

**NATIONAL Assessment Centre Services** [Ref: 33074]

Date In: 17/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/AIG19010681/13	SAS e-filing		
Veh No: SMG3860Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/06/19 1145	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: ( EMI ) Tel: ( ) Fax: ( )

TP Particulars:	Veh No: SKUS76YE	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

NA1904527	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) NI : 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 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 willful 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	17/06/2019 14:16
Date Of Accident	16/06/2019 11:45
Exact Location Of Accident	CTE TWDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG3860Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TASK COMM ENGINEERING PTE LTD
Co Reg No	18004149695
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63689066

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	1800149695
Cover Note Number	

### Driver

Name of Driver	NG CHEE YONG
NRIC No	S8925398E
Date Of Birth	26/07/1989
Occupation	INDOOR
Date Of Driving Pass	30/11/2011
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81125627
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 35 SEMBAWANG CRESCENT  
 #07-28  
 Postcode 756985  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 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) 5  
 Passenger 1  
 NAME: : UNKNOWN  
 GENDER: : MALE  
 Passenger 2  
 NAME: : UNKNOWN  
 GENDER: : FEMALE  
 Passenger 3  
 NAME: : UNKNOWN  
 GENDER: : FEMALE  
 Passenger 4  
 NAME: : UNKOWN  
 GENDER: : FEMALE

**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**

PLS REFER TO THE ATTACHED 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 SKU5764E  
 Vehicle Make/Model/Colour  
 Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	LIONG XIANG RAN,GABRIEL
NRIC/Passport Number	S9028670F
Contact Number	91256512
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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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:  
NRIC/FIN No.:

*Signature* 17/06/19

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along CTE towards AYE before Balestier Exit on lane 3. Due to heavy traffic, I slowed down to stop (stationary). Suddenly vehicle B hit onto my rear portion.

Vehicle A : SMG 3860Z

Vehicle B : SKU 5764E

DECLARATION

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

Policyholder's Signature  
Date & Time:

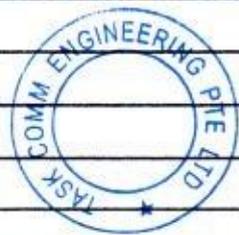


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*li*

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

*lym 17/06/19*



em1

Date of Accident : 16/4/2019 Accident Time: 11:45 (24-HR-FORMAT)

Accident Place : CTE towards AYE

Vehicle Reg. No (Car plate No.) : SMG3860Z

Vehicle Make/Model : KIA Cerato

Insurance Company : AIG Policy No. 1800149695

Owner or Company Names /IC NO: Task Conim Engineering Pte Hd 199802643R

Owner or Company Contact No. : \_\_\_\_\_ Owner's HP 63689066 Company Tel \_\_\_\_\_

DRIVER'S Name & IC no. : Ng Chee Yong 58925398E

DRIVER'S Date of Birth : 26/7/1989 DRIVER'S License Pass Date 30/11/2011

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling  Employee \ Others: \_\_\_\_\_

DRIVER'S Address : Blk 35 Sembawang Crescent #07-28 (756985)

DRIVER'S Contact No./ Alt No. : 1) 81125627 2) \_\_\_\_\_

DRIVER'S Occupation :  INDOOR \  OUTDOOR (eg. working inside or outside of an ofc)

Email Address : \_\_\_\_\_

Weather & Road Surface :  CLEAR & DRY \  RAINING & WET \  AFTER RAIN & WET

Reporting Type : Reporting Only  Claim Other Party \  Claim Own Ins

Number of Passengers (including Driver): 2 male 3 female

Was the accident reported to the police? YES \  NO

Was there any video Captured by car camera: YES \  NO

Exact purpose for which vehicle was being used at the time of accident: Private use \  Work purpose

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>SKU5764E</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: <u>KIONG XIANG RAN, GABRIEL</u>	Name DRIVER: _____
IC No. DRIVER: <u>S9028670F</u>	IC NO. DRIVER: _____
DRIVER'S Contact & add: <u>91256512</u>	DRIVER'S Contact & add: _____

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8925398E



Name  
NG CHEE YONG

黄智泳

Race  
CHINESE

Date of birth  
26-07-1989

Sex  
M

Country of birth  
SINGAPORE

For LKK/NAC Use Only

S8925398E

3629641



NRIC No. S8925398E

For LKK/NAC Use Only

Date of issue  
26-10-2004

APT BLK 35 SEMBAWANG CRESCENT #07-28  
SINGAPORE 756985  
NRIC No: S8925398E

Date: 15/03/2019

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8925398E**

Name: **NG CHEE YONG**  
**For LKK/NAC Use Only**

Birth Date: **26 Jul 1989**

Issue Date: **30 Nov 2011**



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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 30 Nov 2011

**For LKK/NAC Use Only**

NP 428A





# CERTIFICATE OF INSURANCE

## KIA AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : Task Comm Engineering Pte Ltd  
**Period of Insurance** : 18 Dec 2018 To 17 Dec 2020  
**Engine No.** : G4FGJH711520  
**Chassis No.** : KNAF1416MK5021370

**Vehicle No.** : SMG3860Z  
**Policy No.** : 1800149695  
**Endorsement No.** :  
**Issued Date** : 07 Jan 2019

### ABOUT THE COVER

**Make/Model** : KIA Cerato  
**Engine Capacity/Tonnage** : 1,591.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2018  
**Insuring with COE/PARF** : Yes

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

Loss of Use 1500cc - 1600cc

\* 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 - \$600 Theft - \$0 Flood Cover - \$0  
**Section 2**  
 Property Damage - \$0  
**Windscreen** : \$100

Named Driver and Excess (where applicable)

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

1. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000
2. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800
4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

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](http://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: HL Bank

I/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).

0504622222  
 C&CKICP2 - WINYEO  
 239 ALEXANDRA ROAD  
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
 AUTHORISED REPRESENTATIVE

SSCSAN

100182675/AIC4/Decal