TWPS changi Before Thomson. I was stationary due to front traffic. Suddenly vehicle B hit my rear and pushed me forward to hit the front car, vehicle C. I was involved in 3 cars chain collision.

DECLARATION

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

[Signature] 24/10/18 *[Signature]*

Policyholder's Signature
Date & Time:

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

[Signature] 24/10/18

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

Vehicle No.	SGA 8528D	Model / Make	Toyota Corolla.
Date of Accident	24 / 10 / 18		
Time of Accident	0830 HRS		
Location of Accident	Rt towards Changi before Thomson.		
Exact purpose use during accident	Private Used.		
Name of Owner	N9 Ho Peng		
Telephone No.	H/P : 9819 1795	Home :	Office :
NRIC	S 0118333 H.		
Address	BLK 206 Boon Lay Drive #02-43 (S) 640206.		
Claim type	OD <u>THIRD PARTY</u>	REPORTING ONLY	
Insurance Company	AIG.		
Type of Coverage	Comprehensive Third Party <u>Third Party / Fire / Theft</u>		
Policy No.	0100586863 - 12.		
Name of Driver	<u>As Above If No,</u>		
NRIC		Any Passengers :	N.A.
Date of birth	13 / 01 / 1947.		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	12 / 08 / 1975		
Gender	<u>Male</u> Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state <u>Owner</u>		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	<u>No</u> If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No</u> If Yes, Where?		
Vehicle B No.	SLP 754G.	Any Passengers :	02 (1M) (1F).
Name of Driver		Contact No. :	
Vehicle C No.	SLZ 2915T	Any Passengers :	N.A.
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	Front and Rear.		
Camera Recorder	Yes <u>No</u>		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / <u>No</u>
PARTICULAR WORKSHOP	Twen car.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Guxen.		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales @ n5i.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S0118333H**
 Name: **NG HO PENG**
 Birth Date: **13 Jan 1947**
 Issue Date: **03 Jul 2003**

0006217918



REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S0118333H**
 Name: **NG HO PENG**
 黄和平
 Race: **CHINESE**
 Date of Birth: **13-01-1947** Sex: **M**
 Country of Birth: **SINGAPORE**



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


Class	Description	PASS DATE
Class J	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	12 Aug 1975

S0118333H

S / No. 9000158003

NP 428A

Licence No: S0118333H



1944593



NRC No: **S0118333H**


 Blood Group: **A+** Date of Issue: **25-04-1994**

Address:

APT BLK 206 BOON LAY DRIVE
#02-43
SINGAPORE 2264

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder : Ng Ho Peng
 Period of Insurance : 01 Dec 2017 To 30 Nov 2018
 Engine No. : 3ZZ-4529840
 Chassis No. : MR053ZEC10-7106294

Vehicle No. : SGA8528D
 Policy No. : 0100586863-12
 Endorsement No. :
 Issued Date : 14 Nov 2017

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6
 Engine Capacity/Tonnage : 1,598.00 CC Sum Insured : Market Value First Year of Registration : 2005
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : Yes

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 his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

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, reliability 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.

* Limitations rendered inoperative by Section 8 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 included under these headings.

EXCESS

Section 1

Fire - \$0 Theft - \$0

Section 2

Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

Ng Ho Peng, NG PEY YUN

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For 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

Hire Purchase Company/Employer's Loan: WAH AIK CO PTE LTD

I/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).

0630210000

AIG ASIA PACIFIC INSURANCE P.L.
 7B SHENTON WAY #07-16 AIG BUILDING
 SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manik

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE