

NATIONAL Assessment Centre Services.

(wef 1 Jan 05)

MA19007766

Date In: 12/1/19-10:47	Job description	Date & Time Completed	Done by
Ref No: NA/16/19001113/24	SAS e-filing		
Veh No: ACC 70667	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 16/1/19-14:00	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: JHD 4461K	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

NA1900429	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) 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) FT : 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*		
	*N5: Courtesy Car / Tpl 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 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments :-			
Lat. 1:			
Lat. 2 / 3:			

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	17/01/2019 10:47
Date Of Accident	16/01/2019 14:00
Exact Location Of Accident	ORCHARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC7066T
Insured/Policyholder	
Name Of Registered Owner	PHILIPPINE AIR LINES, INC
Co Reg No	S70FC1978G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	2100273928-07
Cover Note Number	

Driver

Name of Driver	KELVIN POH LYE SENG
NRIC No	S0219072I
Date Of Birth	07/09/1954
Occupation	INDOOR
Date Of Driving Pass	10/12/1996
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96233817
Fax Number	
Contact Number	OFFICE-96233817
Email Address	NOEMAIL

Address	11 RAMBAI ROAD #02-08
Postcode	424331
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	SHD4461K
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN KIM SOON KELVIN
NRIC/Passport Number	S7514494F
Contact Number	94246421
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

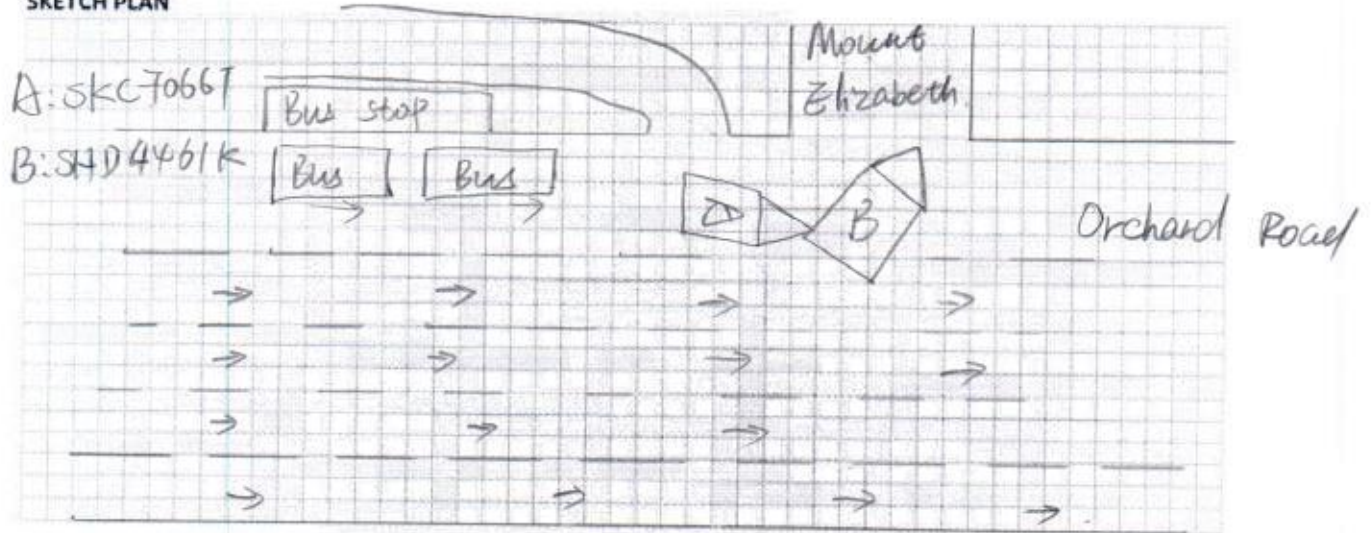
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

At approximate 2pm 16 Jan 2019
I drove out from Lucky Plaza Shopping Mall to Orchard Road
I did not see the taxi from the 2nd lane that is driving to Mount Elizabeth Road
(The 1st lane of Orchard Road is a Bus)

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.:

PHILIPPINE AIRLINES SINGAPORE

17 Jan 2019



SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 16 January 1997 Time 1900 Hrs
 Exact Location Of Accident * Orchard Road

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SKA 7066 T

Insured Partyholder

Name of Registered Owner * Philippine Airlines Inc

NRIC/FIN/Passport Number * FC19786

Vehicle Particulars

Manufacturer Nissan Sylphy

Model Sylphy

Exact Purpose for which vehicle was being used at time of accident
 * Private use ☐ Commercial use ☒ Hire & reward ☐
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?
 * Yes ☐ No ☒ Others ☐

If No, please state action to be taken
 * Third Party Claim ☐ Reporting Only ☒

Vehicle Category
 * Private ☐ Commercial ☒ Motorcycle ☐

Insurance Company

Name of Insurance Company * AIG

Type of Coverage *

Fleet Policy Yes ☐ No ☐

Policy Number * 2100273928-07

Cover Note Number

Driver

Name of Driver * Kelvin Poh Lye Seng

NRIC/FIN/Passport Number * S02190729

Date of Birth * 07 Sept 1954

Occupation * Branch Manager

Date of Driving Pass * 10 Dec 1996

Gender * Male ☒ Female ☐

Mobile Number * 96233817

Address * 11 Raffles Road #02-08 (424331)

Email Address * prsinarpt@pacific.net.sg

Was driver an employee of the Insured's Company?

* Yes ☒ No ☐

If no, Relationship of the Driver with the Insured

* Airline Manager

SAS 1

Driver only.

Vehicle Registration Number of Driver's Own Vehicle (if applicable)	<input type="text"/>
Insurance Company of Driver's Own Vehicle (if applicable)	<input type="text"/>
General Information of the Accident	
Type of Accident	* <u>Front to rear</u>
Weather Conditions	* Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="text"/>
Road Surface	* Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others <input type="text"/>
Other Information	
Was any body injured in the Accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was any other material or property damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Details of Injured Person	
Name	* <input type="text"/>
Address	<input type="text"/>
Approximate Age	* <input type="text"/>
Injuries Sustained	* <input type="text"/>
If vehicle Occupants, state in which vehicle?	<input type="text"/>
Were seat belts worn?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of Police Action	
Was the Accident reported to the Police?	* Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please state which Police Station	<input type="text"/>
Was notice of intended Prosecution given?	* Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, against whom?	<input type="text"/>
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)	
Vehicle Registration Number	* <u>SHD 4461 K</u>
Vehicle Make / Model / Colour	<u>Hyundai</u>
Detail Of Properties	<input type="text"/>
Name of Driver	* <u>Tan Kim Soon Kelvin</u>
NRIC/Passport Number	<u>S 7514494</u>
Contact Number	* <u>94246421</u>
Email Address	<input type="text"/>
Address	<input type="text"/>
Insurance Company Name	<input type="text"/>
Nature of Damage	<input type="text"/>
Details Of Witness	
Name	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S02190721



Name

KELVIN POH LYE SENG

Race

CHINESE

Date of birth

07-09-1954

Country/Place of birth
SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

S02190721



KELVIN POH LYE SENG

07 Sep 1954

03 Dec 2013



6039297



NRIC No. S02190721



Date of issue

08-10-2018

Address

11 RAMBAI ROAD
#02-08
SINGAPORE 421331

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

10 Dec 1996

NP 428A



Licence No: S02190721



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Philippine Air Lines, Inc.
Period of Insurance : 23 Sep 2018 To 22 Sep 2019
Engine No. : HR15007336C
Chassis No. : JN1BAAG11Z0111448

Vehicle No. : SKC7066T
Policy No. : 2100273928-07
Endorsement No. :
Issued Date : 18 Sep 2018

ABOUT THE COVER

Make/Model : NISSAN SYLPHY 1.5
Engine Capacity/Tonnage : 1,498.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2011
Insuring with COE/PAF : Yes

Any person who is driving on the Policyholder's order or with their permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition
Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212
2. Autolub Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
3. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513
4. Tan Chong Motor Sales Add: 813 Bukit Timah Road Singapore 589623 64694091 64694092 64694093
5. Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610426

TAN CHONG CREDIT PTE LTD-YKM
911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 589622 ANSP-MOTOR
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE
GaiK Chai Sylvia Lim