

NATIONAL Assessment Centre Services

Form 1 Jan 2019

MAA19081119

Date In: 21/06/2019 17:51	Job description	Date & Time Completed	Done by
Ref No: MAA1908110271	SAS e-filing		
Veh No: SDN 5124K	E-mail (within 2hrs. A/C 2hrs)		
DOA 21/06/2019 08:15	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: SDN 83624	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

<p>MAA1908110271</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Est. 1:</p> <p>Est. 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100): INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$20</p> <p>For claimant against INC Only (wef 10 Jan 2019)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idno DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>• N1: Courtesy Car / Tpl Allowance \$5</p> <p>• N6: Repair Co-ordination \$10</p> <p>• N7: Post Repair Inspection \$25</p> <p>• N8: DV / Collect Excess Coordination \$5</p> <p>• TP (N11): TP (Non INC) against INC \$20</p> <p>• N12: Idno Mobile \$10</p> <p>Invoice dated: _____ Fee Charged: _____</p> <p>Invoice dated: _____ Fee Charged: _____</p>	<p>Am (\$)</p> <p>In Bill</p> <p>Am (\$)</p> <p>Add Bill</p>
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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	21/06/2019 17:57
Date Of Accident	21/06/2019 08:15
Exact Location Of Accident	ALONG NORTH CANAL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ5124K
Insured/Policyholder	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96196209
Alternative Phone No	OFFICE-96196209

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 HD (A)
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
Fleet Policy	NO
Policy Number	999994238
Cover Note Number	

Driver

Name of Driver	NG ENG JOO
NRIC No	S1668018D
Date Of Birth	09/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	28/01/1992
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96196209
Fax Number	
Contact Number	OTHERS-96196209
Email Address	NOEMAIL

Address	24 UPPER SERANGOON VIEW #06-28
Postcode	534205
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?	YES
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 SKETCH AND POLICE REPORT T/20190621/7011

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	SDN8362G
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 INJURED PERSON 1

Name NG ENG JOO

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJQ5124K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:
NRIC/FIN No.:

[illegible]

On the stated date and time, I vehicle 'A' was travelling on the stated route. I was stationary in my lane awaiting green light. When traffic was green, I'm just about to move off, suddenly vehicle 'B' cut into my lane and hit onto my vehicle front right portion. I was in shocked. shortly I got down and realised vehicle 'B' also damaged my vehicle right front rims and tyres.

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



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

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

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190621/7011

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

1 of 3

Report No: T/20190621/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2019 13:19	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: NG ENG JOO		Address: 24 UPPER SERANGOON VIEW #06-28 SINGAPORE 534205	
ID Type / ID No.: NRIC NO / S1668018D		Contact No.: Home/Office: Mobile: 96196209	
Nationality: SINGAPORE CITIZEN		Email: ptnexus@yahoo.com.sg	
Sex: Male	Age: 54	Date of Birth: 09/10/1964	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: ASSISTANT GENERAL MANAGER SERVICES SALES		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/06/2019 08:15	Type of Location:
Location: NORTH CANAL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDN8362G	Car	VOLKSWAGO N				0
SJQ5124K	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20190621/7011

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

2 of 3

Report No. T/20190621/7011

CONTINUATION OF REPORT

Driver			
Name	NG ENG JOO	ID No.	S1668018D
Related Vehicle	SJQ5124K (Car)	Contact No.	96196209
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/06/2019	Date Discharge	21/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I WAS TRAVELLING ALONG NORTH CANAL ROAD ON 21/06/2019 AT ABOUT 0815HRS. I WAS STATIONARY IN MY LANE AWAITING GREEN LIGHT. WHEN TRAFFIC WAS GREEN, I WAS JUST ABOUT TO MOVE OFF, SUDDENLY I FELT A HUGE IMPACT FROM MY RIGHT. VEHICLE 'B' SDN8362G' CUT INTO MY LANE HAD HIT ONTO MY VEHICLE FRONT RIGHT PORTION. I WAS IN SHOCKED. SHORTLY I GOT DOWN AND REALISED VEHICLE 'B' ALSO DAMAGED MY VEHICLE RIGHT FRONT RIMS AND TYRES.
I FELT PAIN AFTER THIS ACCIDENT AND WENT TO CONSULT DOCTOR. I WAS THEN GIVEN 5 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20190621/7011

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

3 of 3

Report No. T/20190621/7011

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 / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

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:
21/06/2019 13:19

Classification Of Case:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 21/06/2019 (dd/mm/yy) Time of Accident: 08:15 (24-HR-FORMAT)
Vehicle No.: SJQ 5124 K Vehicle Make & Model: HYUNDAI HD AVANTE 1.6 A
Exact location of Accident: North canal rd
Policyholder's Name / IC No.: ASSET LIMO 53309913K
Driver's Name / IC No.: NG ENG JOO S1668018D (As Above) ☐
Driver's Contact No.: 9619 6209 Company Contact No.: _____
Driver's Address: 18 SIN MING LANE #06-31 MIDVIEW CITY SINGAPORE (573960)
Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver:

or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

☐ Private use / ☒ Work purpose

Occupation (nature of job): ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name : _____
Passenger Name : _____

Gender : _____
Gender : _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☒ No (If YES) Injured Person's Name: Ng Eng Joo

Injuries Sustain: Body Injured Person in Which Vehicle: SJQ 5124K

Police Report filed: ☒ Yes / ☒ No (If YES) Which Police Station: 10 ubi Ave 3

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SDN 8362 G

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1668018D



Name
NG ENG JOO
黄泳禧
Race
CHINESE
Date of Birth
09-10-1964 Sex
M
Country of Birth
SINGAPORE

S1668018D

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S1668018D
Name
NG ENG JOO
Date of Birth 09 Oct 1964
Valid Date 05 Mar 2003

000252945E

Barcode

NRIC No. S1668018D



Ward Group Date of issue
S* 04-09-1997

24 UPPER SERANGOON VIEW #06-28
SINGAPORE 534205
NRIC No. S1668018D Date: 11/11/2007 No. 8861582

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class	Description	Valid Date
Class 2B	Motorcycles not exceeding 200 cc	17 Jan 1996
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	28 Jan 1997

NP 426A

Barcode Licence No: S1668018D

Name: Hg Eng Joo

NRIC: S16680187

TEMPORARY PRIVATE HIRE CAR DRIVER'S VOCATIONAL LICENCE

1. You have passed the vocational licence competency test and have been granted a Private Hire Car Driver's Vocational Licence (PDVL).

08 MAR 2019

PDVL Commencement Date: _____

2. You must display this Temporary PDVL in your car at all times while driving a chauffeured private hire car.

3. LTA will subsequently inform you to collect your Vocational Licence Card that will replace this Temporary PDVL.

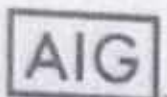
You must collect your Vocational Licence Card **within 6 months** of the PDVL Commencement Date and display it in your car thereafter. **Otherwise, your PDVL may be revoked.**

Kwan Mei Fong
Assistant Registrar of Vehicles
Land Transport Authority of Singapore



This Temporary PDVL is handed to you by _____ (centre officer name),
(centre officer designation), of _____ (centre name).

For LKK/NAC Use Only



HOTLINE TEL: (65) 6416-0000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1987

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

M2400

(The below excess is subject to GDT)

THIRD PARTY CERTIFICATE NO.	COMMERCIAL MOTOR SJO5124K	POLICY EXCESS	S\$2500.00 (Sect 8)
POLICY NO.	999994738	WINDSCREEN EXCESS	NA

- 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*

SUM INSURED NA
INSURING WITH CODE/PART NO
SJO5124K
ASSET LIMO

10 March 2019
09 March 2020

*Any person who is driving on the Insured's order or with their permission.
S\$2,500.00 Excess is applicable for driver who is between 20 years to 25 years old with minimum 2 years driving experience in Singapore.
An additional excess of S\$ 500.00 section 8 per incident 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 for 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 (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 NA

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 188) and Section 80 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

17 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 188) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 26 Feb 2019

AIG Asia Pacific Insurance Pte. Ltd.

500656-000
Cowell Insurance (Agency) Pte. Ltd.
8 Burn Road
809-09 Trinity
Singapore 369777

AUTHORISED REPRESENTATIVE

ORIGINAL

SEPCEG