

NATIONAL Assessment Centre Services

Date In: 30/10/2018 17:22	Job description	Date & Time Completed	Done by
Ref No: NA/AIG18019771/K4	SAS e-filing		
Veh No: SLR 85155	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/10/2018 19:35	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	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 69045	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

NA1807051

Claimant's Particulars :-	Invoice Preparation Checklist	Amc (\$) In Bill	Amc (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	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:-		
	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: 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	30/10/2018 17:22
Date Of Accident	11/10/2018 19:35
Exact Location Of Accident	YIO CHU KANG RD JUNC OF SERANGOONNORTHAVE1/AMKAVE3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8515S
Insured/Policyholder	
Name Of Registered Owner	NEO R & R PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81610971
Alternative Phone No	OFFICE-81610971

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	999994579
Cover Note Number	

Driver

Name of Driver	KWOK WAI SIONG ALLEN
NRIC No	S1649612Z
Date Of Birth	26/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2001
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81610971
Fax Number	
Contact Number	OTHERS-81610971
Email Address	NOEMAIL

Address	BLK 203C COMPASSVALE ROAD #04-33
Postcode	543203
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	50 SERANGOON AVE 2
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181011/2189

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 Witness 1

Name	CARMEN (PASSENGER)
Phone Number	96438180
Email Address	-

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6904S
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

IMPORTANT NOTICE

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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:

16/10/18

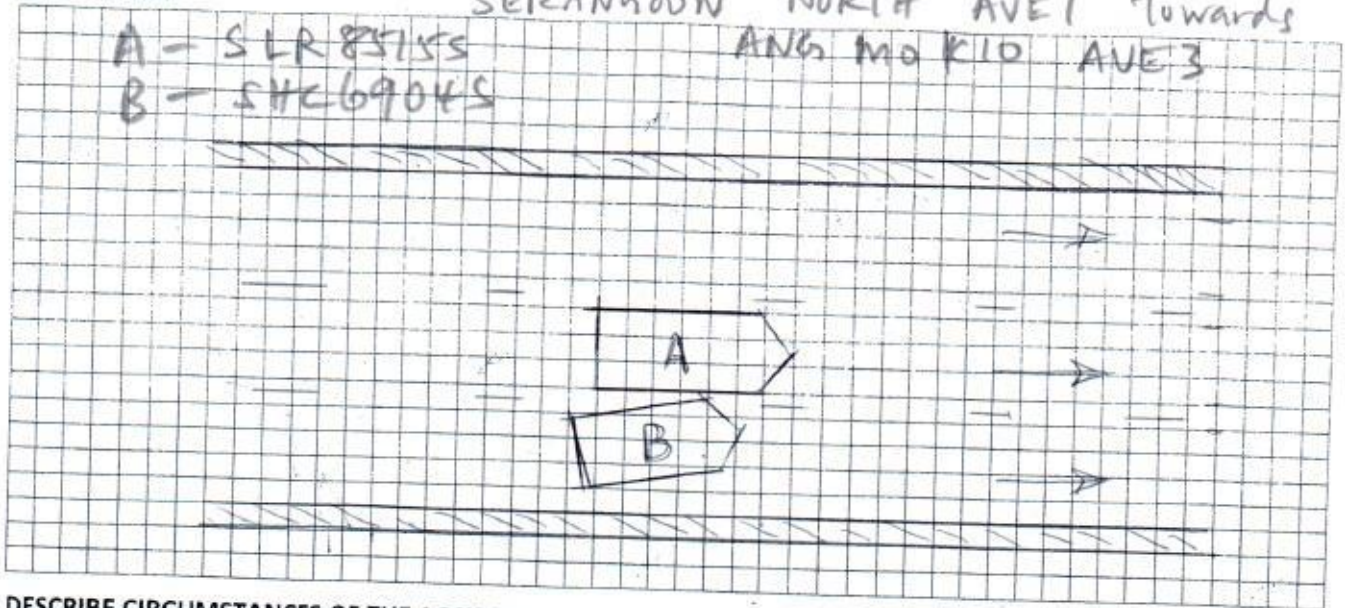
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

30/10/2018

SKETCH PLAN

Y10 CHU KANG RD FROM JUNC OF
SERANGGON NORTH AVE1 Towards
ANG MO KIO AVE3

A - SLR 85155
B - SHE 69045



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 11/10/2018 @ 1930 HRS, I WAS DRIVING PRIVATE HIRE CAR (VEHA) ALONG Y10 CHU KANG RD FROM JUNCTION OF SERANGGON NORTH AVE1 TOWARDS ANG MO KIO AVE3 ON LANE 2. I SAW A SILVERCAB TAXI (VEHB) MOVING OUT OF LANE 1 INTO LANE 2 WITHOUT SIGNALING. AFTER I PASSED THE SAID CAR (VEHB) I HEARD A LOUD HIT SOUND AND FELT AN IMPACT TO MY CAR. I SLOWED MY CAR DOWN AND STOPPED AT THE BUS STOP. I CAME OUT OF MY CAR AND THE SAID TAXI DID NOT COME TO ME. I THEN QUICKLY WENT BACK INTO MY CAR AND TRIED TO CATCH UP IF THE TAXI IS STILL AROUND. MY PASSENGER AND I THEN SAW A SILVERCAB TAXI STOPPED AT THE TRAFFIC JUNCTION OF ANG MO KIO AVE3 Y10 CHU KANG RD FLYOVER. MY PASSENGER THEN TOOK DOWN THE SAID TAXI NUMBER THAT WE BELIEVED THAT HIT MY CAR. I DID NOT MANAGED TO STOP THE SAID TAXI AND PROCEED TO SEND MY PASSENGER TO HER DESTINATION.

Pls Refer to the Police Report
T/20181011/2189

DECLARATION

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

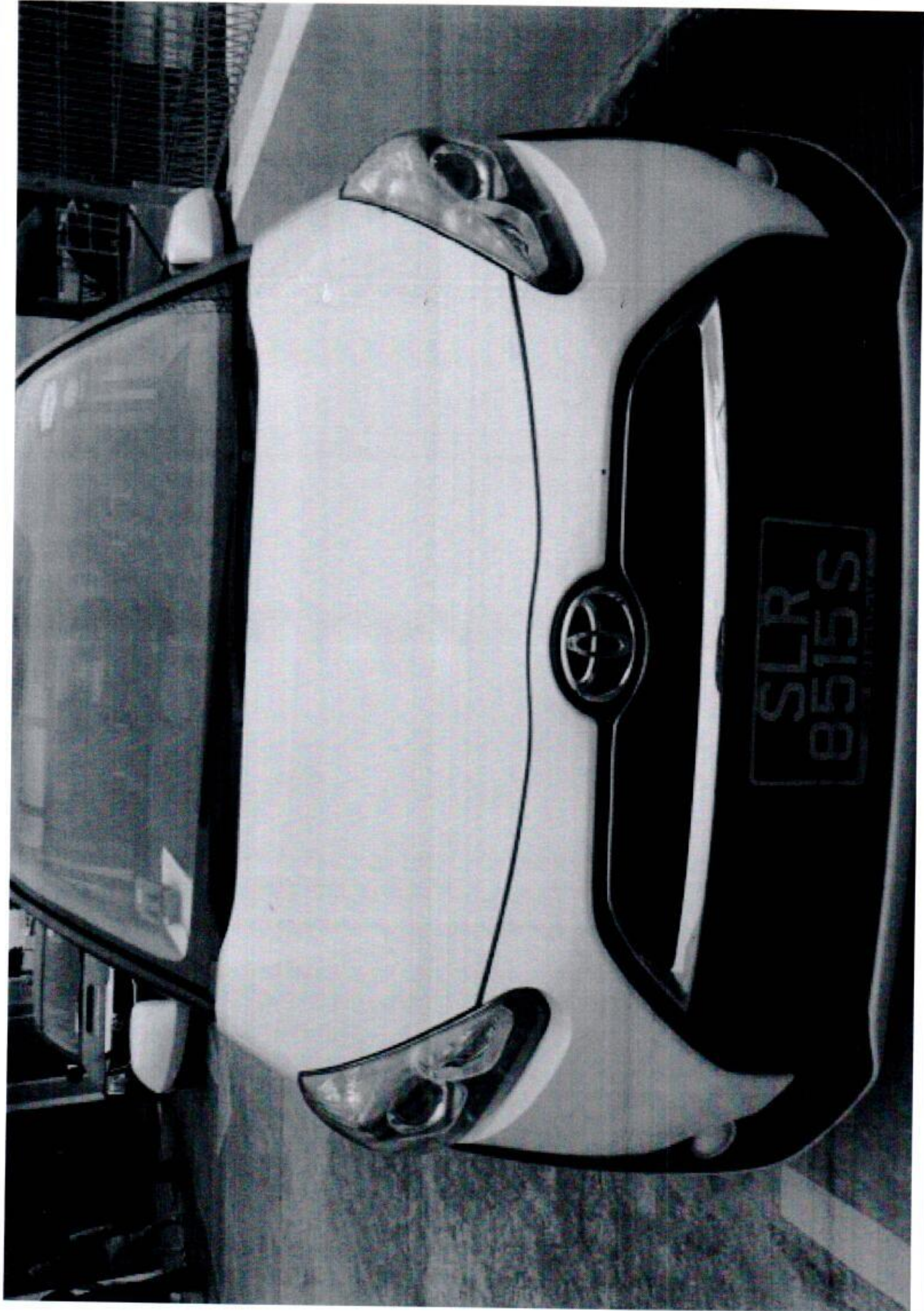


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/10/18

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

30/10/2018





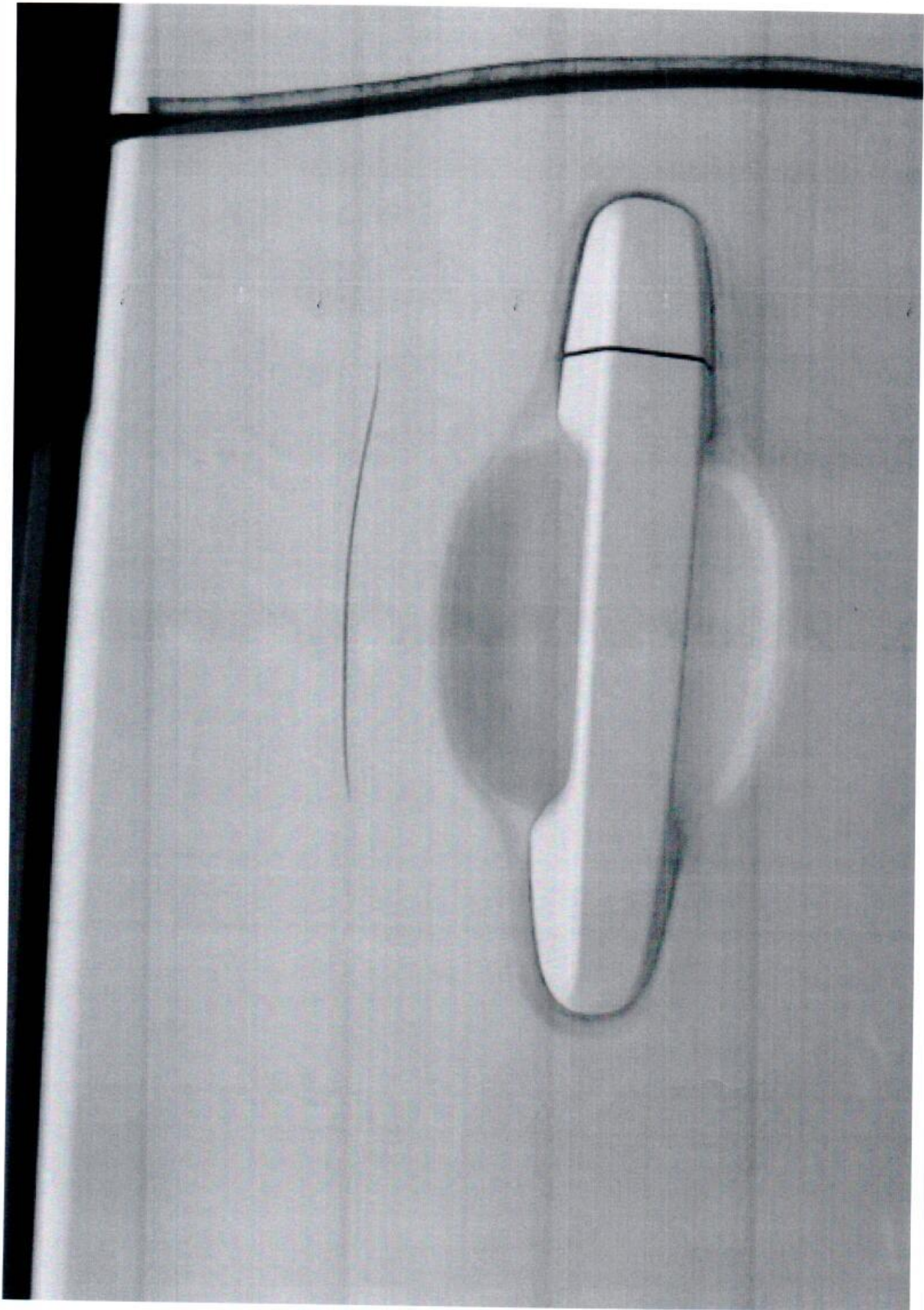


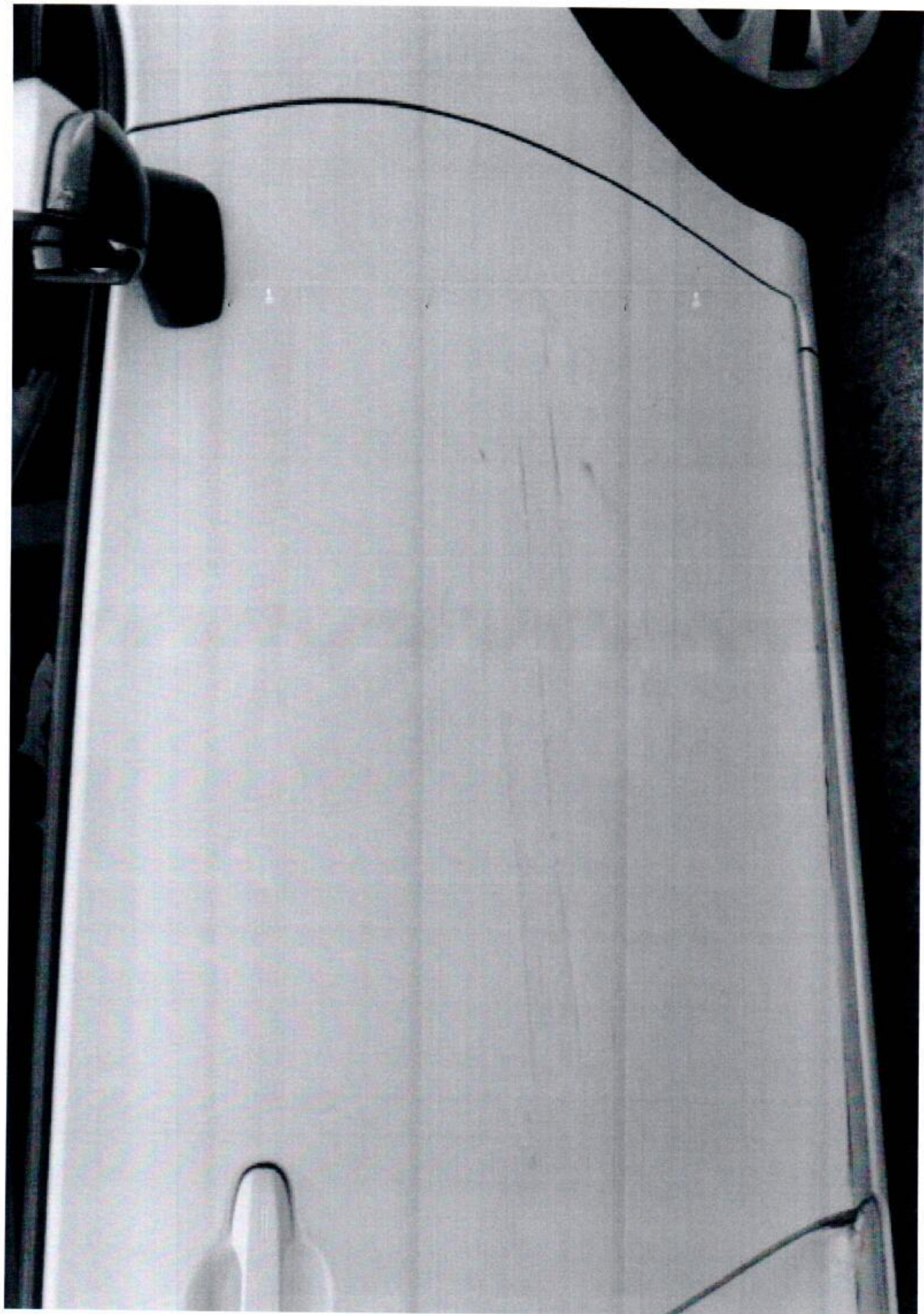


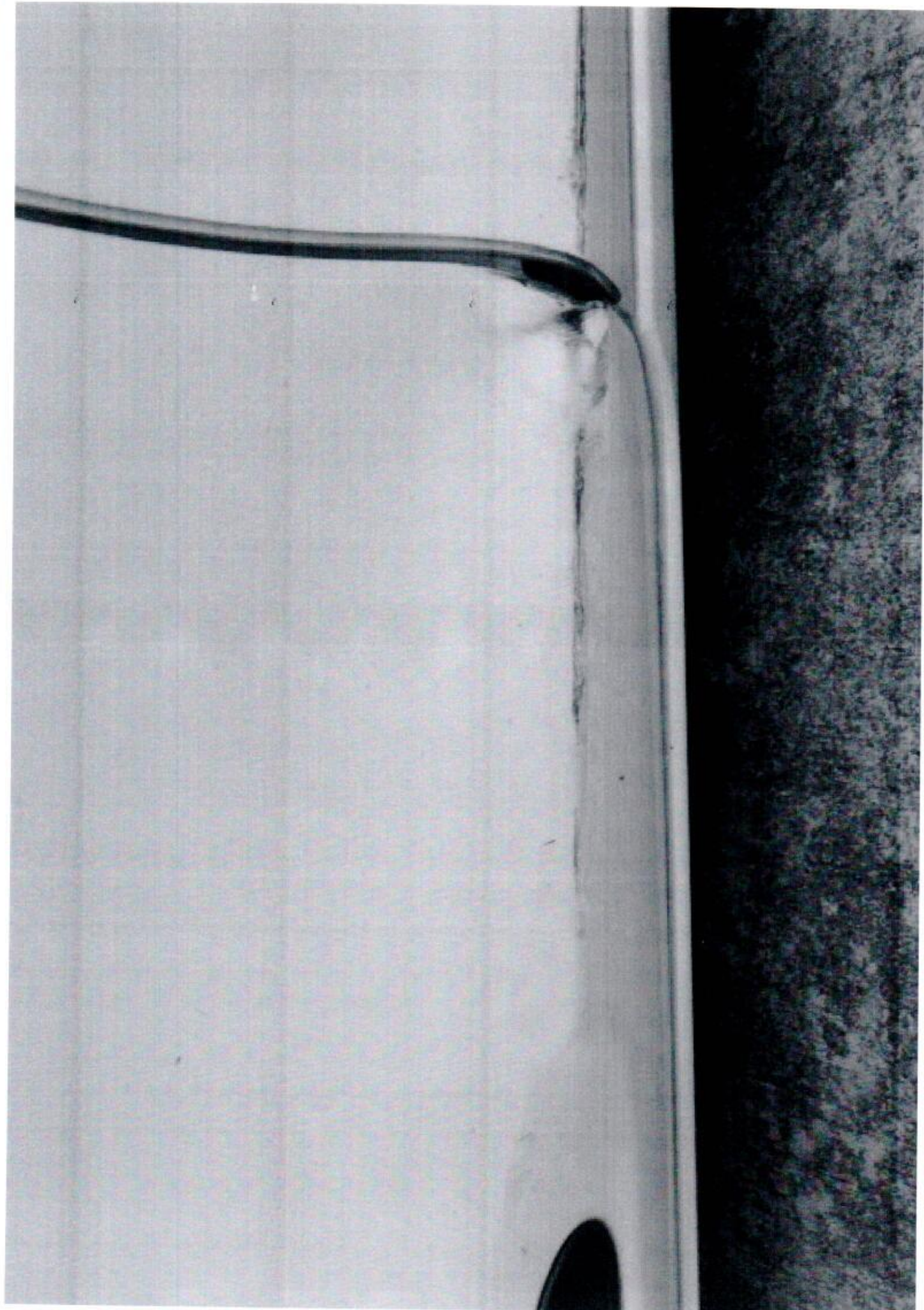


Spray Painting











922

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18595



TOYOTA MOTOR CORPORATION JAPAN

MODEL DBA-NSP170G-MWXNB 1496 mL

ENGINE 2NR-EKE

FRAME No. NSP170-7065242

COLOR TRIM PLANT OPTION

070 FB20 N21

TRANS./MILE K312 -01A 255



**SINGAPORE
POLICE FORCE**



T/20181011/2189

1 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20181011/2189

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2018 21:29	Vide Report No.:	Station Diary No.: 131
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Informant's Particulars

Name of Informant: KWOK WAI SIONG ALLEN			Address: APT BLK 203C COMPASSVALE ROAD #04-33 SINGAPORE 543203	
ID Type / ID No.: NRIC NO / S1649612Z			Contact No.: Home/Office: Mobile: 81610971	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 54	Date of Birth: 26/01/1964	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/10/2018 19:35	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 YIO CHU KANG ROAD ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6904S	Car					0
SLR8515S	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20181011/2189

Police Station Of Origin:

2 of 3

Serangoon N.P.C

Report No. T/20181011/2189

50 Serangoon Avenue 2 #01-02 SINGAPORE
556129

CONTINUATION OF REPORT

Tel No: 1800-4880999

Brief Details.

On 11/10/2018 at about 1930hrs, I was driving a private hire car (SLR8515S) along Yio Chu Kang Rd towards Ang Mo Kio Ave 3 and I was driving on lane 2. Later after I moved off from traffic light junction of Serangoon Nth Ave 1 and Yio Chua Kang Rd, I saw a silver cab taxi (SHC6904S) coming out from lane 1 without signaling. After I passed the said car, I heard a loud hit sound and my car shook. I later moved to the left and stopped my car at the bus stop. I came out from my car and the said taxi did not come to me. I then quickly went inside my car and tried catch up if the said taxi is still around. My passenger and I then saw a Silver cab taxi at the traffic light junction of Ang Mo Kio Ave 3, Yio Chu Knag Rd fly over. My passenger then took down the said taxi car number which I believed the taxi that hit my car. I did not managed to stop the said taxi.



**SINGAPORE
POLICE FORCE**



T/20181011/2189

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

3 of 3

Report No. T/20181011/2189

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:
F /
Staff Sgt MUHAMAD KHAIRI BIN SUBAGIO

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/10/2018 21:29

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Classification Of Case:

Authentication Stamp
NP168



Signature:

Singapore Police Force



anggordon.x@gmail.com

PCV Accident Report

(For Reporting only)



Comfort & Safe Engineering

weiyuan0312@gmail.com ✓

☐

Braddell

☐

Sin Ming

☐

Sg. Kadut

☐

Pandan

☐

Loyang

☐

Ubi

Section A - To Be Completed By Driver Who Is Involved in The Accident

Date & Time of Accident

Date: 11/10/18 7.30 - 7.35 PM

Time: 19:30 - 19:35 HRS

Date & Time of Reporting

Date: 16/10/18

Time: 13:45 HRS

Place of Accident

ALONG YIO CHU KANG RD JUNCTION OF SERANGOON N AVE1 - AMK3

Vehicle Reg. No.:

SLR851SS

Make / Model:

TOYOTA SIENTA

Purpose of Use at Time of Accident: Goods transportation / private usage / others:

PRIVATE HIRE

Name:

KWAR WAI SIONG ALLEN

NRIC / FIN No.

S1649612/Z

Address:

203C COMPASSVALE RD #04-33

Postcode:

543203

Date Of Birth:

28/1/64

Home:

-

Handphone:

81610971

Email:

-

Gender:

Male / Female

Occupation: Management / Sales / Retiree / Housewife / Technical / Education / Others:

PUT HIRE CAR DRIVER

Type of Claims: Third Party / Own Damage / Reporting Only

Licence Pass Date:

Driver Status:

Owner / Non-owner

Years of Driving Experience:

14

13/12/03

If you are not the owner, the owner's name & tel:

NEO R & R 62888324

Owner's Address:

61 UBI RD 1, #01-22 OXLEY BIZHUB

Relationship with Owner:

Owner's NRIC / Company Reg. No.:

Vehicle Towed In?

Yes / No

My Insurance Company:

Police Reported?

Yes / No

Police Report Reference No.:

Company's Vehicle?

Yes / No

Insurance Policy No.:

Do you have witness?

Yes / No

Type of Policy: Comprehensive / Third Party Fire & Theft / Third Party Only

(If Yes, Witness Name & Contact No.:

CARMEN (PASSENGER) 9643 8180

Weather Condition:

Clear / Cloudy / Light Rains / Heavy Rains

Road Condition:

Dry / Wet

Was anyone injured in the accident?

Yes / No

Other vehicle or property damage?

Yes / No

Was Notice of Intended Prosecution given?

Yes / No

Describe How Accident Happened: Please use **SKETCH PLAN** for accident description & sketch of accident scene

Third Party's Details (Use Annex 2 for Chain Collision as attachment)

Vehicle Make / Model:

Vehicle Reg. No.:

SHC 6146 M

Name of Driver:

NRIC No.:

Insurance Company:

Handphone:

Driver's Declaration:

I declare that the information given in this report are true and correct and

I undertake to assume full responsibilities for all consequences should any part given above be untrue.

Signature:

Date:

16/10/18



Neo R AND R PTE LTD
No: 61 Ubi Road One Oxley Bizhub #01-22 Singapore 408727
Tel: 6288 8324 / 6288 5324 Fax: 6288 1002
www.neorentalandresources.com
Reg No: 201026086E

Authorization Letter

NEO R & R PTE LTD hereinafter appointed KWOK WAI SIONG ALLEN, IC: S1649612Z to make an accident report.



Signature, Company's Stamp

Name : Guan Zhi Jie.

NRIC No : S9171653D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1649612Z



NAME
KWOK WAI SIONG ALLEN

郭偉祥

RACE
CHINESE

Date of Birth 26-01-1964 Sex M

Country of Birth
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1649612Z

Name: KWOK WAI SIONG ALLEN

Birth Date: 26 Jan 1964

Issue Date: 13 Dec 2003




0260223

NRIC No. S1649612Z



Blood Group O+ Date of issue 11-03-1992

APT BLK 203C COMPASSVALE ROAD #04-33
SINGAPORE 543203


NRIC No. S1649612Z Date: 17-08-2001 No: 3977799

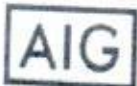
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	14 Dec 2001

NP 428A

Licence No: S1649612Z





HOTLINE TEL: 65 6419 3036
FAX: 65 6415 3722

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1990

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1987 (MALAYSIA)

COMPREHENSIVE

COMMERCIAL MOTOR

CERTIFICATE NO.

SLR85155

POLICY NO.

999994579

(The below excess is subject to GST)

POLICY EXCESS

S\$2000.00 (Sect I)

WINDSCREEN EXCESS

S\$100.00

SUM INSURED

YES

INSURING WITH COE/PARF

YES

SLR85155

NEO R & R PTE LTD

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

11 June 2018

10 June 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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

S\$2,000.00 Section I Excess and S\$2,000.00 Section II Excess is applicable for driver who is above 21 years old with minimum 2 years driving experience.

S\$4,000.00 Section I Excess and S\$4,000.00 Section II Excess is applicable for drivers who is at age of 21 years old with minimum 1 year driving experience.

S\$6,000.00 Section I Excess and S\$6,000.00 Section II Excess is applicable for driver who is below 21 years old and/or with less than 1 year driving experience.

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 endorsement 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 tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst towing 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

TAI THONG LEE TRADING PTE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 80 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 06 Jun 2018

500656-000

Cowell Insurance (Agency) Pte. Ltd.

8 Burn Road

#09-09 Trives

Singapore 369977

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORIZED REPRESENTATIVE

SAF001

ORIGINAL