

# NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 22/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/A1418021153/13	SAS e-filing		
Veh No: SKX2506M	E-mail (within 3hrs, AIC 2hrs)		
DOA: 21/11/18 ASS	I-Motor Claim Form		
(D) (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: ( N-51	Tel:	Fax:
TP Particulars:	Veh No: 4M4001Z	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

NA1807629	Invoice Preparation Checklist	Am (\$)	Am (\$)
Clientant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N3: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in 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	22/11/2018 15:11
Date Of Accident	21/11/2018 19:55
Exact Location Of Accident	HOUGANG AVE 3 TWDS HOUGANG AVE 2 AFT AIRPORT RD JU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX2506M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LYE LYE SENG
NRIC No	S1332180I
Email Address	LYELUANNA@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90921960
Alternative Phone No	HOME-63443233

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100437461-02
Cover Note Number	

### Driver

Name of Driver	LYE LYE SENG
NRIC No	S1332180I
Date Of Birth	08/03/1958
Occupation	INDOOR
Date Of Driving Pass	23/08/1985
Driving Experience	33 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90921960
Fax Number	
Contact Number	HOME-63443233
Email Address	LYELUANNA@YAHOO.COM.SG

Address	253F ONAN ROAD
Postcode	424642
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

#### 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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN 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

I WAS DRIVING ALONG HOUGANG AVE 3 TWDS HOUGANG AVE 2 ON THE CENTER LANE OF A3-LANES RD. SOMEWHERE AFT AIRPORT RD JUNC INFRT OF A BUS STOP, VEH B THAT WAS TRAVELLING ON THE EXTREME RIGHT LANE SUDDENLY FILTERED TO THE CENTER THUS CAUSING THE LEFT PORTION OF VEH B TO HIT ONTO THE REAR RIGHT PORTION OF MY VEH. VEH B WAS TRYING TO AVOID ACCIDENT VEH AHEAD ON THE RIGHT LANE PRIOR TO MY ACCIDENT. DUE TO THE IMPACT THE REAR BUMPER OF MY VEH WAS DISLODGED AND FELL ONTO THE ROAD. THE RIGHT REAR FENDER AND BOOTLID ALSO DAMAGED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM4021Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEW KENG HOO
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:

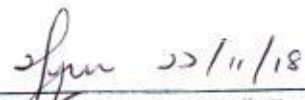
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



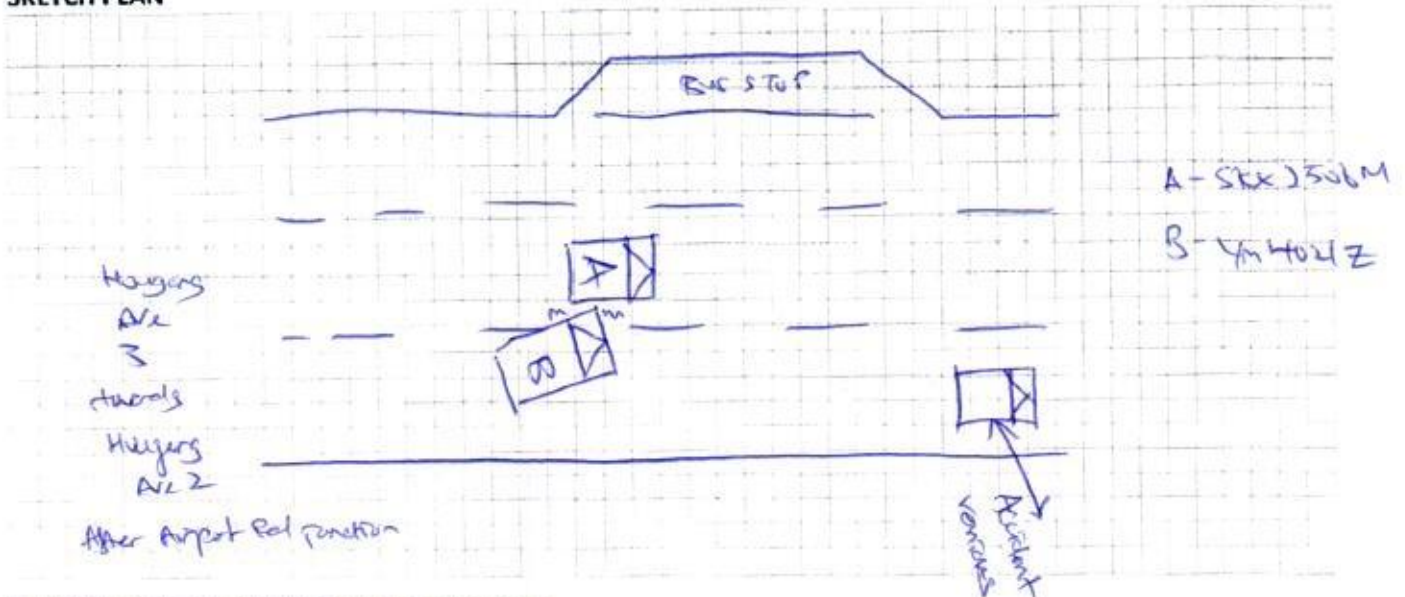
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Huyong Ave 3 towards Huyong Ave 2 in the center lane of a 3-lane road. Somewhere after Airport Rd junction front of a bus stop, Veh (B) that was traveling on the extreme right lane, suddenly moved to the center thus causing the left portion of Veh (B) to hit onto the right rear portion of my vehicle. Veh (B) was trying to avoid accident vehicles ahead on the right lane prior to my accident. Due to the accident, the rear bumper <sup>of my vehicle</sup> was dislodged and fell onto the road. The right rear fender and B-pillar also damaged.

A - SKX 2506M

B - Ym 4021Z

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 22/11/18

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



<b>Vehicle No.</b>	SKX 2506M	<b>Model / Make</b>	Tyrex ARIS
<b>Date of Accident</b>	21/11/12		
<b>Time of Accident</b>	7.55pm	<b>HRS</b>	
<b>Location of Accident</b>	Haugang Ave 3 towards Haugang Ave 2 after Airport Rd Junction		
<b>Exact purpose use during accident</b>	Private use		
<b>Name of Owner</b>	Lye Lye Seng		
<b>Telephone No.</b>	H/P : 90921960	Home : 63443233	Office :
<b>NRIC</b>	S13321801		
<b>Address</b>	253F Ocean Rd, SC424612		
<b>Claim type</b>	OD	(THIRD PARTY)	REPORTING ONLY
<b>Insurance Company</b>	AIG		
<b>Type of Coverage</b>	(Comprehensive)	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	2100437461-02		
<b>Name of Driver</b>	(As Above) If No,		
<b>NRIC</b>	Any Passengers : 02 (Female)		
<b>Date of birth</b>			
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	23/11/15		
<b>Gender</b>	Male	/	Female
<b>Contact No.</b>	H/P :	Home :	Office :
<b>Address</b>			
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	Ym 4021 Z	Any Passengers : Nil	
<b>Name of Driver</b>	Chew Keng Hoo	Contact No. : —	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Right Rear Portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	lye.lye@nisa.com.sg		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING /			
OFFERING ACCIDENT CLAIMS ASSISTANCE? Yes / No			
<b>PARTICULAR WORKSHOP</b>	N51 Automotive Pte		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Henry		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S13321801



Name  
LYE LYE SENG

賴麗成

Race  
CHINESE

Date of Birth  
08-03-1958

Country of Birth  
SINGAPORE

Sex  
F




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S13321801

Name  
LYE LYE SENG

Birth Date: 08 Mar 1958

Issue Date: 11 Aug 2003



0938361



NRIC No. S13321801



Blood Group  
O+

Date of Issue  
05-05-1993

253F OM N ROAD  
SINGAPORE 424642

NRIC No. S13321801

Date: 17/02/2011


No: 6678699

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

Class 0 Motor Cars and Motor Tractors the weight of which, unladen does not exceed 2500 kilo grams

PASS DATE  
23 Aug 1985

Licence No. S13321801



NP 428A





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lye Lye Seng  
Period of Insurance : 01 Dec 2017 To 30 Nov 2018  
Engine No. : 1ZRY214324  
Chassis No. : MR053REH104539386

Vehicle No. : SKX2506M  
Policy No. : 2100437461-02  
Endorsement No. :  
Issued Date : 08 Nov 2017

### ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6 DUAL  
Engine Capacity/Tonnage : 1.598.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2015  
Insuring with COE/PARF : Yes

#### Person or Classes of Persons Entitled to Drive\*

- a) The Policyholder  
b) Any other person who is driving on the Policyholder's order or with his/her permission.  
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDEX") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

#### Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use: 1500cc - 1800cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 185) and Section 95 of the Road Transport Act, 1987 (Malaysia); are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0, Own Damage - \$500, Theft - \$0, Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

Lye Lye Seng - \$500 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 8200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 185), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0304005000

KWAN CHOY SIN

3 TAMPINES GRANDE #05-33 AIA TAMPINES

SINGAPORE 528799 SP-DLIM

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

SSPSAA