

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 1190 4442

Date In: 3/4/19 - 15:42	Job description	Date & Time Completed	Done by
Ref No: NA 11619236073/24	SAS e-filing		
Veh No: 6001466M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/4/19 - 14:22	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: 562322D	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 1192 2467	Invoice Preparation Checklist		Amf (\$)	Amf (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		Int 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			
	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:-			
QC Checked by (Engr-In-Charge):	OD:			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20			
Dat. 1:	9) N12: Idac Mobile 30			
Dat. 2 / 3:	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 05/04/2019 15:42  
Date Of Accident 04/04/2019 14:20  
Exact Location Of Accident KALLANG WAY FLYOVER  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD1466M  
**Insured/Policyholder**  
Name Of Registered Owner YU SIN ENGINEERING WORK PTE LTD  
Co Reg No 200507151Z  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-68024482  
**Vehicle Particulars**  
Manufacturer NISSAN  
Model CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5  
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 COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 2100378707-04  
Cover Note Number

### Driver

Name of Driver LIM JIN DE  
NRIC No S8909682J  
Date Of Birth 23/03/1989  
Occupation INDOOR  
Date Of Driving Pass 09/09/2014  
Driving Experience 4 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-87505077  
Fax Number  
Contact Number OFFICE-87505077  
Email Address NOEMAIL

Address	BLK 875 YISHUN STREET 81
	#09-175
Postcode	760875
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 - 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?	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)	2
Passenger 1	
	NAME: : -
	GENDER: : MALE

#### 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	SLG2322D
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)

4

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

Passenger 3

NAME: :

GENDER: :



## SKETCH PLAN


### IMPORTANT NOTICE

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.

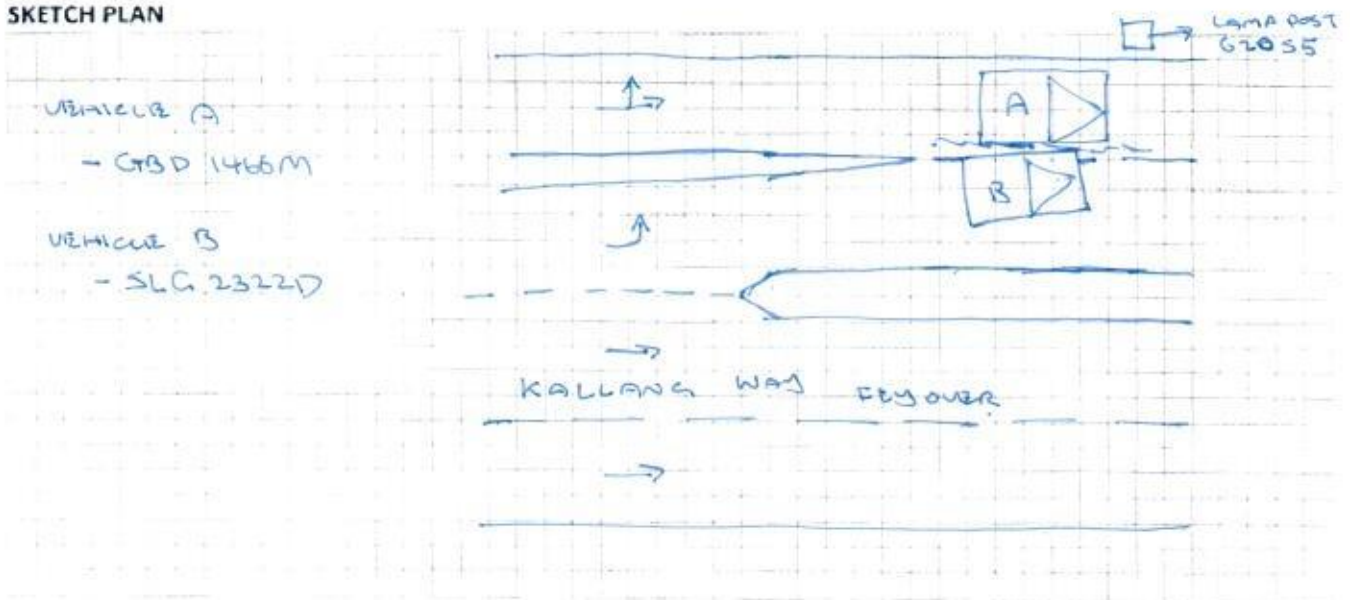
  
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG THE SUP ROAD INTO KALLANG WAY/PIE (CHANG).
I WAS ON THE EXTREME LEFT LANE, AS MY INTENTION WAS EXITING INTO KALLANG WAY.
WHILE DRIVING STRAIGHT AHEAD, I NOTICED A VEHICLE WAS SWERVING SLOWLY INTO MY LANE FROM MY RIGHT SIDE WITH MIRROR, ALTHOUGH I'M IN MY RIGHT OF WAY GOING STRAIGHT THE VEHICLE DIDN'T STOP SWERVING AND EVENTUALLY THE LEFT SIDE, SIDE WITH MIRROR HIT ONTO THE RIGHT SIDE WALL OF MY VEHICLE.
I AM SURE I AM ON MY LANE, AND I'M ON THE LEFT LANE AS I AM EXITING INTO KALLANG WAY JUST AHEAD OF ME.
I REALIZED THERE IS A CAMERA INSTALL INSIDE THE VEHICLE (SLG 2322D) WHICH WILL DEFINITELY SHOW THAT I AM ON MY LANE GOING STRAIGHT, AND VEHICLE (SLG 2322D) CAME INTO MY LANE AND HIT ONTO THE RIGHT SIDE OF MY VEHICLE. AS THERE WERE NO INJURIES, NOT MUCH DAMAGE ON BOTH VEHICLE, NO ONE WAS CONVIYED BY THE AMBULANCE. AND SO WE EXCHANGED OUR PARTICULAR AND LEFT THE SCENE
VEHICLE A - GBD 1466M
VEHICLE B - SLG 2322D

## 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.:



<b>Vehicle No.</b>	GAD 1466 M		<b>Model / Make</b>	NISSAN CABSTAR
<b>Date of Accident</b>	4/4/2019			
<b>Time of Accident</b>	1420		HRS	
<b>Location of Accident</b>	SUP ROAD TO KALLANG WAY / PIE CHANU NEAR CAMP POST 62055			
<b>Exact purpose use during accident</b>	WORKSHOP HOUR			
<b>Name of Owner</b>	SH SIN ENGINEERING WORK PTE LTD			
<b>Telephone No.</b>	<b>H/P :</b>	<b>Home :</b>	<b>Office :</b> 6802 4482	
<b>NRIC</b>	200507151Z			
<b>Address</b>	2 BALSTIER ROAD #04-697 BALSTIER HILL SHOPPING CENTRE			
<b>Claim type</b>	OD	<u>THIRD PARTY</u>	REPORTING ONLY S (320002)	
<b>Insurance Company</b>	AIG			
<b>Type of Coverage</b>	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	2100398707-04			
<b>Name of Driver</b>	As Above If (No, LIM SIN DE			
<b>NRIC</b>	S 890 9682 J		Any Passengers : 1 (MALE)	
<b>Date of birth</b>	23 MAR 1989			
<b>Occupation</b>	<u>Outdoor</u> / <u>Indoor</u>			
<b>Driving License Pass Date</b>	09 SEP 2014			
<b>Gender</b>	<u>Male</u> / Female			
<b>Contact No.</b>	<b>H/P :</b> 87505077		<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 315B YISHUN AVE 9 #06-198 S (762315)			
<b>Driver have any own vehicle</b>	<u>No</u> , If yes, Reg No.			
<b>Relationship</b>	<u>Employee</u> , If no, state			
<b>Weather condition</b>	<u>Clear</u> Raining Other			
<b>Road Surface</b>	<u>Dry</u> Wet Other			
<b>Any Injuries</b>	<u>No</u> , If Yes, Who?			
<b>Name And Contact No.</b>				
<b>Name And Contact No.</b>				
<b>Police Report</b>	<u>No</u> , If Yes, Where?			
<b>Vehicle B No.</b>	SLG 2322 D		Any Passengers : 3 (FEMALE)	
<b>Name of Driver</b>	Contact No. :			
<b>Vehicle C No.</b>	Any Passengers :			
<b>Vehicle D No.</b>	Any Passengers :			
<b>Vehicle E no.</b>	Any Passengers :			
<b>Vehicle F No.</b>	Any Passengers :			
<b>Vehicle G No.</b>	Any Passengers :			
<b>Witness Name</b>	Witness Contact :			
<b>Accident Portion</b>	RIGHT SIDE OF VEHICLE			
<b>Camera Recorder</b>	Yes / <u>No</u>			
<b>Email Address</b>				
<b>PARTICULAR WORKSHOP</b>	TANJANG AUTOMOTIVE PTE LTD			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	IAN			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP Email ADDRESS</b>	SALES@N51.COM.SG			

S8909682J



LIM JIN DE

CHINESE

23-03-1989 M

SINGAPORE



REPUBLIC

DRIVING LICENCE



Licence Number: S8909682J

Name

LIM JIN DE

Birth Date: 23 Mar 1989

Issue Date: 09 Sep 2014



3504848

S8909682J

APT BLK 315B YISHUN AVENUE 9 #06-188  
SINGAPORE 762315

NRIC No: S8909682J

Date: 18/01/2015

03-04-2004

Address:

APT BLK 875 YISHUN STREET B1  
#09-175  
SINGAPORE 760875

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 09 Sep 2014



NP 428A





# CERTIFICATE OF INSURANCE

## NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Yu Sin Engineering Work Pte Ltd  
Period of Insurance : 08 Jul 2018 To 07 Jul 2019  
Engine No. : ZD30339657K  
Chassis No. : JN1SC2F24Z0855948

Vehicle No. : GBD1466M  
Policy No. : 2100378707-04  
Endorsement No. :  
Issued Date : 24 May 2018

### ABOUT THE COVER

Make/Model : NISSAN NEW CABSTAR  
Engine Capacity/Tonnage : 1.6 Tonnage  
Driver Restriction : NA

Sum Insured : Market Value  
Off Peak Car : No

First Year of Registration : 2014  
Insuring with COE/PARF : Yes

#### Person or Classes of Persons Entitled to Drive\* :

- a) Any person who is driving on the Policyholder's order or with their permission.  
b) 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 \$3,000 as "Young and/or inexperienced Driver Excess" ("YIDR") 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\* :

- 1) Use in connection with the Policyholder's business.  
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.  
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Trade.

\* 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 - \$800 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. Tan Chong Motor Sales Add: 913 B1 Timah Road Singapore 589623 64694091 64694092 64694093  
2. TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212  
3. Tan Chong Motor Sales Add: 17 Lor 8 Toa Payoh Singapore 319254 63570753 63570754  
4. Autoluxon Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666  
5. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 8200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://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).

0500610399

TAN CHONG CREDIT PTE LTD-TU  
911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE  
SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

Cally-VV Tsai