

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA119055901

Date In: 26/4/14-15:30	Job description	Date & Time Completed	Done by
Ref No: NNA119055901	SAS e-filing		
Veh No: JMD 44066	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/4/14-20:50	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: JMD44066 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

NNA119055901

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) Int Bill	Am't (\$) 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		
	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:-		
	QD*		
	*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		
	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	30/04/2019 15:02
Date Of Accident	28/04/2019 20:50
Exact Location Of Accident	2J CARISSA PARK CONDO CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD4406L
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999
Vehicle Particulars	
Manufacturer	KIA
Model	CARENS 1.7 DCT DIESEL 5DR FWD
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 HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994322
Cover Note Number	
Driver	
Name of Driver	CHIA SIN LEE CHRISTOPHER
NRIC No	S6842205A
Date Of Birth	18/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	11/09/2001
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96807207
Fax Number	
Contact Number	OFFICE-96807207
Email Address	NOEMAIL

Address	BLK 885 TAMPINES STREET 83 #05-17
Postcode	520885
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	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?	
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4469P
Vehicle Make/Model/Colour	HYUNDAI SONATA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAN YEW MUN
NRIC/Passport Number	S1672060G
Contact Number	91478268
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

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

29 Apr 2019 18:35hrs

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

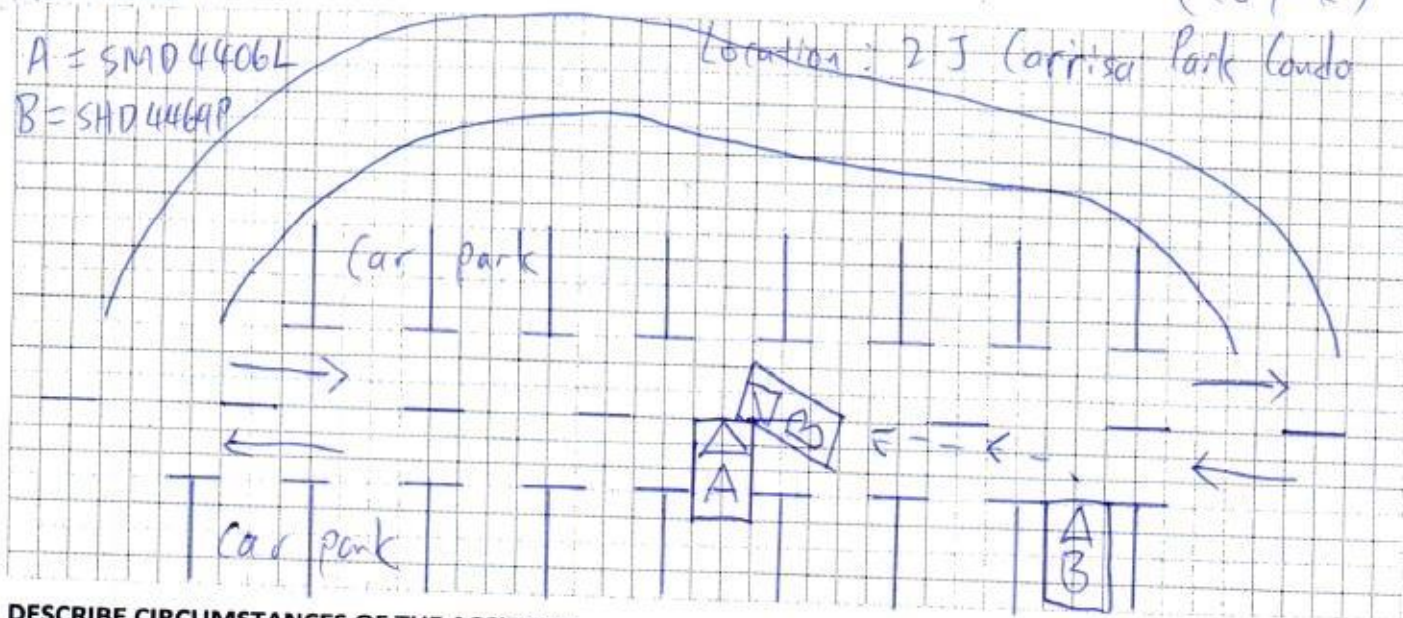
SKETCH PLAN

(Car park)

A = SMD 4406L

B = SHD 4469P

Location: 2 J Carriisa Park Condo



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28 April 2019 (Sun) at 2050 hrs, My vehicle A SM4406L was making a reverse into a Parking Lot. while I was moving front to adjust my parking, suddenly vehicle B SHD 4469P hit into my Front Right vehicle. From video footage & accident picture, its shown vehicle B SHD 4469P coming out from a parking lot & move to the opposite-lane because he squeezed to pass through his 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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 28/04/2019 (DD/MM/YYYY), TIME: 20:50 (HH:MM)
 LOCATION: 2:5 Carrisa Park Condo (carpark)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD 4406L
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 999994322
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Kia Carens
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working
 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: BIS motoring Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201735055D CONTACT: -
 c) ADDRESS: -

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHIA SIN LEE CHRISTOPHER (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 56842205A CONTACT: 9680 7207
 c) ADDRESS: BLK 885 Tampines Street 83 #05-17
SINGAPORE 570885
 *d) DATE OF BIRTH: 18/12/1968 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 18 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer
 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: SHD 4469P MODEL: Hyundai Sonata
 b) DRIVER'S NAME: CHAN YEW MUN
 c) NRIC/FIN/PASSPORT: 51672060G CONTACT: 9147 8268

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: - MODEL: -
 e) DRIVER'S NAME: -
 f) NRIC/FIN/PASSPORT: - CONTACT: -

* No of passenger
 (including driver)
(1)

EFM
1m

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

email: xinhuanworkshop@gmail.com

DRIVER
SMD 4406L
(DOA = 28-04-2019)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6842205A



CHIA SIN LEE CHRISTOPHER
謝新利
CHINESE
Date of Birth: 18-12-1968 M
Country of Birth: SINGAPORE

1449132



S6842205A



20-11-1993
APT BLK 885 TAMPINES STREET 83 #05-17
SINGAPORE 520885
NRIC No: S6842205A Date: 01-08-2004 No: 4967781

REPUBLIC OF SINGAPORE
Licence Number: S6842205A
Name: CHIA SIN LEE CHRISTOPHER
Birth Date: 18 Dec 1968
Issue Date: 03 Sep 2003




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 1 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms


PASS DATE 11 Sep 2001

NP 428A


Licence No. S6842205A



VOCATIONAL LICENCE
Licence No: S6842205A
Name: CHIA SIN LEE CHRISTOPHER



Please visit www.lta.gov.sg the status of this vocational



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	28/09/2018
03	BUS VL	09/01/2019
04	BUS ATTENDANT	09/01/2019



DRIVER

SMD 4406L

(DOA=28-04-2019)



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1967

ROAD TRANSPORT ACT, 1967 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1968 (MALAYSIA)

HOTLINE TEL: (603) 6410-3000

12.2.400

COMPREHENSIVE
CERTIFICATE NO.
POLICY NO.

COMMERCIAL MOTOR
SMD4406L
885994322

POLICY EXCESS \$51500.00 (Sect I & Sect II)
WINDSCREEN EXCESS \$5100.00

SUM INSURED Market Value
INSURING WITH COE/PARF YES
SMD4406L
BIS MOTORING PTE LTD

- 1) VEHICLE REGISTRATION NO.
- 2) NAME OF INSURED
- 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*

26 December 2018
25 December 2019

*Any person who is driving on the insured's order or with their permission.

Authorized driver must be between age 20 to 55 with at least 7 years driving experience.

Accident report can be denied out at Motor Accidents Care in the instances that all claims have to be surveyed, appointed by AIG surveyors before proceeding with repair.

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 suspension or revocation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

1. Use for social, domestic, pleasure purposes and business purposes of insured.
2. Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
3. Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed testing; 2) Use whilst towing a trailer except the towing vehicle is for removal of any one disabled mechanically propelled vehicle; 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE Not Included

HIRE PURCHASE COMPANY HONG LEONG FINANCE

*Exclusions endorsed hereunder by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 169) and Section 95 of the Road Transport Act, 1967 (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 169) and Part IV of the Road Transport Act, 1967 (Malaysia).

Issued in Singapore 19 Dec 2018

AIG Asia Pacific Insurance Pte. Ltd

500556-000
Cowell Insurance (Agency) Pte. Ltd.
8 Burn Road
#03-09 Trivex
Singapore 359972

M. Anis

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPOEC