

NATIONAL Assessment Centre Services.

(wef 1 Jan 2003)

NA 48160483

Date In: 20/1/2018 17:53	Job description	Date & Time Completed	Done by
Ref No: NAB/0148021018/17	SAS e-filing		
Veh No: GBE 77607	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/1/2018 09:10	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: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: YP 4985

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%. F: 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: ()

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NA 607570

Customer's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Ref. 1:

2/3

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$50)	
3) TP: Towing Fee \$40/\$45	
4) PT: Follow-Through Survey \$120	
5) FT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (wef 10 Jan 2003)	
6) TR: Re-inspection \$75	
7) NI: Idao DA + SMRT Survey \$160	
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpt Allowance \$5	
*NG: Repair Co-ordination \$10	
*N7: Post Repair Inspection \$25	
*N8: DV / Collect Excess Coordination \$5	
TP (Nil): TP (Non INC) against INC \$20	
9) N11: Idao Mobile \$0	
Invoice dated	Fee Charged
Invoice dated	Fee Charged

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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	20/11/2018 17:53
Date Of Accident	19/11/2018 09:10
Exact Location Of Accident	CTE TOWARDS AYE BEFORE ANG MO KIO AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7760T
Insured/Policyholder	
Name Of Registered Owner	CMK AIRCON
Co Reg No	53239646D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81831412
Alternative Phone No	OFFICE-81831412

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	1800027559
Cover Note Number	

Driver

Name of Driver	CHUNG MUN KIT
NRIC No	S7263993F
Date Of Birth	01/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	19/04/1994
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81831412
Fax Number	
Contact Number	OTHERS-81831412
EMail Address	NOEMAIL

Address	BLK 562 HOUGANG STREET 51 #08-438
Postcode	530562
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	2
Was any body injured in the Accident?	YES
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)	4
Passenger 1	NAME: : POW MUN CHUN GENDER: : MALE
Passenger 2	NAME: : CHAI YOON KOK GENDER: : MALE
Passenger 3	NAME: : YANG ZHONG XUE GENDER: : MALE

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	YP498S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YANG ZHONG XUE
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? GBE7760T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

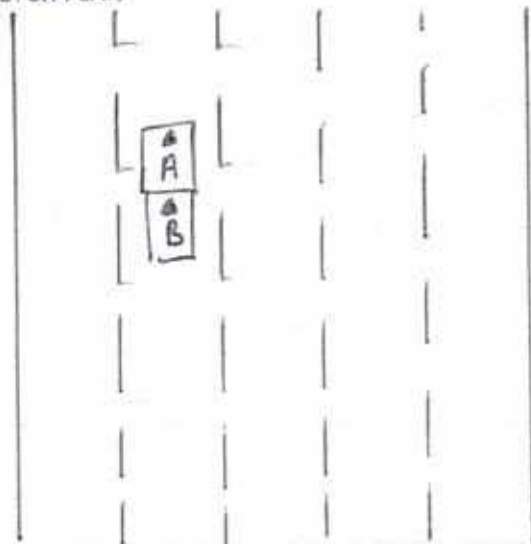
DETAILS OF INJURED PERSON 2

Name POW MUN CHUN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? GBE7760T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name CHAI YOON KOK
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? GBE7760T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN



CTG towards AYE
before AMK Ave
Vehicle A: GBE 7760T
Vehicle B: YP 4985

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I Vehicle A stopped as the Vehicle
in front of me stopped. After few second, Vehicle B hit onto
my stationary vehicle rear portion.

Passenger: Yang Zhong Xue (male)

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.:

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:

20/11/2018
Reporting Centre Personnel's Signature
Name: Resh
NRIC/FIN No.: [Signature]

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 19/11/2018 (dd/mm/yy) Time of Accident: 09:10 (24-HR-FORMAT)
Vehicle No.: GBE 7760 T Vehicle Make & Model: Toyota Dyna
Exact location of Accident: CTE towards AYE before AMK ave 1
Policyholder's Name / IC No.: CMK Aircon 53239646D
Driver's Name / IC No.: Chung Mun Kit S7263993F (As Above) ☐
Driver's Contact No.: 8183 1412 Company Contact No.: _____
Driver's Address: 10 ANSON ROAD #05-16 INTERNATIONAL PLAZA S(079903)
Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver: Owner 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): 04

Passenger Name: Pow Mun Chun

Gender: Male

Passenger Name: Chai Yoon Kok

Gender: Male

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: Yang Zhong Xue, Pow Mun Chun, Chai Yoon Kok

Injuries Sustain: Hand Injured Person in Which Vehicle: GBE 7760 T

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

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: YP 498 S

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

001612694A

CHUNG MUN KIT

01 Oct 1972

16 Jun 2008

001612694A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7263993F

CHUNG MUN KIT

曾文杰

CHINESE

01-10-1972

Country of birth MALAYSIA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars < 3000kg with < 7 passengers exclusive of the driver, and other motor vehicles < 2500kg

19 Apr 1994

NP 435A

001612694A

8779677

001612694A

MR CHUNG MUN KIT

Malaysian

05-06-2006

APT. BLK 562 HOUGANG STREET 51 #06-436

SINGAPORE 530582

* NRIC No: S7263993F

Date: 13/08/2017



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLAN COMMERCIAL VEHICLE

Name of Policyholder : CMK AIRCON
 Period of Insurance : 29 Mar 2018 To 28 Mar 2019
 Engine No. : 1KD2578431
 Chassis No. : JTEAT35Y60K205734

Vehicle No. : GBE7760T
 Policy No. : 1800027559
 Endorsement No. :
 Issued Date : 15 Mar 2018

ABOUT THE COVER

Make/Model	TOYOTA DYNA 150 1.7 ton (Lorry)				
Engine Capacity/Tonnage	1.7 Tonnage	Sum Insured	Market Value	First Year of Registration	2016
Driver Restriction	NA	Off Peak Car	No	Insuring with COE/PARF	Yes

Person or Classes of Persons Entitled to Drive*

a. Any person who is driving at the Policyholder's order or with their permission.
 b. This Policy will indemnify the Policyholder only if the insured driver only, if he/she meets the stipulated age condition.

You have to pay an additional sum of \$3000 as "Young and/or Inexperienced Driver Excess" (YIDR) if You are a New Authorized Driver (defined as someone is under the age of 21 and/or has less than 2 years driving experience).

Age Condition : All Age Condition

Limitation as to use*

To Use in connection with the Policyholder's business.
 To Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 To Use for social, domestic or pleasure purposes. This Policy does not cover a driver for hire or reward, driving while driving test, racing, pace-making, road trials, trial speed testing, and driver whilst showing a driver's licence for showing of any vehicle modified using a mechanically propelled vehicle. It is not for any purpose in connection with those trades.

* Limitations, rendered inoperative by Section 8 of the Motor Vehicle Third Party Risk and Compensation Act (Cap. 189) and Section 91 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

EXCESS

Section 1:

Fire - \$0 (Cash Damage - \$500; Theft - \$0)

Section 2:

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess : (where applicable)

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

Any accident report to the insurer can be claimed only at the expense of the insured vehicle. For claims related repairs, refer to the list of Approved Reporting Centres (ARC) and Authorized Repairers (AR) on the back of this Certificate. Alternatively, you may refer to the website www.aig.com.sg or call 800-Motiv-Rep. Search, view and download AIG 800-Motiv-Rep on Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan : United Overseas Bank Limited

We hereby certify that the policy to which this Certificate of Insurance refers is issued in accordance with the provisions of the Motor Vehicle Third Party Risk and Compensation Act (Cap. 189), Part 1A of the Road Transport Act, 1987 (Malaysia) and Motor Vehicle Third Party Risk Rules, 1988 (Malaysia).

050641000

ASSURE INSURANCE AGENCY

29 KILANTAN ROAD #01-111 KILANTAN COURT
 SINGAPORE 200029

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. N. K.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

Special Representative Agency No. 12