

12/15/2012

ASS. REC. BY:

REF:

C/AIG19013457/NC

Special Instructions:

SURVBY

ASSIGNMENT (Office)

From (Person):

Noreiah Md Noor

of

AIG

Date/Time:

23/5/2019

Estimated Cost:

Bill to:

OD/TP/WS/TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SHC6AG0D

Insured:

SKG882.D

at Workshop m/s

Tel:

of

Policy No:

Claim No:

5746196500860032

Sum Insured:

Excess:

Make of Veh:

D.O.A.

17/1/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction ( ) Estimate

SHC6AG0D-X

SKG882.D - CS/ADD18011025/R6/302 DOA: 11/6/2018

500/18



## Celine Fong (LKKAUTO)

---

**From:** Md Noor, Norsiah <Norsiah.MdNoor@aig.com>  
**Sent:** Thursday, 23 May 2019 4:50 PM  
**To:** SUR  
**Cc:** Olivia Lau (LKKAUTO)  
**Subject:** Height Measurement- Vehicle No: SKG882D | Claim No: 5746196500SG(003)  
**Attachments:** SKG882D- OI.pdf; SHC6960D - GIA.pdf

Dear Team,

Refer to the above.

Please assist to conduct height measurement and the consistency on the damages of both vehicles.

Thank you

Kind regards  
Norsiah

Norsiah Md Noor  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte Ltd  
78 Shenton Way #08-16 Singapore 079120  
Tel: +(65) 6419-1606  
[Norsiah.MdNoor@aig.com](mailto:Norsiah.MdNoor@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)



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### IMPORTANT NOTICE:

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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 this centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	17/01/2019 10:57
Date Of Accident	17/01/2019 09:10
Exact Location Of Accident	SHEARES AVE BEFORE CENTRAL BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6960D
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880
Vehicle Particulars	
Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	TAXI
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	
Driver	
Name of Driver	LIM POH SENG
NRIC No	S1334715H
Date Of Birth	28/06/1958
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1976
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98768465
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address BLK 254 #09-153  
ANG MO KIO AVE 4  
Postcode 560254  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OTHER - RELIEF DRIVER  
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? 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) 2  
Passenger 1  
NAME: : PAX IN THE REAR SEAT - CHINESE  
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

VEH. A - 1 PAX VEH. B - NO PAX

#### 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 SKG882D  
Vehicle Make/Model/Colour PTE CAR/BLACK MPV  
Details Of Properties VEH. B  
Vehicle Category PRIVATE CAR  
Name of Driver MALE CHINESE  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage



No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

FEMALE CHINESE - PAX IN VEH. A

Approximate Age

Injuries Sustain

NECK PAIN & WILL SEEK FOR MEDICAL TREATMENT

Injured person in which vehicle?

SHC5960D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



**SKETCH PLAN**

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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.:

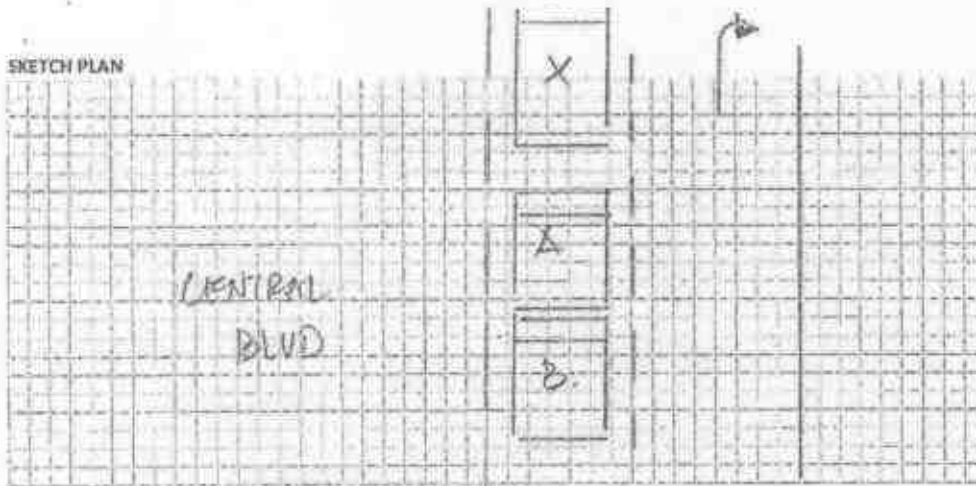
W 51330715 H  
W SHC 6960 D

17 JAN 2012



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: QHC 6960D

B: SKG 885D  
PTE CAR


DECLARATION

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

17 JAN 2013

  
Policyholder's Signature  
Date & Time:

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

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



Describe Circumstance of the Accident.

ON 17/01/2019 @ 0910HRS, I WAS DRIVING MY TAXI (SHC 6960 D), TRAVELLING ALONG SHEARES AVE TOWARDS THE TRAFFIC LIGHT JUNCTION OF CENTRAL BOULEVARD, IN LANE 2 WITH A PASSENGER ONBOARD.

I STOPPED MY TAXI AS VEHICLES AHEAD OF ME STOPPED - DUE TO RED TRAFFIC LIGHT.

WHILE STATIONARY FOR MORE THAN 10SECONDS, SUDDENLY I FELT AN IMPACT FROM THE REAR.

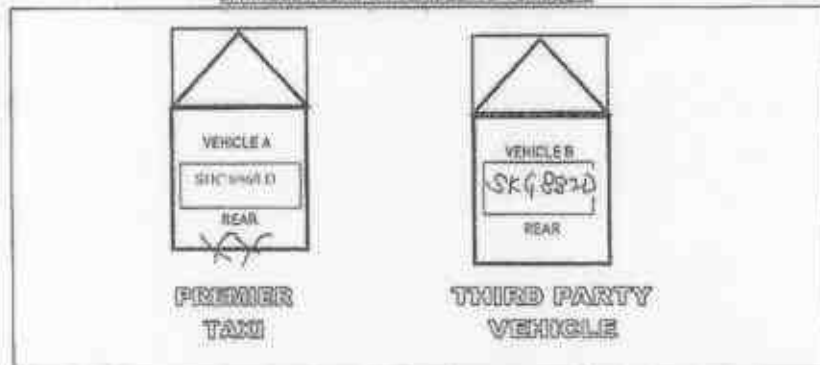
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SKG 882D/PTE CAR/BLACK ) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION AND I WAS NOT AWARE OF DAMAGES TO VEHICLE B.

MY PASSENGER - WHO WAS IN THE REAR SEAT, SUFFERED SOME DISCOMFORT AND WILL SEEK FOR MEDICAL TREATMENT.  
NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD VEHICLE B.  
\*VIDEO FOOTAGE CAPTURED

DAMAGES FOUND ON VEHICLE A & VEHICLE B



Driver's Signature & NRIC Number

@ 11:15:38 AM

(attended by



## SINGAPORE ACCIDENT STATEMENT

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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	08/03/2019 10:42
Date Of Accident	17/01/2019 09:10
Exact Location Of Accident	ALONG SHEARES AVE BEFORE CENTRAL BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG882D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOK HON POR
NRIC No	S1768300D
Email Address	OASISINGAPORE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93860803
Alternative Phone No	Office-93860803

### Vehicle Particulars

Manufacturer	NISSAN
Model	ELGRAND-2.5 HIGHWAY STAR (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100301684
Cover Note Number	

### Driver

Name of Driver	KOK HON POR
NRIC No	S1768300D
Date Of Birth	11/05/1966
Occupation	INDOOR
Date Of Driving Pass	24/11/1988
Driving Experience	30 YEARS AND 1 MONTH



Gender	MALE
Mobile Number	(LOCAL) +65-93860803
Fax Number	
Contact Number	OFFICE-93860803
EMail Address	OASISINGAPORE@GMAIL.COM
Address	84 JALAN DAUD #04-03
Postcode	419593
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
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

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

#### 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	SHC6960D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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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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 Insurance of the GSA Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the Indemnity of this report to the Insurers, you hereby consent to the copying of this report at the time and to make it of the report being made available thereafter.
8. Consent under the Personal Data Protection Act (PDPA)

- (a) My Name, my contact and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/statistical information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and platform and include such Personal Information in all documents and have control of which is/are used in the underwriting and/or claims process and which is/are used in the provision of the services that be collectively referred to as the "Insurance", the Insurance is/are provided to me, the Member's authority of Singapore and any relevant government agency/statutory body in the policy, for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims (including the assessment of the claims and any necessary investigation relating to the claims);
  - (ii) investigating the accident and/or occurrence;
  - (iii) carrying out and/or dealing with my instructions or responding to my enquiries to me;
- (b) administering my claims (including the routing of correspondence, statements, reports or notices to me which may be made disclosure of certain personal data about me in being such claims) of the claim to and/or for the relevant insurer of which I am/are a policyholder;
- (c) complying with applicable law in administering, processing, handling and/or dealing with my claims (including the "Provision");
- (d) otherwise if we have been notified or should be notified in writing that the insurer/insurers have, or will be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above purposes and:
- (e) my Personal Information may/ may not be shared by me, or the insurer/insurers, and/or third party (or more parties) to a representative that have a lawful basis, which may include a contract of Insurance, for use in work in the area of Insurance;
- (f) my Personal Information will also be collected and used to create a data bank for the purpose of Insurance, Insurance, investigation and management of accident and all future claims;
- (g) the information is collected under (f) above may also change; and/or
- (h) in all events, statistically inform third parties that need to be collecting, investigating, processing or managing health, capability, new information and government agencies or authorities required for the purposes stated in (f) for complying with applicable laws under the regulations, and/or other rules.

Reporting Centre Personnel's Signature:  
Name:  
E90C/15M/1200



# SKETCH PLAN

<p><i>No SKETCH PLAN</i></p>	<p><b>Vehicle</b></p> <p>A - SKG 822D</p> <p>B - SHC 6960D</p>
	<p><b>Legend</b></p> <p> VEHICLE</p> <p> PERSON</p>

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*I can't recall any accident and there's no damages to my car.*

## DECLARATION

I/We declare the foregoing particulars are true in every respect. Please for advice that your insurer may have a fourteen (14) day cooling-off period to cancel the claim against your policy should be made within the stipulated timeframe from the date of completion. Kindly check your policy for more details.

Policyholder's Signature  
Date & Time:

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

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

DRIVER IC/DL



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S17683000



Name  
KOK HON POR

郭汉波

Race  
CHINESE

Date of birth  
13-05-1966

Country of birth  
SINGAPORE

S17683000

REPUBLIC OF SINGAPORE DRIVING LICENCE



License No. S17683000

Name  
KOK HON POR

Exp. date: 11 May 1996  
Issue date: 01 Dec 2011



License No. S17683000



Date of issue  
13-09-2012

84 JALAN DAUD P04-03  
SINGAPORE 415583  
NIC No: S17683000

Date: 2202/2017

\*\*\*\*\*  
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Carriage 2000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2000kg

EFFECTIVE DATE

31 Nov 1996

NP 838A

