

NATIONAL Assessment Centre Services

[Ver: Jan 2005]

Date In: 15/12/2018 13:57	Job description	Date & Time Completed	Done by
Ref No: NA/180 22546 /K4	SAS e-filing		
Veh No: S9C6666R	E-mail (within 8hrs, AIC 2hrs)		
DOA: 14/12/2018 21:35	i-Motor Claim Form		
OD: 1P 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: ()

Tel: ()

Fax: ()

P Particulars:	Veh No: SJP 4189K	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: (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] ()		

Date/Time	Actions

NA1808377

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (w/c 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac 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	15/12/2018 13:57
Date Of Accident	14/12/2018 21:35
Exact Location Of Accident	JOHOR BAHRU CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC6666R
Insured/Policyholder	
Name Of Registered Owner	LIM LAY HONG
NRIC No	S1728752D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96370335
Alternative Phone No	OTHERS-96370335

Vehicle Particulars

Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D
Exact Purpose for which vehicle was being used at time of accident	GOING JB
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	SGC6666R
Cover Note Number	

Driver

Name of Driver	LIM ENG CHUAN
NRIC No	S6927408J
Date Of Birth	03/08/1969
Occupation	OUTDOOR
Date Of Driving Pass	12/11/1986
Driving Experience	32 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97976666
Fax Number	
Contact Number	OTHERS-97976666
EMail Address	NOEMAIL

Address	BLK 811A CHOA CHU KANG AVENUE 7 #03-661
Postcode	681811
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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

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	SJP4189K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

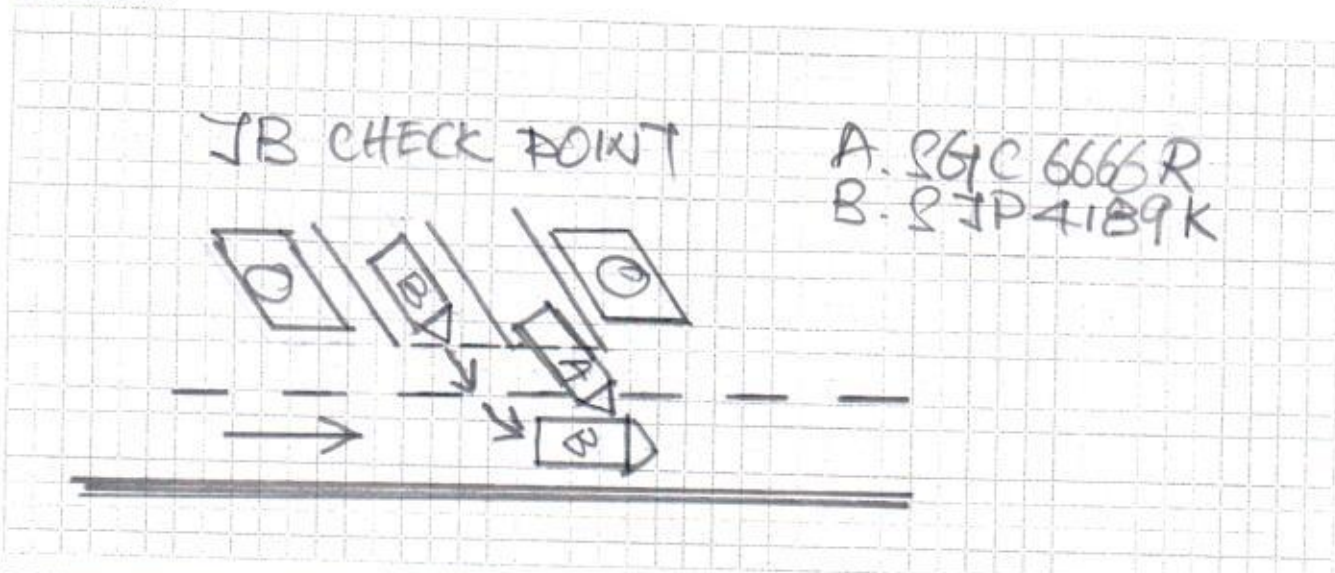
Policyholder's Signature
Date & Time:


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


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

15/12/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 15/12/2018 2:35pm I STOPPED MY CAR SGIC6666R AT THE JB CUSTOM FOR PASSPORT CLEARANCE AFTER SENDING MY PASSPORT I DROVE MY CAR FORWARD A BIT AND STOPPED THERE WAITING FOR MY TIME TO EXIT TO THE MAIN DRIVEWAY WHILE WAITING, MOTOR CAR SJP4189K ON MY RIGHT SIDE MADE A LEFT TURN AND COLLIDED INTO THE RIGHT FRONT SIDE OF MY STATIONERY VEH THAT'S ALL.

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.:

15/12/2018



HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: SG1E 6666 R MAKE/MODEL: BMW 523i

DATE OF ACCIDENT 14/12/2018 TIME 21 HR 35 MIN AM PM

LOCATION OF ACCIDENT JB CHECK POINT

EXACT PURPOSE USE DURING ACCIDENT GOING JB.

CAR OWNER

NAME OF CAR OWNER LIM LAY HONG
 CONTACT NO 96370335
 NRIC S1728752D
 CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY
 INSURANCE COMPANY AIG
 TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT
 POLICY NO _____

ACCIDENT DRIVER

NAME OF DRIVER LIM EUG CHUAN ☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW
 NRIC S69274087 NO OF PASSENGER/S ☐
 DATE OF BIRTH 03-08-1969
 OCCUPATION 12, NOV 1986 ☒ OUTDOOR ☐ INDOOR
 DATE OF DRIVING PASS 12, NOV 1986
 GENDER ☒ MALE ☐ FEMALE
 CONTACT NO 97976666
 ADDRESS BCK 811A CHOA CHU KANG AVE 7 #03-661 (3) 681811

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO _____

RELATIONSHIP EMPLOYEE/ IF NOT: SISTER.
 WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: _____
 ROAD SURFACE ☒ DRY ☐ WET OTHER: _____

ANY INJURIES NO/ IF YES- NAME: _____
 CONTACT NO _____
 POLICE REPORT NO/ IF YES- LOCATION: _____
 VIDEO FOOTAGE NO/ YES _____

3RD PARTY INFO

VEHICLE B NO STP4189K NO OF PASSENGER/S ☐
 NAME _____
 CONTACT NO _____
 VEHICLE C NO _____ NO OF PASSENGER/S ☐
 VEHICLE D NO _____ NO OF PASSENGER/S ☐
 VEHICLE E NO _____ NO OF PASSENGER/S ☐
 VEHICLE F NO _____ NO OF PASSENGER/S ☐
 ANY WITNESS _____
 WITNESS CONTACT NO _____

hupsoon 23@yahoo.com
 workshop: Hup Soon.

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S6927408J

NAME
LIM ENG CHUAN

Birth Date: 03 Aug 1969
Issue Date: 18 Sep 2003

1006845235D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6927408J



NAME
LIM ENG CHUAN

林榮全

Race
CHINESE

Date of birth
03-08-1969

Country of birth
SINGAPORE

Sex
M

S6927408J

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

Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
12 Nov 1986

NP 429A

License No: S6927408J

4733317

S6927408J

NRIC No. S6927408J

Date of issue
14-06-2011

APT BLK 811A CHOA CHU KANG AVENUE 7 #03-661
SINGAPORE 681811

NRIC No. S6927408J Date 05/01/2017



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

(The below excess is subject to GST)

COMPREHENSIVE COMMERCIAL MOTOR
CERTIFICATE NO. SGC6666R

POLICY EXCESS S\$2000.00 (I)
WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value
INSURING WITH COE/PARF Yes
SGC6666R
LIM LAY HONG

- 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*

09 February 2018
8 February 2019

Any person who is named as a "named driver" under this Policy.
Excess section II \$1500.00

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 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 05 Mar 2018

AIG Asia Pacific Insurance Pte. Ltd.

503052-000
HUND

M. Mile