

# NATIONAL Assessment Centre Services

(Form 1 Jan 2018)

MNA919091173

Date In: 11/07/2019 14:53	Job description	Date & Time Completed	Done by
Ref No: NRA/091401236714	SAS e-filing		
Veh No: SKN 5810S	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 11/07/2019 20:50	I-Motor Claim Form		
OD <input checked="" type="radio"/> 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: SMJ 9267D	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: (\$	Landing: \$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

MNA905193	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			In Bill	Add. Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30):			
	2) DA: Damage Assessment (\$100):	INC (\$80)		
	3) TP: Towing Fee	\$40/\$45		
	4) FT: Follow-Through Survey	\$120		
	5) RT: Follow-Through Survey (Resurvey)	\$30		
	For claimant against INC Only (wef 10 Jan 2018)			
	6) TR: Re-inspection	\$75		
	7) NI: Idem DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
	(Nil)			
Driver/Owner:	* N3: Courtesy Car / Tpl Allowance	\$5		
Contact No:	* N6: Repair Co-ordination	\$10		
Damaged Portion:	* N7: Post Repair Inspection	\$25		
QC Checked by (Engr-In-Charge):	* N8: DV / Collect Excess Coordination	\$5		
Auditors' Comments:	TP (N11): TP (N11) against INC	\$20		
	9) N12: Idem Mobile	\$0		
Cal. J:	Invoice dated	For Charged		
Cal. 2/3	1/1/19	For Charged		

07-MAY-2018 16:38



## 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	12/07/2019 14:53
Date Of Accident	11/07/2019 20:50
Exact Location Of Accident	CHANGI BUSINESS PARK CENTRAL 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN5810S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81262999
Alternative Phone No	OFFICE-81262999

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE KOUP-1.6 SX (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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994238
Cover Note Number	

### Driver

Name of Driver	CHEW BOH CHONG
NRIC No	S1765379B
Date Of Birth	05/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	16/02/1993
Driving Experience	26 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81262999
Fax Number	
Contact Number	OTHERS-81262999
Email Address	NOEMAIL

Address	BLK 322 WOODLANDS STREET 32 #04-183
Postcode	730322
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 - MAJOR/MINOR RD
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/20190712/7012

#### 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	SMJ9267G
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 CHEW BOH CHONG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SKN5810S

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.

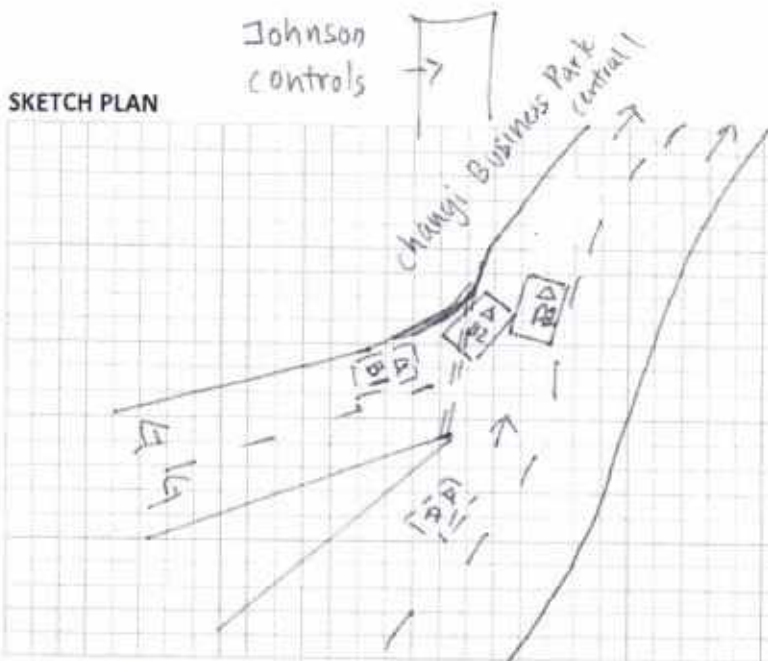


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



V. A) SKN58105

V. B) SMJ92675

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on the stated venue. I was travelling straight in my lane, suddenly vehicle 'B' SMJ92675 from the minor rd did not stop before turning left, it caused the vehicle SMJ92675 front right collided against my vehicle rear left portion. The impact caused my rims to be damaged too. while driving to the reporting centre, I felt my vehicle not aligned and there were sound coming on the rear portion.

Police Report 7/2009072/2012

## 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.:

12/01/2012  
Rohit Kumar





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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/07/2019 12:50	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: CHEW BOH CHONG		Address: APT BLK 322 WOODLANDS STREET 32 #04-183 SINGAPORE 730322	
ID Type / ID No.: NRIC NO / S1765379B		Contact No.: Home/Office:                      Mobile: 81262999	
Nationality: SINGAPORE CITIZEN		Email: kenzchew@gmail.com	
Sex: Male	Age: 53	Date of Birth: 05/01/1966	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Creative Director		Driving Licence Information: Class:                      Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/07/2019 20:50	Type of Location:
Location:  CHANGI BUSINESS PARK CENTRAL 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SKN5810S	Car					0
SMJ9267S	Car			Red		0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190712/7012

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

2 of 3

Report No. T/20190712/7012

**CONTINUATION OF REPORT**

Driver			
Name	CHEW BOH CHONG	ID No.	S1765379B
Related Vehicle	SKN5810S (Car)	Contact No.	81262999
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/07/2019	Date Discharge	12/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details:**

ON THE 11TH JULY 2019 AT ABOUT 2050HRS, I SKN5810S WAS TRAVELLING ALONG CHANGI BUSINESS PARK CENTRAL 1. I WAS TRAVELLING STRAIGHT IN MY LANE, SUDDENLY VEHICLE SMJ9267S FROM THE MINOR ROAD DID NOT STOP BEFORE TURNING LEFT, IT CAUSED THE VEHICLE SMJ9267S FRONT RIGHT COLLIDED AGAINST MY VEHICLE REAR LEFT PORTION. THE IMPACT CAUSED MY RIMS TO BE DAMAGED TOO. WHILE DRIVING TO THE REPORTING CENTRE, I FELT MY VEHICLE NOT ALIGNED AND THERE WERE SOUND COMING FROM THE REAR PORTION. THE NEXT FOLLOWING DAY I FELT PAIN, HENCE I WENT TO SEE DOCTOR. THE DOCTOR GAVE ME 3 DAYS MC.





**SINGAPORE  
POLICE FORCE**



T/20190712/7012

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

3 of 3

Report No. T/20190712/7012

**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:  
12/07/2019 12:50

Classification Of Case:

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 11/07/2019 (dd/mm/yy) Time of Accident: 20:50 (24-HR-FORMAT)  
Vehicle No.: SKN 5810 S Vehicle Make & Model: KIA CERATO FORTE 1.6 AT SX ABS D/AB  
Exact location of Accident: Changi Business Park Central 1  
Policyholder's Name / IC No.: ASSET LIMO 53309913K  
Driver's Name / IC No.: CHEW SOH CHONG S1765379B (As Above) ☐  
Driver's Contact No.: 8126 2999 Company Contact No.: \_\_\_\_\_  
Driver's Address: 18 Sin Ming Lane #06-31 Midview city S573960  
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?**

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

☐ Private use / ☒ Work purpose

**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: \_\_\_\_\_

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: SMJ 9267 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 Number: S1765379B

NAME: CHEW BOH CHONG

**For LKK/NAC Use Only**

Birth Date: 05 Jan 1966  
Valid Until: 20 Oct 2099

000533655A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1765379B

**For LKK/NAC Use Only**

CHEW BOH CHONG

周牧聰

Race: CHINESE  
Date of Birth: 05-01-1966  
Country of Birth: SINGAPORE

Land Transport Authority

**VOCATIONAL LICENCE**

Licence No: S1765379B  
Name: CHEW BOH CHONG

**For LKK/NAC Use Only**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2 Motor Cars and Motor Tractors the weight of which includes does not exceed 3500 kilograms

Valid Until: 16 Feb 1993

**For LKK/NAC Use Only**

Standard Chartered

0551167

Barcode

NRIC No: S1765379B

**For LKK/NAC Use Only**

Biometric Group: A1  
Date of Issue: 07-10-1992

APT BLK 322 WOODLANDS STREET 32 #04-183  
SINGAPORE 730322

NRIC No: S1765379B Date: 11/03/2018

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	02/10/2018

**For LKK/NAC Use Only**

Barcode





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, 1953 (MALAYSIA)

M Z 400

THIRD PARTY		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SKN58105	POLICY EXCESS	S\$2500.00 (Sect II)		
POLICY NO.	999994238	WINDSCREEN EXCESS	NA		
		SUM INSURED	NA		
		INSURING WITH COE/PARF	NO		
		SKN58105			
		ASSET LIMO			
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*					
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 28 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 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 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