

NATIONAL Assessment Centre Services. [ver 1 Jan 2003]

NA 419065137

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 21/05/2019 11:57 | Job description | Date & Time Completed | Done by |
| Ref No: NAB/019/0008863/4 | SAS e-filing | | |
| Veh No: SKV 4955 Y | E-mail (4 jobs 3hrs, AIC 2hrs) | | |
| DOA: 20/05/2019 15:38 | I-Motor Claim Form | | |
| OID: TP Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

Preferred Wkep / INC Assign Wkep / QW: () Tel: Fax:

TP Particulars: Vch No: SLP 4161R INC () / Non-INC () Tel: ()

Owner/Driver: () Cover Type: ()

Policy No: () Period: ()

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: ()

Reminders: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

Location: ()

NA 190375

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Architect's Comments: ()

Cal 1: ()

2 / 3

| | |
|---|-------------|
| 1) AR: Accident Reporting (\$30) | |
| 2) DA: Damage Assessment (\$100) | INC (\$40) |
| 3) TP: Towing Fee | \$40/\$45 |
| 4) PT: Follow-Through Survey | \$120 |
| 5) PT: Follow-Through Survey (Resurvey) | \$30 |
| For claiming against INC Only (wef 10 Jan 2003) | |
| 6) TR: Re-inspection | \$75 |
| 7) NI: Ideal DA + SMRT Survey | \$160 |
| 8) NTUC Additional Services:- | |
| Q1: | |
| *NS: Courtesy Car / Tpt Allowance | \$3 |
| *N6: Repair Co-ordination | \$10 |
| *N7: Post Repair Inspection | \$25 |
| *N8: DV / Collect Excess Coordination | \$3 |
| *N9: DV / Collect Excess Coordination | \$10 |
| TP (N11): TP (N11) INC against INC | \$30 |
| 9) N12: Ideal Mobile | |
| 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 | 21/05/2019 11:57 |
| Date Of Accident | 20/05/2019 15:35 |
| Exact Location Of Accident | SELETAR FARMWAY 5 TURNING INTO SENGKANG WEST ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SKV4955Y |
| Insured/Policyholder | |
| Name Of Registered Owner | ONG SULING (WANG SHULING) |
| NRIC No | S8222420C |
| Email Address | CHRISTIN.LING@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91834117 |
| Alternative Phone No | OTHERS-91834117 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | HONDA |
| Model | VEZEL-1.5 X (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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 1700049499-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | ONG SULING (WANG SHULING) |
| NRIC No | S8222420C |
| Date Of Birth | 15/07/1982 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/04/2002 |
| Driving Experience | 17 YEARS AND 0 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-91834117 |
| Fax Number | |
| Contact Number | OTHERS-91834117 |
| EMail Address | CHRISTIN.LING@GMAIL.COM |

| | |
|---|-------------------|
| Address | 10 MUGLISTON PARK |
| Postcode | 798526 |
| 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 | 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) | 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 | SLP4161R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | PANG SWEE MAY |
| NRIC/Passport Number | S1686154E |
| Contact Number | 97668600 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

Veh A: SKV 4455 Y
Veh B: SLP 4161 R

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


Policyholder's Signature
Date & Time: 21.05.2019 10am

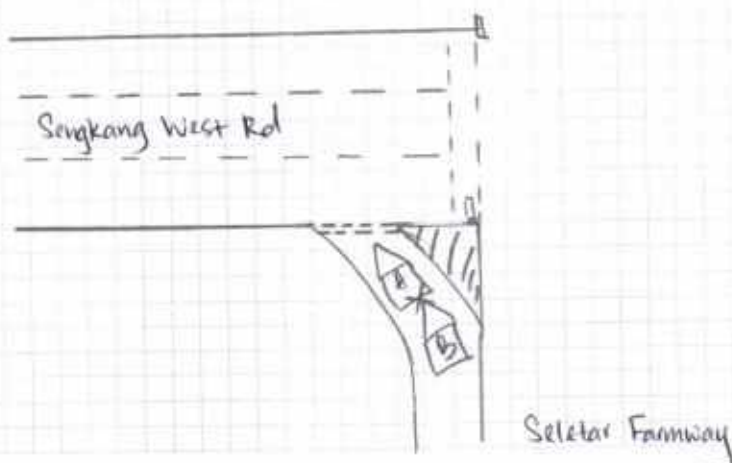
Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: 21/05/2019
NRIC/FIN No.: R011111111

SKETCH PLAN

Veh A: SKV 4955Y

Veh B: SLP 4161R

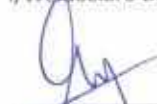


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I slow down my vehicle at the slip road to give way traffic on coming toward Sengkang West Rd. Suddenly Vehicle B behind me hit onto my rear of vehicle.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 21.05.2019
 10 am

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


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

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 20 May 2019 *Time of Accident: 3.36 pm
*Accident Location: Salestar Farmway 5 turning into Sengkang West Road

Vehicle Details

*Vehicle Number: 158245 SKV4955Y *Make & Model: Honda Vezel 1.5 X A

Insured / Policyholder

*Owner Name: Ong Suling *NRIC: S8222420C
*Address: 10 Munglison Park S1798526
*Email: christin.ing@gmail.com *HP: 9183417
*Occupation: Executive (Indoor / Outdoor) *Tel / H / Other: -

Driver ☒ same as above

*Driver Name: Ong Suling *NRIC: -
*Address: -
*Date of Birth: - *Driving Pass Date: 4 Apr 2002 *HP: -
*Email: - *Gender: Male / Female
*Occupation: - (Indoor / Outdoor) *Tel / H / Other: -
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: -)

Passengers Details

*P/Name: / (Male/Female) *P/Name: / (Male/Female)
*P/Name: / (Male/Female) *P/Name: / (Male/Female)

Insurance Company

*Insurer: AIG *Coverage: C / TPFT / TPO *Policy No: 1700049499-01

Detail of other vehicle / Property 1

Vehicle No.: SLP 4161R
Make & Model: -
Vehicle Category: -
Name of Driver: Pang Siew Man
NRIC : 51686154E
HP : 9766 8600
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

License Number: **S8222420C**

Name: **ONG SULING (WANG SHULING)**

Birth Date: **15 Jul 1982**

Issue Date: **21 Apr 2003**

000411356G



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8222420C**



Portrait of Ong Suling

Name: **ONG SULING (WANG SULING)**
王 妹 玲

Race: **CHINESE**

Date of birth: **15-07-1982**

Country/Place of birth: **SINGAPORE**

Sex: **F**

S8222420C

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
30 Apr 2002



NP 428A



S200273

IDENTIC No: **S8222420C**



Date of issue
31-07-2012

Address
**10 MUGLISTON PARK
SINGAPORE 798526**



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : ONG SULING
Period of Insurance : 21 Sep 2018 To 20 Sep 2019
Engine No. : L15B4021762
Chassis No. : RU11101762

Vehicle No. : SKV4955Y
Policy No. : 1700049499-01
Endorsement No. :
Issued Date : 03 Sep 2018

ABOUT THE COVER

Make/Model : HONDA VEZEL
Engine Capacity/Tonnage : 1,496.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2015
Insuring with COE/PAF : Yes

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised 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 Authorised 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* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or 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 - \$500 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

ONG SULING - \$500 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website 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

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).

05 01295000

INSURE LINK PTE LTD

2 KALLANG AVE #08-16 CT HUB

SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

ISSUED 03 SEP 2018
 2-KALLANG PTE LTD #08-16
 CT HUB SINGAPORE 339407

Mobile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Kim San Shuan Ang