

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

NA/1900/234

Date In: 03/01/2008 16:38	Job description	Date & Time Completed	Done by
Ref No: NBAR/19000156/4	SAS e-filing		
Veh No: SGG 9988L	E-mail (to/for this, AIC this)		
D.O.A: 28/1/2008 13:20	I-Motor Claim Form		
OID: 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: (Tel:	Fax:
TP Particulars:	Veh No: SKT 5310L	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:	Completed by:	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:

NA/1900071	Invoice No: NA/1900071	Invoice Date:	Invoice Total:
Claimant Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey	\$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30	
Auditor's Comments:	For claiming against INC Only (ver 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:-		
	OP:		
	*N5: Courtesy Car / Tpl Allowance	\$3	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$75	
	*N8: DV / Collect Excess Coordination	\$3	
	TP (Nil) / 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	03/01/2019 16:38
Date Of Accident	28/12/2018 13:20
Exact Location Of Accident	JUNCTION OF BUANGKOK DRIVE AND HOUGANG AVENUE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG9948L
Insured/Policyholder	
Name Of Registered Owner	MARIC MARKETING PTE LTD
Co Reg No	201620700D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90090298
Alternative Phone No	OFFICE-90090298

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	REPORTING ONLY
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	999994660
Cover Note Number	

Driver

Name of Driver	WONG DER YEN
NRIC No	S1389978I
Date Of Birth	17/01/1959
Occupation	OUTDOOR
Date Of Driving Pass	26/10/1977
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90090298
Fax Number	
Contact Number	OTHERS-90090298
Email Address	NOEMAIL

Address	BLK 880 YISHUN STREET 81 #06-261
Postcode	760880
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181229/2057

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	SKT5310L
Vehicle Make/Model/Colour	HONDA
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)

DETAILS OF INJURED PERSON 1

Name WONG DER YEN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SGG9948L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

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)**

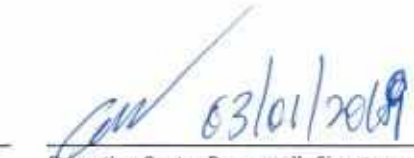
I understand, acknowledge, agree and consent that:

- (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.

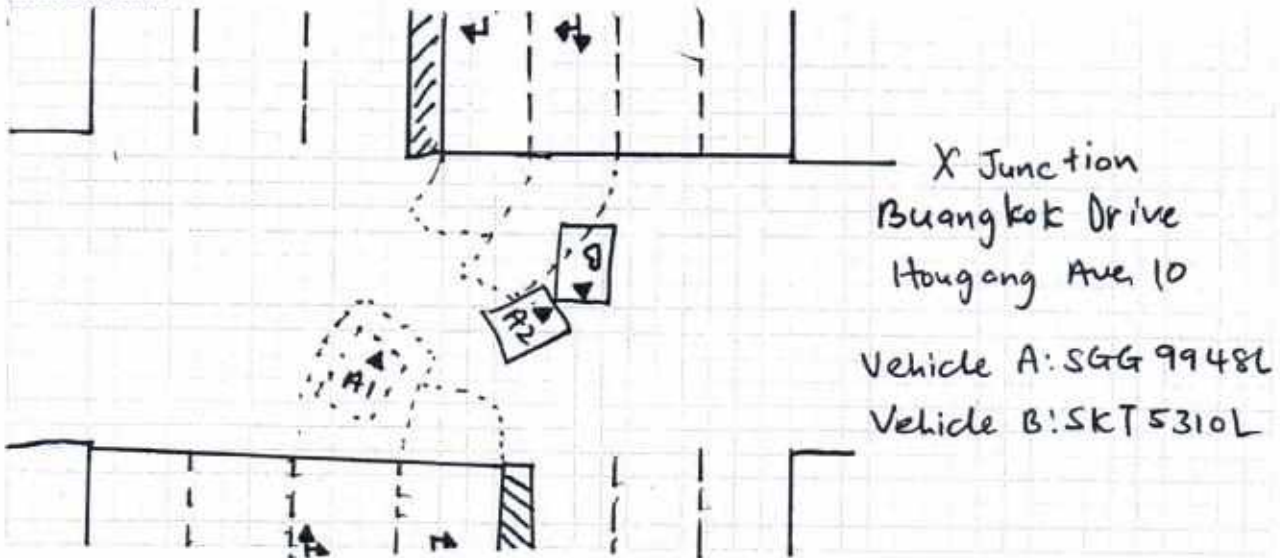
Maric Marketing Pte Ltd
Co Reg. No 201620700D
9 Tagore Lane #03-04
Singapore 787472

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

Refer to police report T/20181229/2057

DECLARATION

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

Maric Marketing Pte Ltd

Co Reg No 201620700D

9 Tagore Lane #03-04

Singapore 787472

Date & Time:

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

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

03/01/2019

Rafael Watanabe



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20181229/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/12/2018 13:01		Vide Report No.: F/20181228/0114		Station Diary No.: 79	
Informant's Particulars					
Name of Informant: WONG DER YEN			Address: APT BLK 880 YISHUN STREET 81 #06-261 SINGAPORE 760880		
ID Type / ID No.: NRIC NO / S13899781			Contact No.: Home/Office: Mobile: 90090298		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 17/01/1959	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/12/2018 13:20	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUANGKOK DRIVE HOUGANG AVENUE 10 AT JUNCTION OF BUANGKOK DRIVE AND HOUGANG AVE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Faulty		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGG9948L	Car				Seriously Damaged	1
SKT5310L	Car				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20181229/2057

CONTINUATION OF REPORT

Driver				
Name	WONG DER YEN		ID No.	S1389978I
Related Vehicle	SGG9948L (Car)		Contact No.	90090298
Hospital/Clinic	SENGKANG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	28/12/2018		Date Discharge	29/12/2018
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 28/12/2018 at 1320hrs, I was driving my rental Grab car, silver Toyota Corolla, SGG9948L, along Buangkok Drive. I have one female Chinese passenger in her 20s, seated at the rear of my car. The weather was clear and the road surface was dry. The traffic was moderate. Whilst turning right at the junction to Hougang Ave 10, a silver light bronze Honda, SKT5310L, driving at opposite direction, hit into the front of my car and damaging the front right of his own car. I have no in-car camera installed in my car. After the accident, I felt pain on my left chest region and my passenger was also slightly hurt. I am unsure of her injury. The other driver was a male Chinese in her 20s. I do not have any particulars of him and also did not know how his injury was. I was shock after the accident occurred and I felt confused

There were road-users assisting us to call for ambulance and police. I was still conscious during the accident and was conveyed to Seng Kang General Hospital by ambulance. My friend assisted me to hand over a traffic police case card to me. The reference incident number was F/20181228/0114, under TP IO Syed Tel: 65476090. I rejected MCs given by the doctor which was 4 days. I do not need the MCs as I am self-employed.



SINGAPORE
POLICE FORCE



T/20181229/2057

3 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20181229/2057

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

L /

Staff Sgt FRANCIS PEH JIAN HAO

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

29/12/2018 13:01

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

Classification Of Case:

BN 085

Authentication Stamp

NP168

Signature:

Singapore Police Force

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 28/12/18 (dd/mm/yy) Time of Accident: 13 : 20 (24-HR-FORMAT)

Vehicle No.: SGG 9948L Vehicle Make & Model: Toyota Altis

Exact location of Accident: X Junction of Buangkok Drive & Hougang Ave 10

Policyholder's Name / IC No.: MARIC MARKETING PTE. LTD. 201620700D

Driver's Name / IC No.: Wong Der Yen / S1389978I (As Above) ☐

Driver's Contact No.: 9009 0298 Company Contact No: _____

Driver's Address: 9 TAGORE LANE #03-04 9 @ TAGORE 787472

Insurance Company: AIU Email address (if any): _____

Relationship between Owner & Driver: Hire 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): 02

Passenger Name: Grab Passenger

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: Wong Der Yen

Injuries Sustain: left chest pain Injured Person in Which Vehicle: SGG 9948L

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Yishun North NPC

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SKT 5310L

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

NRIC No. S13899781

WONG DER YEN

NRIC Class: 17 Jan 1959
Issue Date: 06 Mar 2013

0021568378

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S13899781

Name
WONG DER YEN

王德源

Race
CHINESE

Date of birth
17-01-1959

Sex
M

Country of birth
SINGAPORE

S13899781

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

Class	Vehicle Class	Effective Date
Class 2B	Motorcycles <= 200 cc	30 Sep 1982
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	26 Oct 1977

NP 428A

Licence No: S13899781

4880554

NRIC No. S13899781

Date of issue
22-12-2010

Address
**APT BLK 880 YISHUN STREET 61
#06-261
SINGAPORE 760880**



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, 1967 (MALAYSIA)

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

M 2 400

COMPREHENSIVE
CERTIFICATE NO.
POLICY NO.COMMERCIAL MOTOR
SGG9948L
999994660(The below excess is subject to GST)
POLICY EXCESS S\$1000.00 (Sect I)
WINDSCREEN EXCESS S\$100.00SUM INSURED MARKET VALUE
INSURING WITH COE/PARF YES
SGG9948L
MARIC MARKETING PTE LTD

- 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*

17 May 2018
24 April 2019

Any person who is driving on the Insured's order or with their permission

S\$1,000.00 Section I Excess and S\$1,000.00 Section II Excess is applicable for driver who is above 22 years old with minimum 2 years driving experience

S\$2,000.00 Section I Excess and S\$2,000.00 Section II Excess is applicable for drivers who is 21 years old with minimum 1 year driving experience.

The policy does not cover drivers who are below 21 years old or less than 1 year driving experience.

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 livery, 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 Tai Thong lee Trading Pte Ltd

*Limitations rendered inoperative by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1967 (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, 1967 (Malaysia).

Issued in Singapore 20 Dec 2018

AIG Asia Pacific Insurance Pte. Ltd.

500656-000
Cowell Insurance (Agency) Pte. Ltd.
8 Burn Road
#05-09 Trivex
Singapore 369977

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL