

NATIONAL Assessment Centre Services

(Unit 1 / 2000)

MAA418157085

Date In: 04/12/2018 18:27	Job description	Date & Time Completed	Done by
Ref No: NBA1818021846	SAS e-illing		
Veh No: SKW 3429E	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 03/12/2018 15:10	E-Motor Claim Form		
OD: TP Reporting Only	E-Motor W/O (within 100 hrs, TP 3hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI:	Tell:	Fax:
TP Particulars	Yeh No: SHC 4803K	INC () / Non-INC ()
Owner / Driver:	Tell:	
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:	Done & 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	Action

<p>NA1807918</p> <p>Human's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portions:</p> <p>C. Checked by (Engr-In-Charge):</p> <p>Remarks/Comments:</p> <p>G.I:</p> <p>L. 2/3:</p>	<p>Invoice Preparation Checklist:</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$50)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) RT: Follow-Through Survey (Resurvey) \$20</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: 12hr DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>9) NI: 12hr DA + SMRT Survey \$160</p> <p>10) NI: 12hr DA + SMRT Survey \$160</p> <p>11) NI: 12hr DA + SMRT Survey \$160</p> <p>12) NI: 12hr DA + SMRT Survey \$160</p> <p>13) NI: 12hr DA + SMRT Survey \$160</p> <p>14) NI: 12hr DA + SMRT Survey \$160</p> <p>15) NI: 12hr DA + SMRT Survey \$160</p> <p>16) NI: 12hr DA + SMRT Survey \$160</p> <p>17) NI: 12hr DA + SMRT Survey \$160</p> <p>18) NI: 12hr DA + SMRT Survey \$160</p> <p>19) NI: 12hr DA + SMRT Survey \$160</p> <p>20) NI: 12hr DA + SMRT Survey \$160</p> <p>21) NI: 12hr DA + SMRT Survey \$160</p> <p>22) NI: 12hr DA + SMRT Survey \$160</p> <p>23) NI: 12hr DA + SMRT Survey \$160</p> <p>24) NI: 12hr DA + SMRT Survey \$160</p> <p>25) NI: 12hr DA + SMRT Survey \$160</p> <p>26) NI: 12hr DA + SMRT Survey \$160</p> <p>27) NI: 12hr DA + SMRT Survey \$160</p> <p>28) NI: 12hr DA + SMRT Survey \$160</p> <p>29) NI: 12hr DA + SMRT Survey \$160</p> <p>30) NI: 12hr DA + SMRT Survey \$160</p> <p>31) NI: 12hr DA + SMRT Survey \$160</p> <p>32) NI: 12hr DA + SMRT Survey \$160</p> <p>33) NI: 12hr DA + SMRT Survey \$160</p> <p>34) NI: 12hr DA + SMRT Survey \$160</p> <p>35) NI: 12hr DA + SMRT Survey \$160</p> <p>36) NI: 12hr DA + SMRT Survey \$160</p> <p>37) NI: 12hr DA + SMRT Survey \$160</p> <p>38) NI: 12hr DA + SMRT Survey \$160</p> <p>39) NI: 12hr DA + SMRT Survey \$160</p> <p>40) NI: 12hr DA + SMRT Survey \$160</p> <p>41) NI: 12hr DA + SMRT Survey \$160</p> <p>42) NI: 12hr DA + SMRT Survey \$160</p> <p>43) NI: 12hr DA + SMRT Survey \$160</p> <p>44) NI: 12hr DA + SMRT Survey \$160</p> <p>45) NI: 12hr DA + SMRT Survey \$160</p> <p>46) NI: 12hr DA + SMRT Survey \$160</p> <p>47) NI: 12hr DA + SMRT Survey \$160</p> <p>48) NI: 12hr DA + SMRT Survey \$160</p> <p>49) NI: 12hr DA + SMRT Survey \$160</p> <p>50) NI: 12hr DA + SMRT Survey \$160</p> <p>51) NI: 12hr DA + SMRT Survey \$160</p> <p>52) NI: 12hr DA + SMRT Survey \$160</p> <p>53) NI: 12hr DA + SMRT Survey \$160</p> <p>54) NI: 12hr DA + SMRT Survey \$160</p> <p>55) NI: 12hr DA + SMRT Survey \$160</p> <p>56) NI: 12hr DA + SMRT Survey \$160</p> <p>57) NI: 12hr DA + SMRT Survey \$160</p> <p>58) NI: 12hr DA + SMRT Survey \$160</p> <p>59) NI: 12hr DA + SMRT Survey \$160</p> <p>60) NI: 12hr DA + SMRT Survey \$160</p> <p>61) NI: 12hr DA + SMRT Survey \$160</p> <p>62) NI: 12hr DA + SMRT Survey \$160</p> <p>63) NI: 12hr DA + SMRT Survey \$160</p> <p>64) NI: 12hr DA + SMRT Survey \$160</p> <p>65) NI: 12hr DA + SMRT Survey \$160</p> <p>66) NI: 12hr DA + SMRT Survey \$160</p> <p>67) NI: 12hr DA + SMRT Survey \$160</p> <p>68) NI: 12hr DA + SMRT Survey \$160</p> <p>69) NI: 12hr DA + SMRT Survey \$160</p> <p>70) NI: 12hr DA + SMRT Survey \$160</p> <p>71) NI: 12hr DA + SMRT Survey \$160</p> <p>72) NI: 12hr DA + SMRT Survey \$160</p> <p>73) NI: 12hr DA + SMRT Survey \$160</p> <p>74) NI: 12hr DA + SMRT Survey \$160</p> <p>75) NI: 12hr DA + SMRT Survey \$160</p> <p>76) NI: 12hr DA + SMRT Survey \$160</p> <p>77) NI: 12hr DA + SMRT Survey \$160</p> <p>78) NI: 12hr DA + SMRT Survey \$160</p> <p>79) NI: 12hr DA + SMRT Survey \$160</p> <p>80) NI: 12hr DA + SMRT Survey \$160</p> <p>81) NI: 12hr DA + SMRT Survey \$160</p> <p>82) NI: 12hr DA + SMRT Survey \$160</p> <p>83) NI: 12hr DA + SMRT Survey \$160</p> <p>84) NI: 12hr DA + SMRT Survey \$160</p> <p>85) NI: 12hr DA + SMRT Survey \$160</p> <p>86) NI: 12hr DA + SMRT Survey \$160</p> <p>87) NI: 12hr DA + SMRT Survey \$160</p> <p>88) NI: 12hr DA + SMRT Survey \$160</p> <p>89) NI: 12hr DA + SMRT Survey \$160</p> <p>90) NI: 12hr DA + SMRT Survey \$160</p> <p>91) NI: 12hr DA + SMRT Survey \$160</p> <p>92) NI: 12hr DA + SMRT Survey \$160</p> <p>93) NI: 12hr DA + SMRT Survey \$160</p> <p>94) NI: 12hr DA + SMRT Survey \$160</p> <p>95) NI: 12hr DA + SMRT Survey \$160</p> <p>96) NI: 12hr DA + SMRT Survey \$160</p> <p>97) NI: 12hr DA + SMRT Survey \$160</p> <p>98) NI: 12hr DA + SMRT Survey \$160</p> <p>99) NI: 12hr DA + SMRT Survey \$160</p> <p>100) NI: 12hr DA + SMRT Survey \$160</p>
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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	04/12/2018 18:27
Date Of Accident	03/12/2018 12:10
Exact Location Of Accident	ALONG NEWTON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW3829E
Insured/Policyholder	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85715594
Alternative Phone No	OFFICE-85715594

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	THIRD PARTY
Fleet Policy	NO
Policy Number	999994656
Cover Note Number	

Driver

Name of Driver	LIM SOON HOCK
NRIC No	S1707163G
Date Of Birth	06/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	19/03/1984
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85715594
Fax Number	
Contact Number	OTHERS-85715594
Email Address	NOEMAIL

Address	BLK 521 BEDOK NORTH AVENUE 1 #09-280
Postcode	460521
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	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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER 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

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	SHC4803K
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)

DETAILS OF INJURED PERSON 1

Name	LIM SOON HOCK
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SKW3829E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

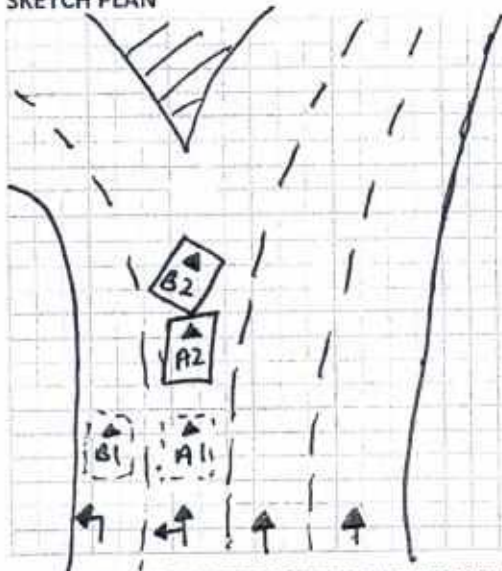


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Newton Circus
Vehicle A: SKW 3829E
Vehicle B: SHC 4803K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time Vehicle B abruptly cut into my lane and jam brake. I couldn't react in time and both our vehicle collided.

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

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 3/12/2018 (dd/mm/yy) Time of Accident: 12:10 (24-HR-FORMAT)
Vehicle No.: SKW 3829 E Vehicle Make & Model: Honda Stream
Exact location of Accident: Newton Circus
Policyholder's Name / IC No.: Asset Limo 53309913K
Driver's Name / IC No.: Lim Soon Hock S1707163G (As Above) ☐
Driver's Contact No.: 8571 5594 Company Contact No.: _____
Driver's Address: 18 Sin Ming Lane #06-31 Midview City Singapore 573960
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?

Occupation (nature of job) ☐ Indoor/ ☒ Outdoor

☐ Private use / ☒ Work purpose

No. of Passengers (Including Driver): 03

Passenger Name: Grab Passenger X 2

Gender: Female

Passenger Name: _____

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: Lim Soon Hock

Injuries Sustain: Back & Neck Injured Person in Which Vehicle: SKW 3829 E

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

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SHC 4803 K

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
IDENTITY CARD NO: S1707163G





Name
LIM SOON HOCK
林顺福

Race
CHINESE

Date of Birth
06-05-1965

Sex
M

Country of Birth
SINGAPORE

163



LIM SOON HOCK

Birth Date 06 May 1965
Issue Date 06 Mar 2003



000265864E

0 1 3 4 8 5 4



NRIC No: S1707163G



Blood Group A+ Date of Issue 21-10-1991

APT BLK 521 BEDOK NORTH AVENUE 1 #09-280
SINGAPORE 460521


NRIC No: S1707163G Date: 18/01/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/E

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	11 Jan 1986
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Mar 1984

NP 428A

Licence No: S1707163G





HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MZ400

THIRD PARTY		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.		SKW3829E		POLICY EXCESS	S\$1500.00 (Sect II)
POLICY NO.		999994656		WINDSCREEN EXCESS	NA
1) VEHICLE REGISTRATION NO.				SUM INSURED	NA
2) NAME OF INSURED				INSURING WITH COE/PARF	NA
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT				SKW3829E	
4) DATE OF EXPIRY OF INSURANCE				ASSET LIMO	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*				25 May 2018	
				09 March 2019	
<p>Any person who is driving on the insured's order or with their permission.</p> <p>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.</p> <p>The policy does not cover drivers who are below 22 years old with less than 2 year driving experience.</p> <p>Intended usage is for limousine/ rental purposes.</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.					
<p>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.</p>					
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 169) and Section 96 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 25 May 2018

AIG Asia Pacific Insurance Pte. Ltd.

503052-000
HUND
55 Lorong L Telok Kurau
#02-59 Bright Centre
Singapore 425500

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL