

NATIONAL Assessment Centre Services

[wef 1 Jan 05] **NA19001482**

Date In: 4/1/19-11:24	Job description	Date & Time Completed	Done by
Ref No: NA/A1619000238/24	SAS e-filing		
Veh No: 6D684594	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/1/19-06:20	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 6D684594	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

NA1900138	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	04/01/2019 11:24
Date Of Accident	04/01/2019 06:20
Exact Location Of Accident	YISHUN AVE 1 TWDS SELETAR WEST LINK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG8459Y
Insured/Policyholder	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	200806860W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96355542
Alternative Phone No	OFFICE-96355542
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994636/100867874-00052
Cover Note Number	
Driver	
Name of Driver	TOH SIONG LIM
NRIC No	S1171773Z
Date Of Birth	30/01/1957
Occupation	INDOOR
Date Of Driving Pass	20/11/1974
Driving Experience	44 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96627115
Fax Number	
Contact Number	OFFICE-96627115
EMail Address	NOEMAIL

Address	BLK 237 YISHUN RING ROAD #09-1038
Postcode	760237
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190104/2031.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD6586S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

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.

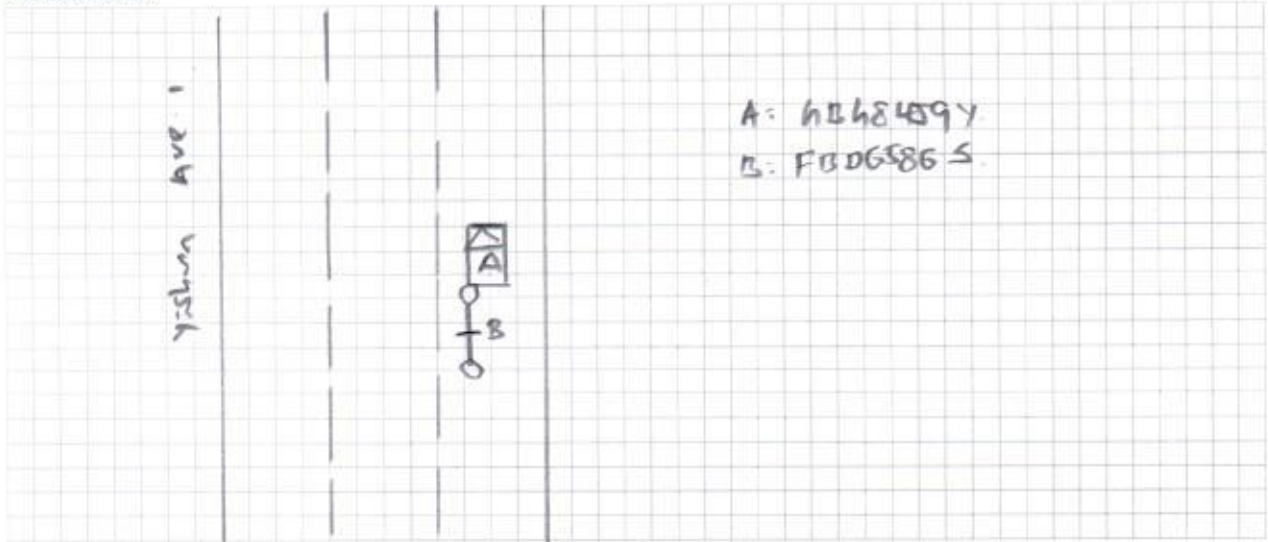


Policyholder's Signature
Date & Time:

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

Refer to police report - 1/20190104/2031.

DECLARATION

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

Policyholder's Signature
Date & Time:



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

Signature

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

Signature



SINGAPORE POLICE FORCE



T/20190104/2031

1 of 3

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20190104/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2019 10:44		Vide Report No.: F/20190104/0041		Station Diary No.: 67	
Informant's Particulars					
Name of Informant: TOH SIONG LIM			Address: APT BLK 237 YISHUN RING ROAD #09-1038 SINGAPORE 760237		
ID Type / ID No.: NRIC NO / S1171773Z			Contact No.: Home/Office: Mobile: 96627115		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 30/01/1957	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Cleaning supervisor		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/01/2019 06:20	Type of Location: Straight Road
Location: Along Road 1 YISHUN AVENUE 1				
Toward Seletar West Link				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD6586S	Motorcycle	HONDA		Black		1
GBG8459Y	Van	TOYOTA		White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBG8459Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	999994636/100867 874-00052	21/11/2018	11/04/2019



SINGAPORE POLICE FORCE



T/20190104/2031

2 of 3

Report No. T/20190104/2031

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH SIONG LIM	ID No.	S1171773Z
Related Vehicle	GBG8459Y (Van)	Contact No.	96627115
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/01/2019 at about 0620hrs, I was driving my white colour, Toyota van GBG8459Y along extreme right lane of Yishun Ave 1 toward Seletar west Link. I stopped my van due to the vehicle which is front of me had stop because of the red traffic light. Subsequently the vehicle in front of my van had move off as such I start to move. Suddenly I heard a bang sound from the rear as such I stop the van. I check my left side mirror and I saw a motorist, his pillion and motorbike FBD6586S had fall on the road. I then reverse my van about 5-10m. I ask the rider whether he need a ambulance and he told me that he required a ambulance. I then called for police. I wish to state that I didn't suffer from any injuries. However my van left rear light was cracked and there is a dent near the left rear tyres. The traffic police came down to the scene and give me the incident number as F/20190104/0041. The ambulance conveyed the rider and pillion to hospital.



**SINGAPORE
POLICE FORCE**



T/20190104/2031

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20190104/2031

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:

G /


Sr Staff Sgt SIM HUA KAO

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No.: 

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

04/01/2019 10:44

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of TOH SIONG LIM

Licence Number: **S1171773Z**

Name: **TOH SIONG LIM**

Birth Date: **30 Jan 1957**

Issue Date: **16 Sep 2003**

Barcode: 000799838D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1171773Z

Portrait of TOH SIONG LIM

Name: **TOH SIONG LIM**

卓松林

Race: **CHINESE**

Date of Birth: **30-01-1957**

Sex: **M**

Country of Birth: **SINGAPORE**

Coat of Arms of Singapore

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	14 Jul 1977
Class 2A	Motorcycles between 201 cc and 400 cc	14 Jul 1977
Class 2	Motorcycles exceeding 400 cc	14 Jul 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 Nov 1974
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	17 May 1978
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	09 Apr 1979

Licence No: **S1171773Z**

NP 428A

2321277

Barcode

Portrait of TOH SIONG LIM

NRIC No: **S1171773Z**

96627115

Blood Group: **A+**

Date of issue: **28-08-1994**

APT BLK 237 YISHUN RING ROAD #09-1038

SINGAPORE 760237

NRIC No: **S1171773Z**

Date: **27-10-2005**

No: **5312579**



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

OWN DAMAGE EXCESS S\$1,500.00 (1)

WINDSCREEN EXCES S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF YES

CERTIFICATE NO. 999994636/100867874-00052

1) VEHICLE REGISTRATION NO.

GBG8459Y

2) NAME OF INSURED

KST Auto Rental Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 21 Nov 2018

4) DATE OF EXPIRY OF INSURANCE 11 Apr 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

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

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 *

Use for the carriage of passengers or goods in connection with the Insured's business.

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover

1) Use for 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 the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

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 1 Nov 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

155005-000

KOH TONG POH

AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120 SP-LLL

Authorised Representative

ORIGINAL

SSCFKJ