

NATIONAL Assessment Centre Services.

[verf. 1 Jan'05]

19469046805

Date In: 10/04/2019 15:28	Job description	Date & Time Completed	Done by
Ref No: NBA/AG/5006387/Y	SAS c-illing		
Veh No: SU 82057	E-mail (Vehicle sheet, AIC sheet)		
D.O.A: 08/04/2019 07:50	I-Motor Claim Form		
OID / TP: Reporting Only	I-Motor W/O (Within: OD sheet, TP sheet)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars: ()	Ych No: FD 555R	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 ()		

() 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: ()

Repair Item	IS 6100 (In \$ & %)	IS 6100 (In \$ & %)	Complete by	Signature
1) Apply for Transport Allowance () / Courtesy Car ()				
2) QC Check / Post Repair Inspection ()				
3) Upload Resurvey Photo [Repair Cost > \$3000] ()				

Injury: _____

[illegible]

NA/907246	1) AR: Accident Reporting (\$30)	
Claim Particulars:	2) DA: Damage Assessment (\$100)	ING (\$40)
Driver/Owner:	3) TP: Towing Fee	\$40/243
Contract No:	4) FT: Follow-Through Survey	\$120
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey)	\$30
	Forfeiting against ING Only (w/ 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Ideal DA + SMRT Survey	\$160
	8) NTUC Additional Services:	

[illegible]

	TP (NLI) / TP (Non INC)	\$20	15	WLC
	NLI DV / Collect Access Coordination	75		
	NLI Post-Bid Inspection	25		
	NLI Pre-Bid Coordination	25		
Auditor's Comments:				

2 / 3	P) NIT: Idao Mobile Invoice dated	Fee Charged Fee Charged	ALL OUT GRANTED
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: 204

60:37 NOV 9102-270-21

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	10/04/2019 15:28
Date Of Accident	08/04/2019 07:50
Exact Location Of Accident	ALONG JALAN BUKIT MERAH TO LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL8205T
Insured/Policyholder	
Name Of Registered Owner	WONG YUE ZHEN (HUANG YUEZHEN)
NRIC No	S8435656E
Email Address	ELAINE81618624@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81618624
Alternative Phone No	OTHERS-81618624

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100503724-02
Cover Note Number	

Driver

Name of Driver	WONG YUE ZHEN (HUANG YUEZHEN)
NRIC No	S8435656E
Date Of Birth	25/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	18/11/2009
Driving Experience	9 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81618624
Fax Number	
Contact Number	OTHERS-81618624
Email Address	ELAINE81618624@GMAIL.COM

Address	BLK 105 BUKIT PURMEI ROAD #11-03
Postcode	090105
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	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

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	FD5555R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	PAVTHIBAN S/O KARUPPIAH
NRIC/Passport Number	S7336857Z
Contact Number	90906509
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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:

10 Apr 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10 Apr 2019

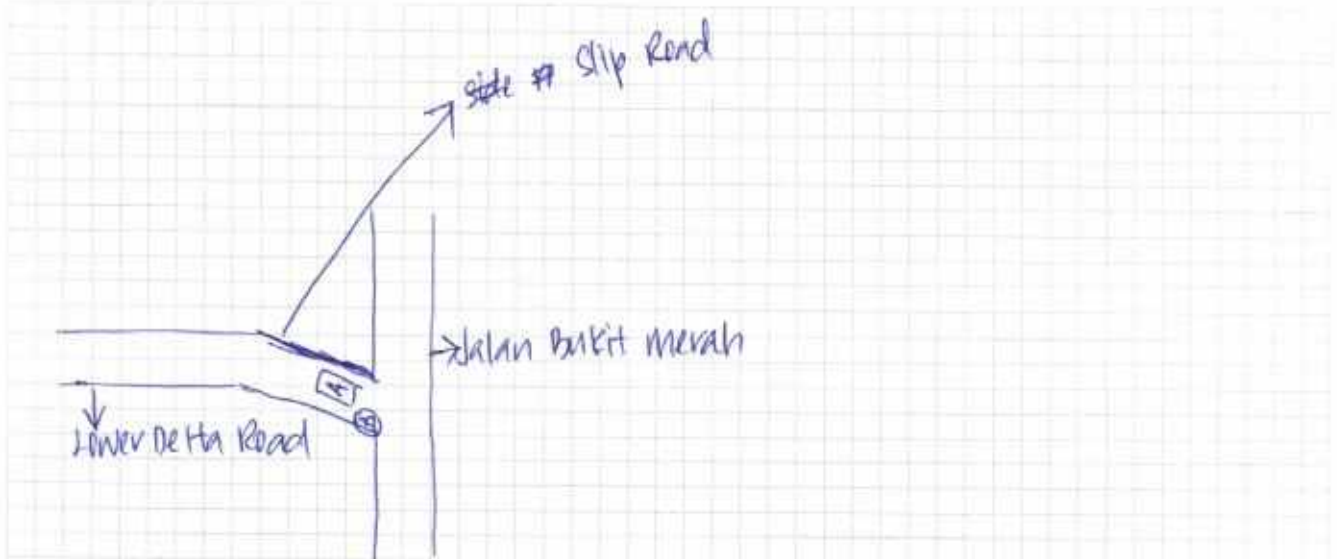
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

10/04/2019
Rashid Hussain

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Jalan Bukit Merah entering the Slip Road to continue my journey to Lower Delta Road.

While my vehicle stop at the Slip Road, the vehicle (motorcyclist) knock at ~~the~~ my back boot and cause a scratch.

We have come to a private settlement as attached letter.

This is only for reporting purpose.

Vehicle A - SL28205T

Vehicle B - #D5555R

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 10 Apr 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10 Apr 2019.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Private settlement for motor accidents

When involved in a motor accident, you are required to report accident (whether claiming under own policy or not) with accident vehicle (whether damage or not) to our reporting centres within 24 hours or the next working day after the accident. Failure to report or late reporting of accident will result in insured's NCD reduction, upon the next renewal of your motor policy.

You can choose to enter into a private settlement with the owner of the other car if there are no personal injuries and damages are minor. Under a private settlement, both parties agree to settle the matter amicably without suing each other. It is a legally binding agreement.

Income policyholders should send the signed form to Fax No. 6338 1500 or email attachment to motor@income.com.sg. Income will then take up the case on your behalf should the other party decide to lodge a claim subsequently. Your NCD will be protected even if we have to pay the claim.

Income collects, uses and discloses the information in this claim form for insurance and claims administration purposes. For more details about Income's Privacy Policy, please visit www.income.com.sg/others/privacy.asp

Private settlement

1. Details of Accident:

Date {dd/mm/yyyy} / Time : 8 APR 2019 Location : ALONG JALAN BUKIT MERAH TO LOWER DELTA ROAD

2a. Motor-vehicle registration no. SLL6205T driven by WONG YUE ZHEN S8435656E (Name & NRIC no)

and owned by WONG YUE ZHEN S8435656E (Name & NRIC no)

2b. Motor-vehicle registration no. FD555R driven by PARTHIBAN S/O KARUPPIAH S7336857Z (Name & NRIC no)

and owned by PARTHIBAN S/O KARUPPIAH S7336857Z (Name & NRIC no)

3. There are no personal injuries or death involved.

4. The parties have agreed to settle this matter amicably as follows: *delete a) or b) as applicable.

*a. Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

*b. Without any admission of liability, (party paying compensation) has paid a sum of \$ 300 which (owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

5. Both parties have not and will not make a police report of this accident.

6. We understand that the information collected on this private settlement form will be kept and used by Income for investigating and administering claims, fraud detection and underwriting future insurance applications.

Name (paying party): PARTHIBAN S/O KARUPPIAH Tel: 9090 6509 Fax: _____

NRIC / Passport no: S7336857Z Signature: [Signature]

Name (owner receiving compensation): WONG YUE ZHEN Tel: 8161 8624 Fax: _____

NRIC / Passport no: S8435656E Signature: [Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 08/04/2019 (DD/MM/YYYY), TIME: 07:50 ^{Am} (HH:MM)

LOCATION: Along Jalan Merah to Lower Delta Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLL8205T
 b) INSURANCE COMPANY: AIK
 c) POLICY NUMBER: 2100503724-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Nissan
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Traveling Home
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Nong Vue Phan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 9435650E CONTACT: 81618624
 c) ADDRESS: Blk 105, Bukit Punggol Road, #11-03, S090105

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 25/11/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 18 Nov 2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FD5555R MODEL: _____
 b) DRIVER'S NAME: PANIHAN SD KAMPPAN
 c) NRIC/FIN/PASSPORT: 573362542 CONTACT: 90906509

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
()

Email = elaine81618624@gmail.com

VID80

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8435656E



Name

WONG YUE ZHEN
(HUANG YUEZHEN)

黃月珍

Race

CHINESE

Date of birth

25-11-1984

Country/Place of birth

SINGAPORE

Sex

F



5437893



NRIC No. S8435656E



Date of issue

05-10-2015

Address

APT BLK 105 BUKIT PURMEI ROAD
#11-03
SINGAPORE 090105

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8435656E

Name

WONG YUE ZHEN
(HUANG YUEZHEN)

Birth Date 25 Nov 1984

Issue Date 18 Nov 2009



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

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 18 Nov 2009

NP 426A

