

NATIONAL Assessment Centre Services

(not a form)

MA904877

Date In: 21/06/2019 10:46	Job description	Date & Time Completed	Done by
Ref No: NB8/A1919011376M	SAS e-filing		
Veh No: S811876J	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 21/06/2019 18:10	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: SIX 2276M	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 repairs.

() 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

MA904877	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	Inc Bill	Nett Bill
Driver/Owner:	2) DA: Damage Assessment (\$100)		
Contact No:	3) TP: 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 2018)		
Cal 1:	6) TR: Re-inspection \$75		
Cal 2/3:	7) N1: Idm DA + SMRT Survey \$160		
1/1/1	8) NTUC Additional Services:		
	9) N12: Idm Mobile		
	10) N1: Courtesy Car / Tpt Allowance \$5		
	11) N6: Repair Co-ordination \$10		
	12) N7: Post Repair Inspection \$25		
	13) N8: DV / Collect Excess Coordination \$5		
	14) TP (N11): TP (N-in INC) against INC \$20		
	15) N12: Idm Mobile \$30		
	Pen Charged		
	Fed Charged		

07-MAY-2019 16:39

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	27/06/2019 10:41
Date Of Accident	21/06/2019 18:10
Exact Location Of Accident	PAYA LEBAR RD BEFORE GEYLANG ROAD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT1876J
Insured/Policyholder	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87209498
Alternative Phone No	OFFICE-87209498

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	WORKIG PURPOSES
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	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	CHEANG KIM LEE
NRIC No	S1467974Z
Date Of Birth	13/11/1961
Occupation	OUTDOOR
Date Of Driving Pass	18/06/1992
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87209498
Fax Number	
Contact Number	OFFICE-87209498
EMail Address	NOEMAIL

Address	BLK 510B YISHUN STREET 51 #04-575
Postcode	762510
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	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)	2
Passenger 1	NAME: : PASSENGER 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

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	SJX2276M
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

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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:

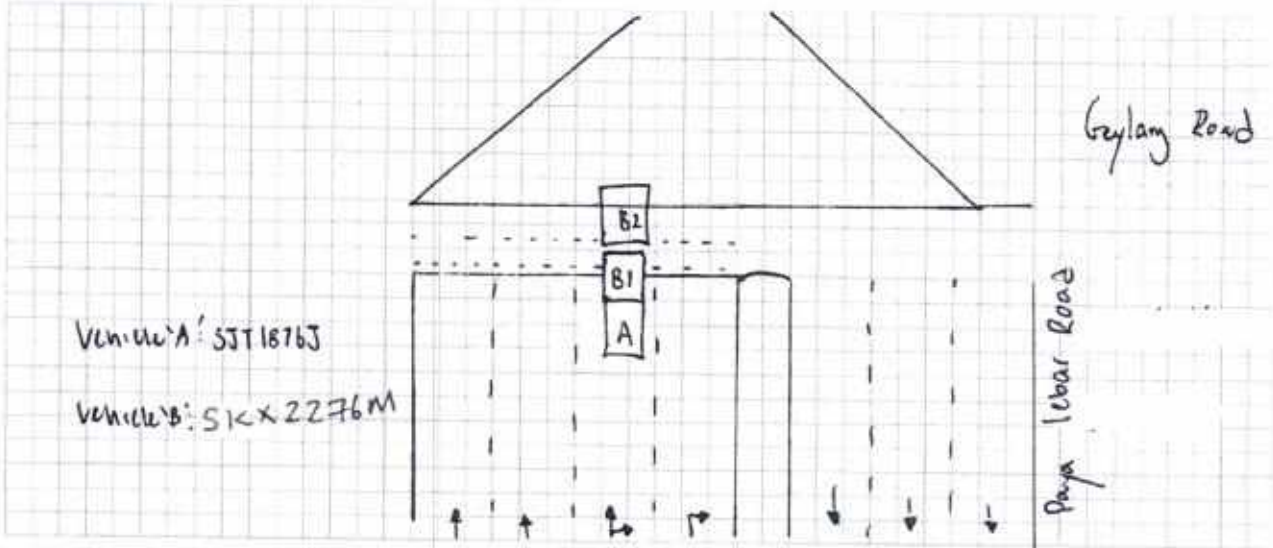
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

27/06/2019
Reporting Centre Personnel's Signature
Name: Roshan
NRIC/FIN No.: 123456789

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, i vehicle A' was travelling on my designated lane. The ~~sea~~ light was amber and the vehicle in front of me slowed down to a stop so such i followed suit. The vehicle in front of me overshoot the stop line and hence started to reverse into me. I Horned as he was about to hit me but to no avail he still hit onto me. That is all.

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/FIN No.:

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: 18:10 (24-HR-FORMAT)
Vehicle No.: SJT1876J Vehicle Make & Model: MAZDA 3
Exact location of Accident: PAYA LEBAR ROAD BEFORE GEYLANG ROAD JUNCTION
Policyholder's Name / IC No.: ASSET LIMO / 53309913K
Driver's Name / IC No.: CHEANG KIM LEE S1467974Z (As Above) ☐
Driver's Contact No.: 8720 9498 Company Contact No.: _____
Driver's Address: APT BLK 510B YISHUN STREET 51 #04-575, S(762510)
Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver: Hirer 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): 2

Passenger Name: Grab Passenger
Passenger Name: _____

Gender: Female
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: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SJX 2276M

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 DRIVING LICENCE

Licence Number: S1467974Z

CHEANG KIM LEE

For LKK/NAC Use Only

Age Date: 13 Nov 1961

Issue Date: 21 Jan 2014

002260421G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1467974Z

Name: CHEANG KIM LEE

唐金利

Race: CHINESE

Date of birth: 13-11-1961

Country/Place of birth: SINGAPORE

Sex: M

S1467974Z

For LKK/NAC Use Only

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1467974Z

Name: CHEANG KIM LEE

For LKK/NAC Use Only

PDVL/TDVL

37 000 00000

287524

Please visit www.lta.gov.sg to check the status of this vocational licence

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

EFFECTIVE DATE

Class 3: Motor Cars <= 3000kg with <= 2 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

10 Jun 1992

For LKK/NAC Use Only

Licence No: S1467974Z

NP 428A

5266493

NRIC No: S1467974Z

Date of issue: 21-01-2014

APT BLK 510B YISHUN STREET 51 #04-575

SINGAPORE 762510

NRIC No: S1467974Z

Date: 18/11/2018

For LKK/NAC Use Only

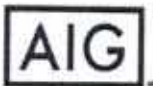
This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	07/03/2019

For LKK/NAC Use Only

For LKK/NAC Use Only





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, 1959

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z. 400

THIRD PARTY		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SJT1876J	POLICY EXCESS		S\$2500.00 (Sect II)	
POLICY NO.	999994238	WINDSCREEN EXCESS		NA	
1) VEHICLE REGISTRATION NO.		SUM INSURED		NA	
2) NAME OF INSURED		INSURING WITH COE/PARF		NO	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		SJT1876J			
4) DATE OF EXPIRY OF INSURANCE		ASSET LIMO			
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		10 March 2019			
		09 March 2020			
Any person who is driving on the Insured's order or with their permission. 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 excess of \$1,000.00 section II 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.					
LOSS OF USE		Not Included			
HIRE PURCHASE COMPANY		NA			
*Limitations rendered inoperative by Section 6 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 26 Feb 2019

AIG Asia Pacific Insurance Pte. Ltd.

500656-000
Cowell Insurance (Agency) Pte. Ltd.
8 Burn Road
#09-09 Trivex
Singapore 369977

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL