

# NATIONAL Assessment Centre Services.

(wet 1 Jan 03)

MNA 19031168

Date In: 07/03/2019 17:16	Job description	Date & Time Completed	Done by
Ref No: MNA 19031168	SAS e-filing		
Veh No: SJV 7662J	E-mail (up to 3hrs, AIC 2hrs)		
D.O.A: 06/03/2019 16:25	I-Motor Claim Form		
OID (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: SJV 7662J

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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date of Claim: ( )

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NA 1901794

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Assessor's Comments:

Page 1:

Page 2:

1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$80)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
Forfeiting against INC Only (wef 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Inc DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*NS: Courtesy Car / TP Allowance	\$5	
*NS: Repairs Coordination	\$10	
*NS: Post-Repairs Inspection	\$25	
*NS: DV / Collect Excess Coordination	\$5	
*NS: TP (NI) / TP (NI INC) - against INC	\$20	
*NS: 12cc Mobile	\$0	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

FOR:

10-DEC-2018 MON 08:09



## 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	07/03/2019 17:16
Date Of Accident	06/03/2019 16:25
Exact Location Of Accident	ALONG CTE TOWARDS PIE AT THE SLIP ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV4476A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DANDELION ED PTE LTD
Co Reg No	201314301M
Email Address	QI@TITA.COM.SG
Mobile Phone No	(LOCAL) +65-90925917
Alternative Phone No	OFFICE-67023360

### Vehicle Particulars

Manufacturer	TOYOTA
Model	RAV4-2.4 (A)
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	999994436/100863291-00000
Cover Note Number	

### Driver

Name of Driver	QI SHUAI
NRIC No	S8575211A
Date Of Birth	23/10/1985
Occupation	INDOOR
Date Of Driving Pass	20/05/2008
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90925917
Fax Number	
Contact Number	OFFICE-67023360
Email Address	QI@TITA.COM.SG

Address	455 UPPER EAST COAST ROAD #01-03
Postcode	466502
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?	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)	2
Passenger 1	NAME: : SUN RUI GENDER: : FEMALE

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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	SJV7662J
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	

7.

4. No. Of Passenger (Including Driver)

## SKETCH PLAN

Veh A: SJV 4476 A

Veh B: SJV 7662 J

### 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.

\*\* I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS

DANDELION ED PTE LTD  
ROC: 201314301M

Policyholder's Signature  
Date & Time:

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

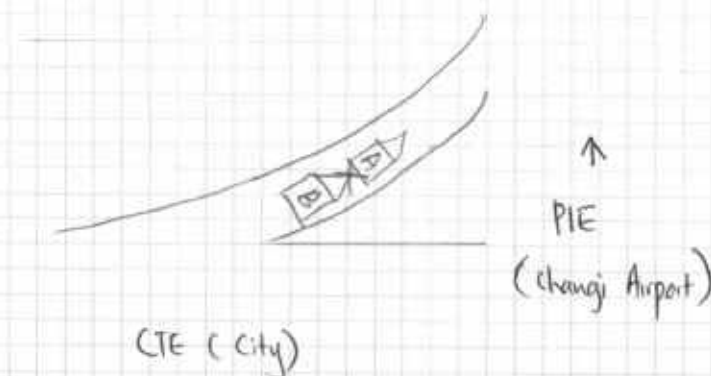
07 Nov 2019.  
14:13

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

07/10/2019  
Rashid  
07/10/2019



Veh B: SJV 7662 J



While i travelling along CTE towards PIE at the slip Rd . Suddenly i felt the Impact from my rear, Vehicle B had collided on my rear.

## NRIC/FIN No.:

# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 06 Mar 2019 Wds \*Time of Accident: 16:25 HRS  
\*Accident Location: CTE (CITY) - PIE (Slip Rd)

### Vehicle Details

\*Vehicle Number: SJV 4476 A \*Make & Model: Toyota RAV4 2.4 AT

### Insured / Policyholder

\*Owner Name: Dandelion ED Pte Ltd \*NRIC: 201314301W1  
\*Address: \_\_\_\_\_  
\*Email: \_\_\_\_\_ \*HP: \_\_\_\_\_  
\*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \*Tel/H/Other: off: 67023360

### Driver ( ) same as above

\*Driver Name: Qi Shuei \*NRIC: S8575211A  
\*Address: Bik 455 #01-03 Upper East Coast Road The Summit S8466902  
\*Date of Birth: 23 Oct 1985 \*Driving Pass Date: 20 May 2008 \*HP: 90925917  
\*Email: qi@lta.com.sg \*Gender: Male / Female  
\*Occupation: Engineer (Indoor / Outdoor) \*Tel/H/Other: \_\_\_\_\_  
\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: \_\_\_\_\_)

### Passengers Details

\*P/Name: Sun Rui (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)  
\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

### Insurance Company

\*Insurer: AIG \*Coverage: C / TPFT / TPO \*Policy No: \_\_\_\_\_

### Detail of other vehicle / Property 1

Vehicle No.: SJV 7660 J  
Make & Model: \_\_\_\_\_  
Vehicle Category: \_\_\_\_\_  
Name of Driver: \_\_\_\_\_  
NRIC : \_\_\_\_\_  
HP : \_\_\_\_\_  
No. of Passengers (Including Driver): \_\_\_\_\_

### Detail of other vehicle / Property 2

Vehicle No.: \_\_\_\_\_  
Make & Model: \_\_\_\_\_  
Vehicle Category: \_\_\_\_\_  
Name of Driver: \_\_\_\_\_  
NRIC : \_\_\_\_\_  
HP : \_\_\_\_\_  
No. of Passengers (Including Driver): \_\_\_\_\_

### For Official Use Only

\*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

### General Information of the accident

\*Type of accident: Head Rear / Side swipe / others: \_\_\_\_\_  
\*Weather conditions: Clear / Raining / others: \_\_\_\_\_ \*Any video cam: Yes / No  
\*Road Surface: Dry / Wet / others: \_\_\_\_\_  
\*Witness: Yes / No (Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ HP: \_\_\_\_\_)  
\*Accident reported to police: Yes / No \*Summon against whom: \_\_\_\_\_  
\*Injured party: Yes / No \*No. of passengers (include driver): \_\_\_\_\_  
-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No  
-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

NRIC No: S8575211A

QI SHUAI

Birth Date: 23 Oct 1985  
Issue Date: 21 Feb 2008

001573151A

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. S8575211A



Qi Shuai

元 帥

Race: CHINESE  
Date of birth: 23-10-1985  
Country of birth: CHINA

Sex: M

4835850

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

Class	Vehicle	Pass Date
Class 2B	Motorcycles <= 200 CC	21 Feb 2008
Class 2	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	20 May 2008

S8575211A

S / No. 9000087165



P 426A

4835850

NRIC No S8575211A

Date of issue: 24-01-2013

455 UPPER EAST COAST ROAD #01-03  
SINGAPORE 486502  
NRIC No: S8575211A Date: 25/10/2018








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)

MZ400

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS	SS\$1,500.00 (I & II)
CERTIFICATE NO. 999994436/100863291-00000	WINDSCREEN EXCESS	SS\$100.00
	(for policies with effect from 1st November 2002)	
	SUM INSURED	SS\$1.00
	INSURING WITH COE/PARF	YES
1) VEHICLE REGISTRATION NO.	SJV4476A	
2) NAME OF INSURED	Dandellon ED Pte Ltd	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	14 Sep 2018	
4) DATE OF EXPIRY OF INSURANCE	13 Sep 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 AUTO LEASE PTE LTD

\* 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 At Singapore 27 Sep 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.

000064-000  
DIRECT CLIENTS 01.4.95  
AIG BUILDING  
78 SHENTON WAY #07-16  
SINGAPORE 079120

Authorised Representative

ORIGINAL

SSPYTF