

NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

NA1903868

Date In: 27/05/2019 18:50	Job description	Date & Time Completed	Done by
Ref No: NA1903868	SAS e-filing		
Veh No: SLN 7614Y	E-mail (Mobile 2hrs, AIC 2hrs)		
D.O.A: 27/05/2019 02:45	I-Motor Claim Form		
OID: 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLN 7614Y	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 repolar.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	Completed by:
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Bgr-In-Charge):	

NA1903868	Invoice	Ref: NA1903868
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Bgr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$25	
	7) NI: Ideal DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	OID:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: Repair Coordination \$10	
	*NT: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$5	
	TP (NIUC) / TP (Non INC) against INC \$10	
	9) NIUC: Ideal 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	27/05/2019 18:50
Date Of Accident	27/05/2019 07:45
Exact Location Of Accident	ALONG ADMIRALTY DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM7614Y
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	201602573M
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-87818338
Alternative Phone No	OFFICE-98622044

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994246
Cover Note Number	

Driver

Name of Driver	GOH KOEK LEONG (WU GUOLIANG)
NRIC No	S8623753I
Date Of Birth	27/08/1986
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2007
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87818338
Fax Number	
Contact Number	OTHERS-98622044
Email Address	EDWIN@CARCOVE.COM.SG

Address	BLK 401 ADMIRALTY STREET 41 #09-24
Postcode	730401
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	CHAIN COLLISION
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	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190527/7002

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	SLE487K
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGU5681H

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.

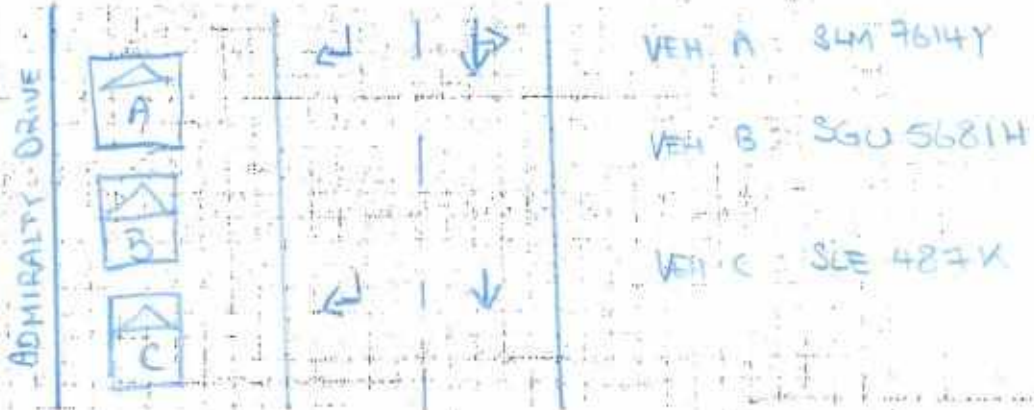


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.
T/20190527/7002

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/PIN No.:

27/05/2019
Kesh Wadhwa



SINGAPORE POLICE FORCE



T/20190527/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190527/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2019 09:42	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: GOH KOEK LEONG			Address: 401 WOODLANDS STREET 41 #09-24 SINGAPORE 730401		
ID Type / ID No.: NRIC NO / S8623753I			Contact No.: Home/Office:		Mobile: 98622044
Nationality: SINGAPORE CITIZEN			Email: marcusgoh1986@gmail.com		
Sex: Male	Age: 32	Date of Birth: 27/08/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other business services and administration managers nec			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/05/2019 07:45	Type of Location: Straight Road
Location: ADMIRALTY DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGU5681H	Car					0
SLE487K	Car					0
SLM7614Y	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190527/7002

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Report No. T/20190527/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	GOH KOEK LEONG	ID No.	S8623753I
Related Vehicle	SLM7614Y (Car)	Contact No.	98622044
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, i was travelling in my vehicle(SLM7614Y)along Admiralty Drive towards Sembawang. I turned on my hazard light as i wanted to pick up a passenger from the road side. I slowly come to a stop on the road side. Upon stopping, the vehicle(SGU5681H) behind me stopped as well. A few seconds later, my vehicle was hit from the rear. Upon impact, i i hurt my neck. I exited my vehicle afterwards and realised that there was a third vehicle(SLE487K) that did not stop in time and collided with the second vehicle which then hit my vehicle. The driver from the second car was uninjured while the driver of the third car had injuries on one of his arm. My vehicle had a large dent at the rear bumper area
No ambulance was at scene. Police arrived at the scene after i have left.



**SINGAPORE
POLICE FORCE**



T/20190527/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190527/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SUFIYAN BIN KHAIRI
Contact No.: 65476390

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
27/05/2019 09:42

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 27 / 05 / 2019 (DD/MM/YYYY), TIME: (07 : 45) (HH:MM)

LOCATION: ADMIRALTY DRIVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLM 7614 Y
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 499994246
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA SHUTTLE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB / GOJEK
 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: CAR CONE LEASING PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201602573M CONTACT: 87818338
 c) ADDRESS: 1557 KEPPEL ROAD BLOCK C #01-02
(S) 087066

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GOH KOEK LEONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S86237531 CONTACT: 98620414
 c) ADDRESS: 401 WOODLANDS STREET 41 #09-24
(S) 730401

* d) DATE OF BIRTH: 27 / 08 / 1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 26/09/2007

f) DATE OF DRIVING PASS: 26/09/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRE

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: 10 URA AVE 3 (S) 408865

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 3LE 487K MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGU 5681M MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

EMAIL: edwin@carcove.com.sg

VIDEO: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S86237531



Name
GOH KOEK LEONG
(WU GUOLIANG)
吳國良

Race
CHINESE

Date of Birth
27-08-1986

Sex
M

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S86237531**



Name
GOH KOEK LEONG
(WU GUOLIANG)

Birth Date: 27 Aug 1986

Issue Date: 27 Aug 2010



ADDRESS



NRIC No: S86237531



Class Group: D+ Date of Issue: 30-11-2001


APT BLK 401 WOODLANDS STREET 41 #09-24
SINGAPORE 730401

NRIC No: S86237531 Date: 18/07/2011 No: 6710447

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	18 Feb 2005
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	26 Sep 2007

NP 428A



Licence No: S86237531



HOTLINE TEL: (65) 6419-3000

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

		(The below excess is subject to GST)	
THIRD PARTY FIRE & THEFT COMMERCIAL MOTOR		POLICY EXCESS	S\$2500.00 SECT II
CERTIFICATE NO.	SLM7614Y	WINDSCREEN EXCESS	NA
POLICY NO.	999994246		
1) VEHICLE REGISTRATION NO.		SUM INSURED	YES
2) NAME OF INSURED		INSURING WITH COE/PAFF	YES
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		SLM7614Y	
4) DATE OF EXPIRY OF INSURANCE		CAR COVE LEASING PTE LTD	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		12 February 2019	
Any person who is driving on the insured's order or with their permission.		11 February 2020	
S\$1,500.00 Section I & S\$2,500.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.			
An additional Section II excess of \$500.00 per accident is applicable in the event of an accident occurring outside Singapore.			
The policy does not cover drivers who are below 22 years old and/or with less than 2 year driving experience.			
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.			
LOSS OF USE	Not Included		
HIRE PURCHASE COMPANY	Heritage Auto Enterprise Pte Ltd		
*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 04 Mar 2019

AIG Asia Pacific Insurance Pte. Ltd.

691991-000
Moh Kok Heng
3 Tampines Grande, AIA Tampines
#02-38
SINGAPORE 528799


AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MYN419068933 Vehicle Registration No: SLM76144

Name (as shown in NRIC): GOH KOAK LAMER (WU GROUPOUR) NRIC/FIN/Passport No: S86237537

(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 98622044

Email Address: _____

Date of Accident: 27/05/2019 Time of Accident: 07:45

Place of Accident: BLVDK TOMORROW DRIVE

Insurance Company: ALG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURANCE SHOULD BE ALG & NOT MSIG

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Paul L. Lim
NRIC/FIN No: 27/05/2019
Date: