

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

Date In: 30/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/AIG18019721/13	SAS e-filing		
Veh No: 54D8363L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/10/18 1910	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: (VISION AUTOWORK Tel: Fax:)

TP Particulars: Veh No: SHB8861X 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: 67881616) Date Time Complete: 31/10/18 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:

NA1807052

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref: 1:

Ref: 2/3:

Invoice Preparation Checklist

Item	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: 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) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON:		
*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: Idao 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	30/10/2018 12:33
Date Of Accident	27/10/2018 19:10
Exact Location Of Accident	SANDS EXPO & CONVENTION CTR PICK-UP POINT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLD8363L
Insured/Policyholder	
Name Of Registered Owner	ASIA CAR LEASING PTE LTD
Co Reg No	201437397L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994399/100782392-00000
Cover Note Number	
Driver	
Name of Driver	KOH LIAN SING
NRIC No	S6808541A
Date Of Birth	02/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	29/05/1989
Driving Experience	29 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92402808
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 3 BEDOK SOUTH AVE 1 #14-839
Postcode	460003
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	COLLISION - HEAD TO REAR
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	SHB8862X
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)	

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.



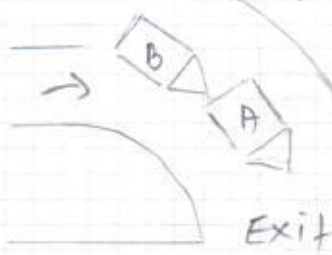
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

MICE Drive Way



A = SLD8363L

B = SHB8862X



Bayfront Ave

Sands Expo
and
Convention Centre
Pick-up Point

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

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



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

sfyur 30/10/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

On 27.10.18 at about 19:10 hours at Sands Expo and Convention Centre Pick-up Point. As I drive towards the exit (towards Bayfront Avenue), suddenly there was a loud bang from behind. When I alighted I realised it was vehicle (B) had collided onto rear right hand side portion of my vehicle (A).

Vehicle (A): SLD 8363L

Vehicle (B): SHB 8862X



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6808541A



Name

KOH LIAN SING



許聯星

Race

CHINESE

Date of birth

02-03-1968

Sex

M

S6808541A

Country/Place of birth

SINGAPORE

SLD 8363L

Driver

5398586



NRIC No. S6808541A



Date of issue

21-11-2014

Address



APT BLK 3 BEDOK SOUTH AVENUE 1
#14-839
SINGAPORE 460003

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S6808541A**
 Name: **KOH LIAN SING**

Birth Date: **02 Mar 1968**
 Issue Date: **14 Jan 2010**

001819664G

SLD B363L
 Driver.

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

		PASS DATE
Class 3	Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	29 May 1989
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	24 Sep 2003

NP 428A

Licence No: S6808541A



SINGAPORE ACCIDENT STATEMENT

Accident Date:	27/10/2018	Time:	19-10	(hh:mm) 24 hr format
Location	Sands Expo and Convention Centre Pick-up Point.			
Vehicle Number	SLD8363L			
Insured Name	Asia Car Leasing Pte. Ltd.			
NRIC / FIN	201437397C	Contact Number	-	
Make	Toyota	Model	Vellfire.	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting				
Insurance Company AIG.				
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number 999994399 / 100782392-00000				
Name of Driver Koh Lian Sing () Same as Insured				
NRIC / FIN	56808541A	Contact Number	92402808.	
Date of Birth	02/03/1968			
Driving Pass Date	29/05/1989			
Occupation	() Indoor (<input checked="" type="checkbox"/>) Outdoor			
Gender	(<input checked="" type="checkbox"/>) Male () Female			
Email Address	(<input checked="" type="checkbox"/>) NO EMAIL			
Address of Driver Blk 3 Bedok South Avenue 1				
# 14-839 Singapore 460003.				
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No				
If No, Relationship of the Driver with the Insured (<input checked="" type="checkbox"/>) Hirer.				
() Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes () No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others				
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No				
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No				
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report				
DETAILS OF 3 rd party Name / Nric Contact				
Veh B	SHB 8862X.			
Veh C				
Veh D				
Veh E				
Veh F				

Drives Only.

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, 1959 (MALAYSIA)

M24

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994399/100782392-00000

OWN DAMAGE EXCESS

WINDSCREEN EXCESS

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

SLD8363L

2) NAME OF INSURED

Asia Car Leasing Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

18 Oct 2018

4) DATE OF EXPIRY OF INSURANCE

17 Oct 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the Insured's order or with their permission.

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 *

Use for the carriage of passengers or goods in connection with the Insured's business.

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover

1) Use for 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 the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY UNITED OVERSEAS BANK LTD

* 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 At Singapore 12 Oct 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.

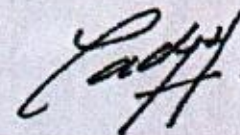
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LIEW OOI LIN MAY

AIG BUILDING

78 SHENTON WAY #07-16

SINGAPORE 079120



Authorised Representative