

# NATIONAL Assessment Centre Services.

(wef 1 Jan 00)

MNA 418149180

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 19/11/2018 10:27 | Job description                          | Date & Time Completed | Done by |
| Ref No: MBA/A/G/0020846/Y | SAS e-filing                             |                       |         |
| Veh No: SKB 1203J         | E-mail (within 5hrs, AIC 2hrs)           |                       |         |
| D.O.A: 16/11/2018 12:00   | I-Motor Claim Form                       |                       |         |
| OID: 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: (

Tel:

Fax:

TP Particulars:

Veh No: SHA 708Y

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 repaler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:

INC ( ) / Non-INC ( )

Date:

Time:

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:

Activity:

MNA 807533

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref. 1:

2/3

| INVOICE FOR INFORMATION ONLY                  |             | Ref. 1 | Ref. 2 |
|---|-------------|--------|--------|
| 1) AR: Accident Reporting (\$30)              |             |        |        |
| 2) DA: Damage Assessment (\$100)              | INC (\$40)  |        |        |
| 3) TP: Towing Fee                             | \$40/\$45   |        |        |
| 4) PT: Follow-Through Survey                  | \$120       |        |        |
| 5) PT: Follow-Through Survey (Resurvey)       | \$30        |        |        |
| Forfeiting against INC Only (wef 10 Jan 2003) |             |        |        |
| 6) TR: Re-inspection                          | \$75        |        |        |
| 7) NI: Idax DA + SMRT Survey                  | \$160       |        |        |
| 8) NTUC Additional Services:                  |             |        |        |
| ON:   |             |        |        |
| *N5: Courtesy Car / Tpt Allowance             | \$3         |        |        |
| *N6: Repair Coordination                      | \$10        |        |        |
| *N7: Post Repair Inspection                   | \$25        |        |        |
| *N8: DV / Collect Excess Coordination         | \$3         |        |        |
| TP (Nil): TP (Non INC) against INC            | \$20        |        |        |
| 9) N12: Idax 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             | 19/11/2018 10:27                            |
| Date Of Accident           | 16/11/2018 12:00                            |
| Exact Location Of Accident | HOUGANG STREET 91 AT THE SHELTER OF BLK 910 |
| Country/State of Loss      | SINGAPORE                                   |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKB1203J             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | ASSET LIMO           |
| Co Reg No                   | -                    |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-88214084 |
| Alternative Phone No        | OFFICE-88214084      |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | VIOS               |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING PURPOSES   |
| 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             | 999994656                            |
| Cover Note Number         |                                      |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | CHAN LAI SUN           |
| NRIC No              | S0202136F              |
| Date Of Birth        | 03/09/1950             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 23/12/1982             |
| Driving Experience   | 35 YEARS AND 10 MONTHS |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-88214084   |
| Fax Number           |                        |
| Contact Number       | OTHERS-88214084        |
| Email Address        | NOEMAIL                |

|   |   |
|---|---|
| Address   | BLK 528C PASIR RIS STREET 51<br>#03-631 |
| Postcode  | 513528                                  |
| 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 - OPENING DOOR OF VEHICLE |
| 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)   | 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

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         | SHA7208Y |
| 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

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:

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

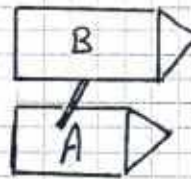
Reporting Centre Personnel's Signature  
Name: *Rashid*  
NRIC/FIN No.:



# SKETCH PLAN

A: 8KB 1203J

B: SHA 7208Y



LOCATION: Honggang Street 91 @ the shelter of BKK 910.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated date and time, I was driving past vehicle B and all of a sudden, passenger on vehicle B opened the back right door and hit against my vehicle back left door.

## 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)  
Tel no: 6555 6888 Fax no: 6454 3279

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 16/11/18 (dd/mm/yy) Time of Accident: 12:00 (24-HR-FORMAT)  
Vehicle No.: SKB 1203J Vehicle Make & Model: Toyota Vios  
Exact location of Accident: Hougang Street 91 at the shelter of Blk 910  
Policyholder's Name / IC No.: Asset Limo  
Driver's Name / IC No.: Chan Lai Sun (As Above) ☐  
Driver's Contact No.: 88214084 Company Contact No.: \_\_\_\_\_  
Driver's Address: 582C Pasir Ris St 51 #03-631 S'513528  
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):** 01

**Passenger Name :** \_\_\_\_\_  
**Passenger Name :** \_\_\_\_\_

**Gender :** \_\_\_\_\_  
**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: SHA 7208Y

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.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

CHAN LAI SUN

Date of birth: 03 Sep 1950

Issue Date: 15 Jan 2003

100011489CE




**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. S0202136F



Name  
**CHAN LAI SUN**

Race  
**CHINESE**

Date of birth  
**03-09-1950**

Sex  
**M**

Country of birth  
**SINGAPORE**

S0202136F

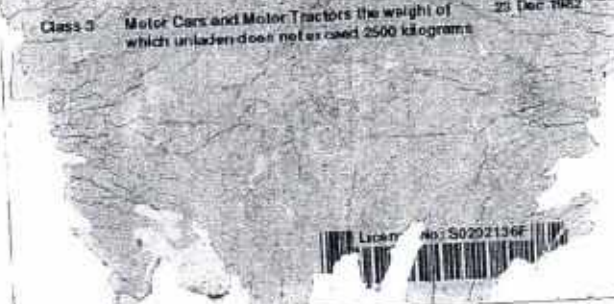



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)**

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
20 Dec 1982

License No: S0202136F

4638832



NRIC No: S0202136F



Date of issue  
20-02-2013

APT BLK 528C PASIR RIS STREET 61 #03-631  
SINGAPORE 513528

NRIC No: S0202136F 14/05/2016





HOTLINE TEL: (65) 6415-3000  
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, 1988 (MALAYSIA)

M.E.400

THIRD PARTY  
CERTIFICATE NO.  
POLICY NO.

COMMERCIAL MOTOR  
SKB1203J  
999994856

(The below excess is subject to GST)  
POLICY EXCESS S\$1500.00 (Sect II)  
WINDSCREEN EXCESS NA

SUM INSURED NA  
INSURING WITH COE/PARF NA  
SKB1203J  
ASSET LIMO

- 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\*

25 May 2018  
08 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 tuition, 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 in force 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 Plc. Ltd.

  
AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL