

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MHA 119 015584

Date In: 11/1/19 - 16:35	Job description	Date & Time Completed	Done by
Ref No: NA 119 002 122/24	SAS e-filing		
Veh No: SUR3871X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/1/19 - 15:50	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: SF5999J	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

NA 1900939	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	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 (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	01/02/2019 16:35
Date Of Accident	31/01/2019 15:50
Exact Location Of Accident	PIE (CHANGI) BEFORE PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR3871X
Insured/Policyholder	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	201533046C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83802233
Alternative Phone No	OFFICE-83802233

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994387
Cover Note Number	

Driver

Name of Driver	TAN YULONG
NRIC No	S8403235B
Date Of Birth	08/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	01/08/2005
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87558345
Fax Number	
Contact Number	OFFICE-87558345
Email Address	NOEMAIL

Address	BLK 522A TAMPINES CENTRAL 7 #07-13
Postcode	521522
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 - CHANGE/CROSS LANE
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?	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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFE9099J
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)	

DETAILS OF INJURED PERSON 1

Name	TAN YULONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLR3871X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.

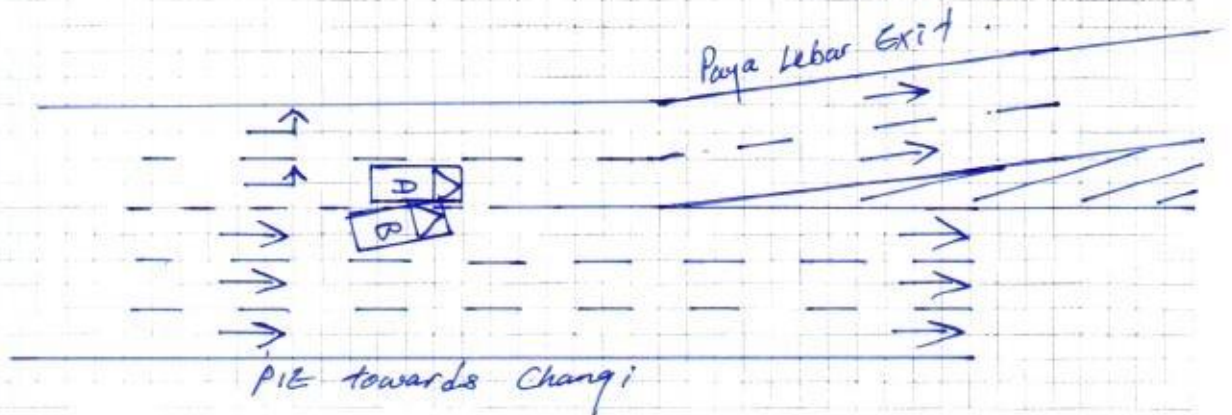

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

(A) SLR3871X
(B) SFE 9099J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/01/19 at @ 1550 hrs, I was travelling in my vehicle (SLR3871X) along PIE towards Changi exit into Paya Lebar exit on the second lane from the left within my lane. Suddenly, a vehicle (SFE 9099J) on my right, cut into my path and collided onto the right side of my vehicle.

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.:

Vehicle No.	SLR 3871 X	Model / Make	HONDA SHUTTLE 1.5
Date of Accident	31/01/19		
Time of Accident	1550	HRS	
Location of Accident	PRC towards Changi (Paya Lebar Exit)		
Exact purpose use during accident	Chauffeur		
Name of Owner	Twincar Leasing Pte Ltd.		
Telephone No.	H/P: 8380 2233	Home:	Office:
NRIC	201533046 C		
Address	2, Kaki Bukit Ave 2 #01-17, Kaki Bukit Autohub (B) 417921		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	999994387		
Name of Driver	As Above If No, TAN YULONG		
NRIC	5840 3235B	Any Passengers:	0
Date of birth	08/08/1984		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	01/08/2005		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 87558345	Home:	Office:
Address	BLK 522A Tampines Central 7 #07-13 (B) 521522		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee, If no, state	Hires	
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	TAN YULONG (H/P: 8755 8345)		
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	SFE 9099 J	Any Passengers:	Not sure
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A	Witness Contact:	N.A
Accident Portion	Right side		
Camera Recorder	<u>Yes/No</u>		
Email Address			
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixen		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8403235B**

Name **TAN YULONG**

Birth Date **08 Aug 1984**
Issue Date **24 Feb 2014**

002278325J



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8403235B



Name

TAN YULONG

陈玉隆

Race
CHINESE

Date of birth
08-08-1984

Sex
M

Country/Place of birth
SINGAPORE

S8403235B



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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 01 Aug 2005

NP 428A



Licence No: S8403235B

5696114



NRIC No: S8403235B



Date of issue
01-02-2017

Address

**APT BLK 522A TAMPINES CENTRAL 7
#07-13
SINGAPORE 521522**

Name: TAN YULONG

NRIC: S8403235B

TEMPORARY PRIVATE HIRE CAR DRIVER'S VOCATIONAL LICENCE

1. You have passed the vocational licence competency test and have been granted a Private Hire Car Driver's Vocational Licence (PDVL).

PDVL Commencement Date: 05 JUL 2013

2. You must display this Temporary PDVL in your car at all times while driving a chauffeured private hire car.

3. LTA will subsequently inform you to collect your Vocational Licence Card that will replace this Temporary PDVL. You must collect your Vocational Licence Card within 6 months of the PDVL Commencement Date and display it in your car thereafter. **Otherwise, your PDVL may be revoked.**

Kwan Mei Fong
Assistant Registrar of Vehicles
Land Transport Authority of Singapore



This Temporary PDVL is handed to you by _____ (centre officer designation), of _____ (centre name).
(centre officer name).



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)

MAZ 400

COMPREHENSIVE		COMMERCIAL MOTOR		POLICY EXCESS		S\$2000.00 (Sect I & II)
CERTIFICATE NO.		SLR3871X		WINDSCREEN EXCESS		S\$100.00
POLICY NO.		999994387		SUM INSURED		YES
				INSURING WITH COE/PAF		YES
				SLR3871X		
				Twincar Leasing Pte Ltd		
1) VEHICLE REGISTRATION NO.				19 October 2018		
2) NAME OF INSURED				18 October 2019		
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*						
<p>Any person who is driving on the Insured's order or with their permission.</p> <p>S\$2,000.00 Section I & S\$2,000.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.</p> <p>Up to \$250.00 one-time waiver excess under section I for build in car camera and applicable on non at fault claim only. (Valid for 6 months).</p> <p>Accident repair can be carried out at any of your preferred workshop for repair subjected that all claim matters does not involved any lawyer services.</p> <p>An additional excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.</p>						
<p>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.</p>						
6) LIMITATION AS TO USE*						
<p>1) Use for social, domestic, pleasure purposes and business purposes of Insured</p> <p>2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.</p> <p>3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p> <p>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.</p>						
<p>It is hereby agreed and acceptance that we would make special arrangement to this workshop known as N-S1 Automotive Pte Ltd to be your accident claim reporting center based on the conditions below.</p>						
LOSS OF USE		Not Included				
HIRE PURCHASE COMPANY		MAYBANK				
<p>*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.</p>						

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 17 Oct 2018

AIG Asia Pacific Insurance Pte. Ltd.

Swift Link Insurance Agency - 502117
61 Ubi Avenue 2
#08-04A Automobile Megamart
Singapore 408698

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL