

# NATIONAL Assessment Centre Services

Date In: 08/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/16/19008135/13	SAS e-filing		
Veh No: SKW29374	E-mail (within 8hrs/ AIC 2hrs)		
D.O.A: 26/12/18 0000	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: ( N-51	Tel:	Fax:
TP Particulars:	Veh No: SJX84227	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

NA1903393

## Invoice Preparation Checklist

Amt (\$) Amt (\$)  
1st Bill Add Bill

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 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:-
- 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 (Non INC) against INC \$20
- 9) N12: Idac Mobile \$0

Invoice date / 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	08/05/2019 16:30
Date Of Accident	26/12/2018 00:00
Exact Location Of Accident	CTE TWDS SLE B4 ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW2937H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	201533046C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83802233

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	REPORTING ONLY
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	999994387
Cover Note Number	

#### Driver

Name of Driver	YEO ENG KIAT
NRIC No	S1129958Z
Date Of Birth	21/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	01/12/1977
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97314140
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 175 YISHUN AVE 7 #15-859
Postcode	760175
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	NO COLLISION
Weather Conditions	UNKNOWN
Road Surface	UNKNOWN

#### 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

ON 07/05/2019, I RECEIVED A CALL FROM MY LEASING COMPANY (TWINCAR LEASING PTE LTD) THAT THEY RECEIVED A LETTER FROM AIG INSURANCE INFORMING THE ABOVE MENTIONED ACCIDENT. TO MY KNOWLEDGE, I WAS NOT INVOLVED IN ANY ACCIDENT ON 26/12/2018 ALONG CTE TWDS SLE B4 ANG MO KIO AVE 1 AS MENTIONED IN THE LETTER.

#### 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	SJX8422T
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)	



## SKETCH PLAN

### 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.



Policyholder's Signature  
Date & Time:

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

 08/05/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

unknown

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/5/19, I received a call from my leasing company (Twincar Leasing Pte Ltd) that they received a letter from AIG informing the above mentioned accident. To my knowledge, I was not involved in any accident on 20/12/2018 along CTE towards SLR before Ang Mo Kio Ave 1 as mentioned in AIG letter.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 08/05/19

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



Vehicle No.	SKW 2937 H	Model / Make	2002 AHS
Date of Accident	26/12/2018		
Time of Accident	Unknown	HRS	
Location of Accident	CTE Substation before Ang Mo Kio Ave 1		
Exact purpose use during accident	Pte H20		
Name of Owner	Tan or Leong Pte Ltd		
Telephone No.	H/P: 83802210	Home:	Office: 67440510
NRIC	201523040C		
Address	2 Kats Bukit Ave 2, #01-17, S(47921)		
Claim type	OD	THIRD PARTY	(REPORTING ONLY)
Insurance Company	MY		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.	999994387		
Name of Driver	As Above If No, Y20 Eng Kiat		
NRIC	S112958Z	Any Passengers:	51
Date of birth	21/1/1955		
Occupation	(Outdoor) / Indoor		
Driving License Pass Date	01/12/2017		
Gender	(Male) / Female		
Contact No.	H/P: 97314140	Home:	Office:
Address	175, Yishun Ave 7, #15-059, S(760175)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, (no) state	hire	
Weather condition	Clear	Raining	Other unknown
Road Surface	Dry	Wet	Other unknown
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SIX 8422T	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	No damage		
Camera Recorder	Yes (No)		
Email Address	Andy@nsi.com.sg		
PARTICULAR WORKSHOP	NSI Automatic AC		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	ZITAG		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@nsi.com.sg		

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


Licence Number **S1129958Z**

Name **YEO ENG KIAT**

Birth Date: **21 Jun 1955**

Issue Date: **07 Apr 2005**

1000356205G



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S1129958Z**

Name **YEO ENG KIAT**

楊 應 傑

Race **CHINESE**

Date of Birth **21-06-1955**

Country of Birth **SINGAPORE**

Sex **M**




**Land Transport Authority**


**VOCATIONAL LICENCE**

Licence No: **S1129958Z**

Name: **YEO ENG KIAT**

Issue Date: **16/5/2005**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE **01 Dec 1977**

Licence No: **S1129958Z**

NP 428A

**A0079465**

NRIC No: **S1129958Z**

Blood Group: **A+**


Date of Issue: **17-11-2001**

Address: **APT-BLK 175 YISHUN AVENUE 7 #15-859 SINGAPORE 760175**




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
03	BUS VL	11/06/2004
02	TAXI VL	11/06/2004
04	BUS ATTENDANT	11/06/2004







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)

M 2.400

**COMPREHENSIVE  
CERTIFICATE NO.  
POLICY NO.**

**COMMERCIAL MOTOR  
SKW2937H  
999994387**

(The below excess is subject to GST)

**POLICY EXCESS                      S\$2000.00 (Sect I & II)  
WINDSCREEN EXCESS              S\$100.00**

**SUM INSURED                      YES  
INSURING WITH COE/PARF      YES  
SKW2937H**

**Twincar Leasing Pte Ltd**

**1) VEHICLE REGISTRATION NO.**

**2) NAME OF INSURED**

**3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE  
FOR THE PURPOSES OF THE ACT**

**19 October 2018**

**4) DATE OF EXPIRY OF INSURANCE**

**18 October 2019**

**5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\***

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

S\$2,000.00 Section I & S\$2,000.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.

Up to \$250.00 one-time waiver excess under section I for build in car camera and applicable on non at fault claim only. (Valid for 6 months).

Accident repair can be carried out at any of your preferred workshop for repair subjected that all claim matters does not involved any lawyer services.

An additional excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.

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\***

- 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 drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

It is hereby agreed and acceptance that we would make special arrangement to this workshop known as N-51 Automotive Pte Ltd to be your accident claim reporting center based on the conditions below.

<b>LOSS OF USE</b>	<b>Not Included</b>
<b>HIRE PURCHASE COMPANY</b>	<b>NIL</b>

\*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 in Singapore 17 Oct 2018

AIG Asia Pacific Insurance Pte. Ltd.

Swift Link Insurance Agency - 502117

61 Ubi Avenue 2

#08-04A Automobile Megamart

Singapore 408898

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL





AIG Asia Pacific Insurance  
Pte. Ltd. (201009404M)  
AIG Building  
78 Shenton Way #07-16  
Singapore 079120

www.aig.com.sg

T: (65) 6419 3000  
F: (65) 6835 7416

Your Ref: SKW2937H  
Our Ref: 8022678511SG-001

Date: 01 May 2019

Twincar Leasing Pte Ltd  
2 Kaki Bukit Avenue 2 #01-17  
Kaki Bukit Autohub  
Singapore 417921

WITHOUT PREJUDICE

Dear Sir/Madam,

**ACCIDENT INVOLVING SKW2937H AND SJX8422T ON 26 DECEMBER 2018  
AT CTE TOWARDS SLE, BEFORE ANG MO KIO AVE 1 EXIT**

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We refer to the above matter.

We would like to inform you that we have received a claim from a third party involved in the above auto accident.

Our record shows that you have not reported the accident to us. We would appreciate it if you could urgently file a report at a tour approved reporting centre.

You should also IMMEDIATELY forward us by hand any letters or Courts Summons received from the other party involved in the accident. You should not negotiate, admit liability or offer payment to them.

We would like to bring to your attention that under Policy Condition 5A, we shall have full discretion in the process and settlement of the said third party claim.

Your NCD (No Claim Discount) will be reduced by 30% (20% for motorcycle/commercial vehicles) if a claim is made under your policy.

To enable us to look into the matter immediately, please let us hear from you within seven (7) days from date of this letter. In accordance with the policy conditions, we reserve the right to repudiate the said claim to you should you not give proper notice to us of any occurrence which may give rise to it.

Kindly contact our Call Centre at (65) 6419-3000 if you have any further enquiries.

Yours faithfully,  
**Claims Department**

AIG Asia Pacific Insurance Pte. Ltd.

*This is computer generated document, no signature is required.*