

NATIONAL Assessment Centre Services

Date In: 12/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/A1619012380/13	SAS e-filing		
Veh No: 5LFS253E	E-mail (within 8hrs, AIC 2hrs)		
DOA 09/07/19 1630	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: (VISION AUTOWORK Tel: Fax:)

TP Particulars:	Veh No: 5FW35H	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

NA1905277

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : 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		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile 30		
Cat 2 / 3:	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	12/07/2019 15:24
Date Of Accident	09/07/2019 16:30
Exact Location Of Accident	ANTHONY ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF5253E
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	201602573M
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-87818338
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994247
Cover Note Number	
Driver	
Name of Driver	CHIN WEE NAM JOHN
NRIC No	S0016020B
Date Of Birth	06/06/1949
Occupation	OUTDOOR
Date Of Driving Pass	01/09/1999
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88664288
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 16 CANTONMENT CLOSE #14-47
Postcode	080016
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 - CHANGE/CROSS LANE
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)	1

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	SFW35H
Vehicle Make/Model/Colour	E200
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS GIAM
NRIC/Passport Number	
Contact Number	97959792
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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 be 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.

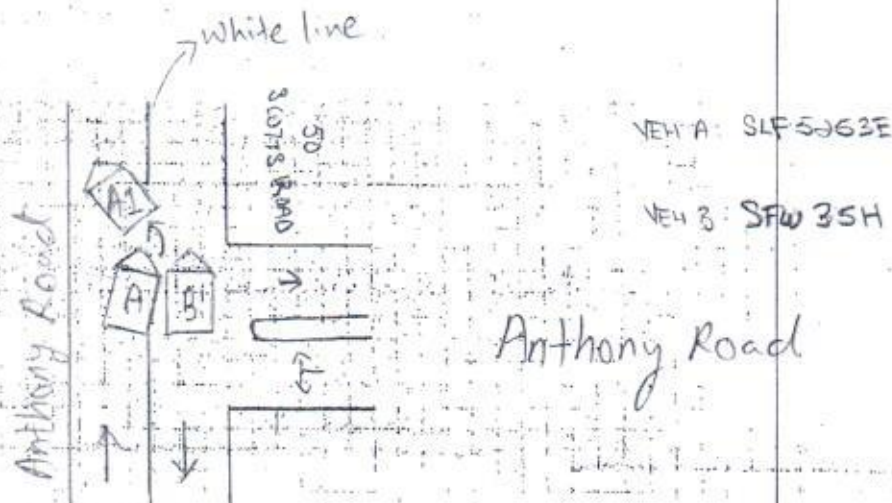


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09.07.19 at about 16:30 hours along Anthony Road. I was travelling straight on my lane, when I approached the front of 50 Scotts Road S(228242) hence I slowed down and came to a complete stop, to wait the traffic condition that allow me to turn right into 50 Scotts Road S(228242).

When I was about turning right into 50 Scotts Road S(228242), suddenly vehicle (B) from my right tried to overtake me and collided onto front right hand side portion of my vehicle (A), the impact forced my vehicle (A) moved forward as resulted.

Vehicle (A): SLF 5253E

Vehicle (B): SFW 35H

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 09 / 07 / 2019 (DD/MM/YYYY), TIME: (16:30) (HH:MM)

LOCATION: ANTHONY ROAD

1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: SLF5253E
 - b) INSURANCE COMPANY: AN
 - c) POLICY NUMBER: 999594243
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: HYUNDAI AVANTE
 - f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: GRAB DRIVER
 - 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: CHA CONE LEANG 4 PTE LTD (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: 201602593M CONTACT: 87818338
 - c) ADDRESS: 1557 KFFEL ROAD BLOCK C #01-03
 - (8) 089 066

* CONTINUE TO 3. d. IF DRIVER ALSO POLICY HOLDER

- DRIVER
 - a) NAME: CHIN WEE NAM JOHN (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S00160002 CONTACT: 83664288
 - c) ADDRESS: BLK 16 CANTONMENT CLOSE # 4-47 (8) 080016

* d) DATE OF BIRTH: 06 / 06 / 1949 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

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:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SFW 35H MODEL: E200

b) DRIVER'S NAME: MS. GIAN

c) NRIC/FIN/PASSPORT: CONTACT: 97959792

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:

b) DRIVER'S NAME:


c) NRIC/FIN/PASSPORT: CONTACT:

EMAIL: edwin@carscare.com.sg


VIDEO:

SLT5253E (driver)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0016020B



Name
CHIN WEE NAM JOHN



Race
CHINESE

Date of birth
06-06-1949


Country/Place of birth
SINGAPORE

Sex
M

S0016020B


For LKK/NAC Use Only

5883207



IMIC No. S0016020B

For LKK/NAC Use Only



Date of issue
02-03-2018

Address
APT BLK 16 CANTONMENT CLOSE
#14-47
SINGAPORE 080016

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0016020B

Name: CHIN WEE NAM JOHN

For LKK/NAC Use Only

Birth Date: 06 Jun 1949

Issue Date: 21 Jul 2003

000664560B



SLF 5253E
driver

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

PASS DATE: 01 Sep 1999

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

For LKK/NAC Use Only

NP 428A

Licence No: S0016020B



Land Transport Authority

PDVLT/TOVL
33 ADA K0336
278872

VOCATIONAL LICENCE

Licence No: S0016020B

Name: CHIN WEE NAM JOHN

For LKK/NAC Use Only

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

SLF5253E

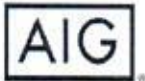
driver

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
12	TAXI VL	19/01/2005
04	BUS ATTENDANT	22/09/2009

For LKK/NAC Use Only





HOTLINE TEL: (65) 6412-3000

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

COMPREHENSIVE		(The below excess is subject to GST)	
CERTIFICATE NO.	COMMERCIAL MOTOR	POLICY EXCESS	S\$2500.00 (Sect 1 & 2)
POLICY NO.	SLF5253E	WINDSCREEN EXCESS	S\$100.00
	999994247	SUM INSURED	YES
		INSURING WITH COE/PARF	YES
1) VEHICLE REGISTRATION NO.		SLF5253E	
2) NAME OF INSURED		CAR COVE LEASING PTE LTD	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		12 February 2019	
4) DATE OF EXPIRY OF INSURANCE		11 February 2020	
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 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

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPOEC