

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

Date In: 23/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/AIG18001240/12	SAS e-filing		
Veh No: SLA4718P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 22/11/18 2025	i-Motor Claim Form		
(ID) (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () 4-51 Tel: Fax: ()

TP Particulars:	Veh No: SKH8858H	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

NA1807665	Invoice Preparation Checklist	Amf (\$)	Ass (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	TR 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) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
	*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 (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	23/11/2018 15:21
Date Of Accident	22/11/2018 20:25
Exact Location Of Accident	WOODLANDS CROSSING B4 WOODLANDS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA4718P
Insured/Policyholder	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	201533046C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83802233
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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	999994387
Cover Note Number	
Driver	
Name of Driver	DEXTER SIM WEI LIANG(SHEN WEILIANG)
NRIC No	S9132574H
Date Of Birth	13/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	02/10/2012
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82683348
Fax Number	
Contact Number	
Email Address	DEXTERSIMWEILIANG@GMAIL.COM

Address	BLK 269 TAMPINES ST 21 #09-185
Postcode	520269
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?	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)	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	SKX8858H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOSES CHAN CHEE KEONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	DEXTER SIM WEI LIANG(SHEN WEILIANG)
------	-------------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

SLA4718P

YES

NO

SKETCH PLAN

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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:

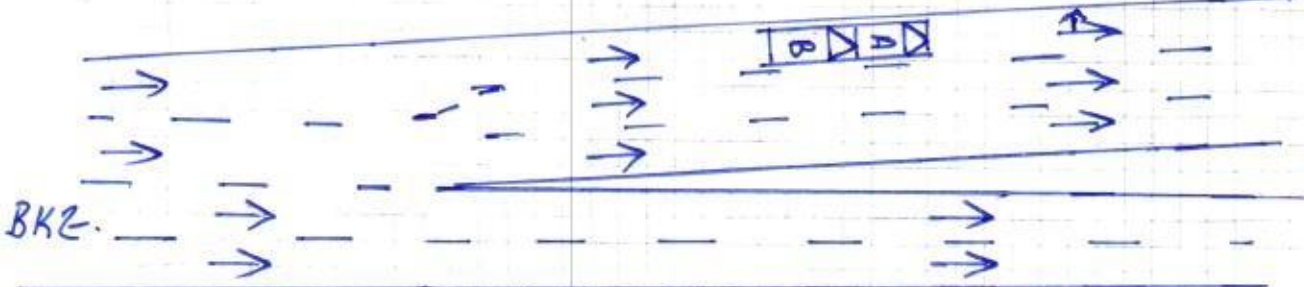
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

(A) SLA 4718P
(B) SKX 8858H

Woodlands Road



Woodlands Crossing towards Immigration Checkpoint.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/11/18 at @ 2025 hrs, I was travelling in my vehicle (SLA 4718P) along Woodlands Crossing before Woodlands Road towards the direction of Woodlands Immigration checkpoint on the extreme left lane. The traffic was very heavy. Suddenly, a vehicle (SKX 8858H) from behind collided onto the rear portion of my vehicle.

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.:

Vehicle No.	SLA 4718 P	Model / Make	Honda Vezel
Date of Accident	22 / 11 / 18		
Time of Accident	2025 HRS		
Location of Accident	Woodlands Crossing before Woodlands Road.		
Exact purpose use during accident	Chauffeur		
Name of Owner	Twincar Leasing Pte Ltd.		
Telephone No.	H/P: 8380 2233	Home:	Office:
NRIC	201533046 C.		
Address	2, Kaki Bukit Ave 2 #01-17, Kaki Bukit Autohub (S) 417921.		
Claim type	OD <u>THIRD PARTY</u>	REPORTING ONLY	
Insurance Company	AIG.		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	999994387.		
Name of Driver	As Above If No, Dexter Sim Wei Liang.		
NRIC	S 9132574 H	Any Passengers:	N.A.
Date of birth	8 / 13 / 08 / 1991		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	11 / 11 / 2015.		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 8268 3348	Home:	Office:
Address	BLK 269 Tampines St 21 #09-185 (S) 520269.		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee, If no, state <u>free</u> .		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	Dexter Sim Wei Liang (H/P: 8268 3348).		
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	SKX 8858 H	Any Passengers:	01 (F)
Name of Driver	Moses Chan Chee Keang.	Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E No.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A.	Witness Contact:	
Accident Portion	Rear Portion.		
Camera Recorder	Yes <u>No</u> .		
Email Address	dextersimweiliang@gmail.com.		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?	Yes / <u>No</u>		
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixin.		
FAX NO	6741 0510		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S9132574H**

Name

**DEXTER SIM WEI LIANG
(SHEN WEILIANG)**

Birth Date: **13 Aug 1991**

Issue Date: **02 Oct 2012**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9132574H**



Name

**DEXTER SIM WEI LIANG
(SHEN WEILIANG)**

沈 暉 量

Race

CHINESE

Date of Birth

13-08-1991

Sex

M

Country of birth

SINGAPORE

Land Transport Authority



VOCATIONAL LICENCE

Licence No : **S9132574H**

Name : **DEXTER SIM WEI LIANG
(SHEN WEILIANG)**

Card Issue Date : **16/01/2018**

Please visit www.lta.gov.sg to check
the status of this vocational licence



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	16/01/2018





HOTLINE TEL: (65) 6419-3000
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, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SLA4718P	POLICY EXCESS	S\$2000.00 (Sect I & II)		
POLICY NO.	999994387	WINDSCREEN EXCESS	S\$100.00		
1) VEHICLE REGISTRATION NO.		SUM INSURED	YES		
2) NAME OF INSURED		INSURING WITH COE/PARF	YES		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		SLA4718P			
4) DATE OF EXPIRY OF INSURANCE		Twincar Leasing Pte Ltd			
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		19 October 2018			
		18 October 2019			
<p>Any person who is driving on the Insured's order or with their permission.</p> <p>S\$2,000.00 Section I & S\$2,000.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.</p> <p>Up to S\$250.00 one-time waiver excess under section I for build in car camera and applicable on non at fault claim only. (Valid for 6 months).</p> <p>Accident repair can be carried out at any of your preferred workshop for repair subjected that all claim matters does not involved any lawyer services.</p> <p>An additional excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.</p> <p>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.</p>					
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.					
It is hereby agreed and acceptance that we would make special arrangement to this workshop known as N-51 Automotive Pte Ltd to be your accident claim reporting center based on the conditions below.					
LOSS OF USE		Not Included			
HIRE PURCHASE COMPANY		MAYBANK			
*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 in Singapore 17 Oct 2018

AIG Asia Pacific Insurance Pte. Ltd.

Swift Link Insurance Agency - 502117

61 Ubi Avenue 2

#08-04A Automobile Megamart

Singapore 408898

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPOEC

0% 25% 50% 75% 100%

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SLA4718P	Vehicle Scheme:	Normal
Vehicle Type:	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover		
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	VEZEL 1.5X CVT
Chassis No.:	RU11111674	Engine No.:	L15B4031675
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1496 cc	Power Rating:	-
Maximum Power Output:	96.0 kW (128 bhp)		
Unladen Weight:	1190 kg	Maximum Laden Weight:	1465 kg
Primary Colour:	Black	Secondary Colour:	-
First Registration Date:	01 Mar 2016	Original Registration Date:	01 Mar 2016
Manufacturing Year:	2015	Open Market Value:	\$19,973.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$4,986.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$19,973.00 (100%)
Actual ARF Paid:	\$9,973.00		

Owner Particulars

Owner Name: TWINCAR LEASING PTE LTD

Owner ID Type: Company

Owner ID: 201533046C

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 2

Registered Street Name: KAKI BUKIT AVENUE 2

Registered Unit No.: # 01 - 17

Registered Building Name: KAKI BUKIT AUTOHUB

Registered Postal Code: 417921

COE No. / Expiry Date: 2016020101001455M / 28 Feb 2026

COE Bid Category: A - Car (up to 1600cc & 97kW (130bhp))

QP Paid: \$45,002.00

Transaction Details

Business Transaction Ref. No.: 20160301093235852663

Business Transaction Date: 01 Mar 2016

Business Transaction Time: 09:32:35

Message

