

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 13/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/A1919002600/13	SAS e-filing		
Veh No: SJS1617X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/02/19 1015	i-Motor Claim Form		
OD: (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: (**SUCCESS UNITED** Tel: _____ Fax: _____)

TP Particulars: Veh No: **SLJ86316** 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%; F: 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

NA1901286

Claimant's Particulars :-	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only. (wef 10 Jan 2005)			
Cat 1:	6) TR : Re-inspection \$75			
Cat 2 / 3:	7) NI : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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 (N-in INC) against INC \$20			
	9) N12: Idac Mobile 30			

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	13/02/2019 11:35
Date Of Accident	12/02/2019 10:15
Exact Location Of Accident	PIE B4 EXIT 20B->CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS1617X
Insured/Policyholder	
Name Of Registered Owner	EDENN SERVICES PTE LTD
Co Reg No	1800149897
Email Address	EDENNSERVICES@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-82012887

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800149897
Cover Note Number	

Driver

Name of Driver	LEONG SHEE MOE
NRIC No	S8079825C
Date Of Birth	21/07/1980
Occupation	INDOOR
Date Of Driving Pass	18/08/2012
Driving Experience	6 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82012887
Fax Number	
Contact Number	
Email Address	EDENNSERVICES@SINGNET.COM.SG

Address	BLK 410 JURONG WEST ST 42 #09-871
Postcode	640410
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
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

PLS REFER TO THE ATTACHED 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	SLJ8631G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LONG HIN TAN
NRIC/Passport Number	S1099425Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBJ637L
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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)

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

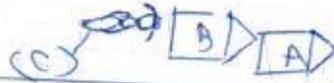
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

PIE → Changi Airport

Exit 20B



A - SJS1617X

B - SLJ8631G

C - FBJ637L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the PIE in lane 1. When traffic ahead slowed down, I followed suit. Next second, I felt an impact from the rear of my car.

I stopped & alighted & realised Veh (B) had collided onto the rear left side of my car. There was another M/cycle (C) involved in the accident. Veh (B) sustained front & rear damaged.

No one was injured.

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.:

Signature 13/02/19

VEHICLE NO : SJS1617X		MAKE/MODEL : Toyota Camry	
Date of Accident	12.2.19	Time: 10.15h	Foreign Veh Involved YES/NO <input checked="" type="checkbox"/>
Location of Accident	PIE Before Exit 208		Foreign Veh No
Country of Loss	→ Changi Airport		
Vehicle Damaged		No. of Veh Involved :	
Claim Type	OD / <u>TP</u> / REPORTING	Was There Any Witness	YES / NO
INSURANCE CO	AIG	Name of Witness :	
Coverage	Comprehensive/TPFT/Third Party Only	Contact No :	
Policy No	1800149897		
Fleet Policy	YES / NO		
OTHER VEHICLES			
OWNER / CO. NAME	Edenn Services Pte Ltd	VEHICLE B	SLJ 8631G
NRIC / Co's Reg No.		Category :	
Address	19 Kaki Bukit Ind. Terrace (416099)	Driver's Name :	Long Hin Tan
Contact / Mobile No	68414208	NRIC No :	51099425Z
Email Address		Contact No :	
Date of Birth		No. of Passenger :	
Gender	M / F	VEHICLE C	FBJ 637L
DRIVER'S NAME	May heong Shee Moo	Category :	
NRIC No	58079825C	Driver's Name :	
Address	Blk 410 Jurong West st 42 # 09-871 (640410)	NRIC No :	
Contact / Mobile No	8201288T	Contact No :	
Email Address	edennservices@singnet.com.sg	No. of Passenge :	
Date of Birth	21.7.80	VEHICLE D	
Gender	M / F	Category :	
LICENSE PASSED DATE	18.8.12	Driver's Name :	
Occupation	<u>Indoor</u> / Outdoor	NRIC No :	
Relation with Owner	Employee	Contact No :	
		No. of Passenger :	
Does Driver Own Any Other Veh ?	YES / <u>NO</u>		
Vehicle Reg No			
Insurance Co			
Weather Condition	<u>Clear</u> / Raining / Others	Video Captured	: Yes / <u>No</u>
Road Surface	<u>Dry</u> / Wet / Others		
INJURED	: YES / <u>NO</u>		
Name of Injured	:	Police Report	: YES / <u>NO</u>
Convey To Hospital by Ambulance	: YES / <u>NO</u>	If YES, Where	:
NO. OF PASSENGERS	: NIL		
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
REMARKS	:		
Name of Workshop	: SUCCESS UNITED PTE LTD	Contact No	:
Address	: 7 Kaki Bukit AutoHub Kaki Bukit Ave 2, #01-33/#02-29 Singapore 417921 Tel: 6746 1515 Fax: 6748 5015	Email	:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8079825C**
 Name: **LEONG SHEE MOE**
 Birth Date: **21 Jul 1980**
 Issue Date: **18 Aug 2012**

002097779H




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S8079825C**

Name: **LEONG SHEE MOE**
 梁雪梅
 Race: **CHINESE**
 Date of birth: **21-07-1980**
 Country/Place of birth: **MALAYSIA**
 Sex: **F**





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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	18 Aug 2012
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	18 Aug 2012

NP 428A

Licence No. S8079825C



NRIC No. **S8079825C**



Date of issue: **11-08-2016**

Address: **APT BLK 410 JURONG WEST STREET 42
 #09-871
 SINGAPORE 640410**



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : EDENN SERVICES PTE LTD
 Period of Insurance : 14 Dec 2018 To 13 Dec 2019
 Engine No. : 1AZE137729
 Chassis No. : MRO53BK4107D45873

Vehicle No. : SJS1617X
 Policy No. : 1800149897
 Endorsement No. :
 Issued Date : 14 Dec 2018

ABOUT THE COVER

Make/Model : TOYOTA CAMRY 2.0
 Engine Capacity/Tonnage : 1,998.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2009
 Insuring with COE/PARF : Yes

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

You have to pay an additional sum of \$1,000 as "Young and/or Inexperienced Driver Excess" ("YIDE") if You are or Your Authorized 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, car-sharing, 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.

* Limitations rendered inoperative by Section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 159) and Section 96 of the Road Transport Act, 1967 (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)

Any accident repairs to the vehicle must be carried out by one of our Authorized Repairers. For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. 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

ire Purchase Company/Employer's Loan: NA

herby 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 (Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

29000

ITO SOLUTION

7 EUNOS CRESCENT #12-2865

PORE 400017

written by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance
 AUTHORIZED REPRESENTATIVE