

NATIONAL Assessment Centre Services (ver 1 Jan 2008)

NA 418138519

Date In: 25/10/2018 10:28	Job description	Date & Time Completed	Done by
Ref No: NBB/116/2018/9284/Y	SAS e-illing		
Veh No: SKU 8551H	D-impl (with/3hrs, A/C 3hrs)		
D.O.A: 24/10/2018 08:00	I-Motor Claim Form		
OD / TP Reporting Only	I-Motor W/O (with/30 hrs, TP 1hr)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

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

TP Particulars: Yel No: SGX 8108 L, INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: ()

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

Human Particulars	Invoice Preparation Charge	Balance	Amount Paid
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Accused Person:	3) TP: Towing Fee (\$40/\$42)		
	4) FT: Follow-Through Survey (\$130)		
	5) RT: Follow-Through Survey (Resurvey) (\$30)		
	6) TR: Ref-inspection (\$35)		
	7) NI: 12hr DA + 5MRT Survey (\$160)		
	8) NTUC Additional Services		
	Q11:		
	*NI: Courtesy Car / Tpl Allowance (\$3)		
	*NI: Repair Co-ordination (\$10)		
	*NI: Post Repair Inspection (\$23)		
	*NI: DY / Collect Excess Coordination (\$3)		
	IE (NI): TP (Non-INC) against INC (\$20)		
	7) NI: 12hr DA (\$160)		
	Invoice Paid	Fee Charged	
	Invoice Paid	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	25/10/2018 10:28
Date Of Accident	24/10/2018 08:00
Exact Location Of Accident	ALONG PATERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU8551H
Insured/Policyholder	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90296107
Alternative Phone No	OFFICE-90296107

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994656
Cover Note Number	

Driver

Name of Driver	SIE SOON KUAN
NRIC No	S1536265J
Date Of Birth	01/06/1962
Occupation	INDOOR
Date Of Driving Pass	22/01/1982
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90296107
Fax Number	
Contact Number	OTHERS-90296107
EEmail Address	NOEMAIL

Address	BLK 139 POTONG PASIR AVENUE 3 #05-128
Postcode	350139
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: : RUKIAH GENDER: : FEMALE

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	SGX8108L
Vehicle Make/Model/Colour	MERCEDES BENZ
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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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.

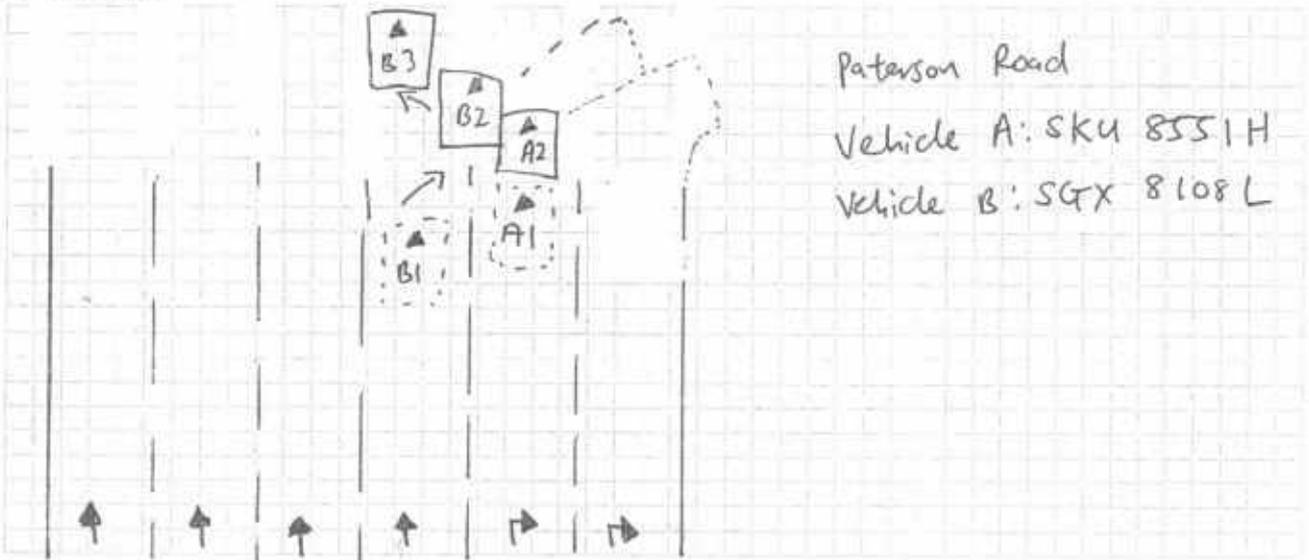


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was preparing to turn right and vehicle B swirf towards my lane and hit onto my front left portion.

she drove off after hitting me. I chase for 500m and she stopped. Thats how I get the carplate number. Vehicle B has no damagges to her vehicle.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

[Handwritten Signature] 25/10/2018
Reporting Centre Personnel's Signature
Name: *[Handwritten Name]*
NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1536265J**

Name: **SIE SOON KUAN**

Birth Date: **01 Jun 1962**

Issue Date: **26 Apr 2004**

001205136F




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1536265J

Name: **SIE SOON KUAN**

Race: **CHINESE**

Date of birth: **01-06-1962** Sex: **M**

Country of birth: **SINGAPORE**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	15 Feb 1986
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Jan 1982
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	13 Mar 1986

License No: S1536265J

VP 238A



4471138

Barcode

NRIC No: **S1536265J**

Date of issue: **03-10-2009**

APT BLK 139 POTONG PASIR AVENUE 3 #05-128
SINGAPORE 350139

NRIC No: **S1536265J** Date: **08/01/2013** No: **71641**



Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 24/10/2018 (dd/mm/yy) Time of Accident: 08:00 (24-HR-FORMAT)

Vehicle No.: SKU 8551 H Vehicle Make & Model: Hyundai Avante

Exact location of Accident: Paterson Road

Policyholder's Name / IC No.: Asset Limo 53309913K

Driver's Name / IC No.: Sie Soon Kuan S1536265J (As Above)

Driver's Contact No.: 9029 6107 Company Contact No.: _____

Driver's Address: Blk 139 Potong Pasir Ave 3 #05-128 S(350139)

Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver: Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

No. of Passengers (Including Driver): 02

Passenger Name: Ryukia (malay girl) 92746656 Gender: Female
Passenger Name: _____ Gender: _____

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SGX 8108 L

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

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, 1953 (MALAYSIA)

M.Z.400

THIRD PARTY	COMMERCIAL MOTOR	(The below excess is subject to GST)	
CERTIFICATE NO.	SKU8551H	POLICY EXCESS	S\$1500.00 (Sect II)
POLICY NO.	999994656	WINDSCREEN EXCESS	NA

- 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*

SUM INSURED NA
 INSURING WITH COE/PARF NA
 SKU8551H
 ASSET LIMO
 25 May 2018
 09 March 2019

*Any person who is driving on the insured's order or with their permission.
 S\$1,500.00 Section II Excess is applicable for driver who is above 22 years old and/or with minimum 2 years driving experience.
 The policy does not cover drivers who are below 22 years old with less than 2 year driving experience.
 Intended usage is for limousine/ rental purposes.

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 lullion, 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 NA

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) 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 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 25 May 2018

503052-000
 HUND
 55 Lorong L Telok Kurau
 #02-59 Bright Centre
 Singapore 425500

AIG Asia Pacific Insurance Pte. Ltd.

M. Marile

 AUTHORIZED REPRESENTATIVE

ORIGINAL

SSPOEC