

NATIONAL Assessment Centre Services

Wef 1 Jan'05 **NA119 010198**

Date In: 21/1/19-19:35	Job description	Date & Time Completed	Done by
Ref No: NA119001321/24	SAS e-filing		
Vch No: JA 3677	E-mail (within 5hrs, AIC 2hrs)		
D.O.A. 19/1/19-15:35	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Vch No: JTE 675	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

NA11900598	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		Int Bill	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:-		
	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 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments :-			
Dat. 1:			
Dat. 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	21/01/2019 19:35
Date Of Accident	19/01/2019 15:35
Exact Location Of Accident	BT INDAH HWY TWDS PERSIARAN INDAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA367T
Insured/Policyholder	
Name Of Registered Owner	LEAP TYRE
Co Reg No	53329757E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96875411
Alternative Phone No	OFFICE-96875411
Vehicle Particulars	
Manufacturer	MINI
Model	JOHN COOPER WORKS HB 1.6 AT SR HID ABS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	1800061644
Cover Note Number	

Driver

Name of Driver	YEO CHERN SHIN (YANG ZHENGXING)
NRIC No	S8810451Z
Date Of Birth	27/03/1988
Occupation	INDOOR
Date Of Driving Pass	28/12/2006
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96875411
Fax Number	
Contact Number	OFFICE-96875411
EMail Address	NOEMAIL

Address	BLK 386 TAMPINES STREET 32 #06-101
Postcode	520386
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?	YES
Foreign Vehicle Registration Number	JTE675 (PRIVATE CAR)
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	TRAFIK ISKANDAR PUTERI
Police Station Address	ROAD: TRAFIK ISKANDAR PUTERI , POSTCODE: 00000 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO:
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	JTE675
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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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.



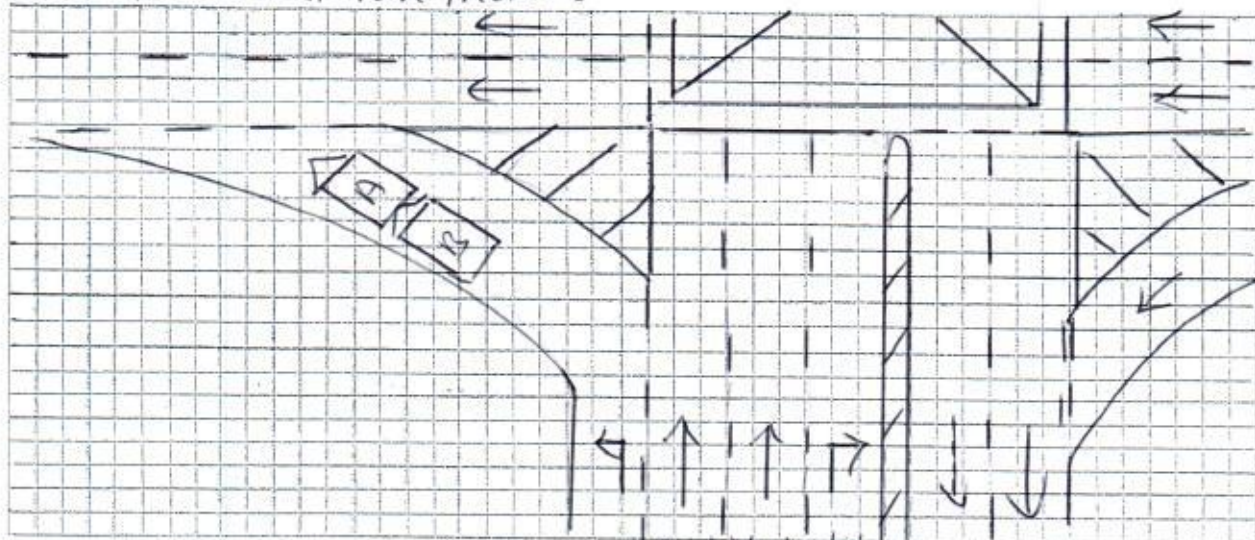
Policyholder's
Date & Time:

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

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

SKETCH PLAN

Persiaran Indah



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Bukit Indah Highway

On 19/01/2019 at about 1534 hrs at slip road from Bukit Indah Highway towards Persiaran Indah, I was travelling on the above mentioned slip road and came to a stop while giving way to the main traffic along Persiaran Indah. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle.

(A) SJA 364 T

(B) JTE 675

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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.:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 19/01/2019 Time: 1534 hrs (hh:mm) 24 hr format		
Location Bt Indah Highway towards Persiaran Indah		
Vehicle Number SJA367T		
Insured Name LEAP Tyre		
NRIC / FIN UEN: 53329757E	Contact Number 9687 5411	
Make MINI	Model John COOPER WORKS HB1.6 A7	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (/) Third Party () Reporting		
Insurance Company AIG		
Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number		
Name of Driver YEO Chern Shin () Same as Insured		
NRIC / FIN S8810451Z	Contact Number 9687 5411	
Date of Birth 27/03/1988		
Driving Pass Date 28/12/2006		
Occupation (/) Indoor () Outdoor		
Gender (/) Male () Female		
Email Address (-) NO EMAIL		
Address of Driver Blk 386 Tampines Street 32		
#06-101 S(520386)		
Was driver an employee of the Insured's Company? (/) Yes () No		
If No, Relationship of the Driver with the Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (/) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (/) Clear () Raining () Others		
Road Surface (/) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? (/) Yes () No		
Was anybody injured in the accident? () Yes (/) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (/) No		
Was the Accident reported to the Police? (/) Yes () No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B	JTE675	
Veh C		
Veh D		
Veh E		
Veh F		

1 Driver only

CA/

**POLIS DIRAJA MALAYSIA**
REPOT POLIS

Balai : TRAFIK ISKANDAR PUTERI
Daerah : ISKANDAR PUTERI
Kontinjen : JOHOR
No Repot : TRAFIK IPUTERI/000740/19
Tarikh : 19/01/2019
Waktu : 1738 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R175641
No Repot Bersangkut : TRAFIK
IPUTERI/000739/19

Butir-butir Penerima Repot

Nama : ROSMAWATI BT SAMSUDDIN

No Personel : R164771

Pangkat : KPL

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : ---

Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu

Nama : YEO CHERN SHIN (YANG ZHENGXING)

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : S8810451Z

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 27/03/1988

Umur : 30 tahun 9 bulan

Keturunan : Cina

Warganegara : Singapore

Pekerjaan : SWASTA

Alamat Tempat Tinggal : BLK 386 TAMPINES ST 32, #06-101 SINGAPORE, 520386

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 6596875411

Emel : ---

Pengadu Menyatakan:-

PADA 19/01/2019 JAM LEBIH KURANG 1534 PETANG, SAYA MEMANDU MOTOKAR NOMBOR SJA367T DARI DANGA UTAMA MENUJU KE SINGAPURA. PADA KETIKA ITU, APABILA SAYA SAMPAI DI JALAN PERSIARAN INDAH TAMAN BUKIT INDAH, SAYA MEMPERLAHANKAN KENDERAAN SAYA. PADA MASA YANG SAMA, TIBA-TIBA SEBUAH MOTOKAR NOMBOR JTE675 YANG DATANG DARI ARAH BELAKANG TELAH MELANGGAR BELAKANG KENDERAAN SAYA. DALAM KEJADIAN ITU, SAYA TIDAK MENGALAMI APA-APA KECEDERAAN. KEROSAKAN MOTOKAR SAYA IALAH PADA BAHAGIAN BELAKANG, BUMPER, SENSOR, EKZOS, LAMPU KIRI DAN LAIN-LAIN KEROSAKAN SAYA BELUM PASTI LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R164771 | 19/01/2019 05:59:14 PM

Driver
SJA3677

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8810451Z



Name

YEO CHERN SHIN
(YANG ZHENGXING)

楊正星

Race

CHINESE

Date of birth

27-03-1988

Sex

M

S8810451Z

Country/Place of birth

SINGAPORE



6031734



NRIC No. S8810451Z



Date of issue

26-09-2018

Address

APT BLK 386 TAMPINES STREET 32
#06-101
SINGAPORE 520386

Driver

SJA3677

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8810451Z**
Name: **YEO CHERN SHIN**
(YANG ZHENGXING)

Birth Date: **27 Mar 1988**
Issue Date: **28 Dec 2006**



001468548K

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 28 Dec 2006

NP 428A



Licence No: S8810451Z



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : LEAP TYRE
Period of Insurance : 02 Jun 2018 To 01 Jun 2019
Engine No. : A922J337N16B16C
Chassis No. : WMWSU92040T627536

Vehicle No. : SJA367T
Policy No. : 1800061644
Endorsement No. : 000000000206922
Issued Date : 11 Jun 2018

ABOUT THE COVER

Make/Model : MINI JOHN COOPER WORKS 1.6 [Sedan]
Engine Capacity/Tonnage : 1,598.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2013
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

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" ("YIDER") 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 1800cc - 2000cc Optional

* 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 - \$1000 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

YEO CHERN SHIN (YANG ZHENGXING) - \$1000 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For 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: HONG LEONG FINANCE LTD

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).

0503811000

ALFA AUTOMOTIVE

1 COMMONWEALTH LANE #01-24 ONE COMMONWEALTH

SINGAPORE 149544

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

6SPDCH