

NATIONAL Assessment Centre Services			
Date to: 07/08/2019 11:43	Job description	Date & Time Completed	Done by
Ref No: N/A/1905/36534	SAS e-filing		
Veh No: SY139L	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 01/08/2019 14:30	1-Motor Claim Form		
OD: TP (Reporting Only)	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / MNC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SHA 7882A	INC ( ) / Non-INC ( )	
Owner / Driver: ( )		Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )	
Confirmed by: ( )	Date: ( )	Time: ( )	
Insured/Driver Liability: ( ) %	[Note-Exl. 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

N/A/1905/36534		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:				In Bill	Add. Bill
Driver/Owner:		1) AR: Accident Reporting (\$30)			
Contact No:		2) DA: Damage Assessment (\$100)			
Damaged Portion:		3) TP: Towing Fee (\$40/\$45)			
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey (\$120)			
Addition's Comments:		5) FT: Follow-Through Survey (Resurvey) (\$30)			
Cat. 1:		For claimant against INC Only (wef 10 Jan 2019)			
Cat. 2/3:		6) TR: Re-inspection (\$75)			
1 / 1		7) N1: Idm DA + SMRT Survey (\$160)			
		8) NTUC Additional Services (\$210)			
		* N3: Courtesy Car / Tpt Allowance (\$5)			
		* N6: Repair Co-ordination (\$10)			
		* N7: Post Repair Inspection (\$25)			
		* N8: DV / Collect Excess Coordination (\$5)			
		TP (N11): TP (Non INC) against INC (\$20)			
		9) N12: Idm Mobile (\$30)			
		Invoice dated	Pen Charged		
			Fee 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	02/08/2019 11:43
Date Of Accident	01/08/2019 14:30
Exact Location Of Accident	CTE TOWARDS CITY BEFORE ANG MO KIO EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV1329L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAN CAIYUN
NRIC No	S9037231I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81808036
Alternative Phone No	OTHERS-81808036

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30
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	1800128580
Cover Note Number	

### Driver

Name of Driver	HAN CAIYUN
NRIC No	S9037231I
Date Of Birth	05/10/1990
Occupation	INDOOR
Date Of Driving Pass	30/09/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81808036
Fax Number	
Contact Number	OTHERS-81808036
Email Address	NOEMAIL

Address	12 ROBEY CRESCENT #05-12
Postcode	546290
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	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)	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

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7882A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SOH CHOON HIAN
NRIC/Passport Number	
Contact Number	81279198
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


## SKETCH PLAN

### IMPORTANT NOTICE

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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 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.

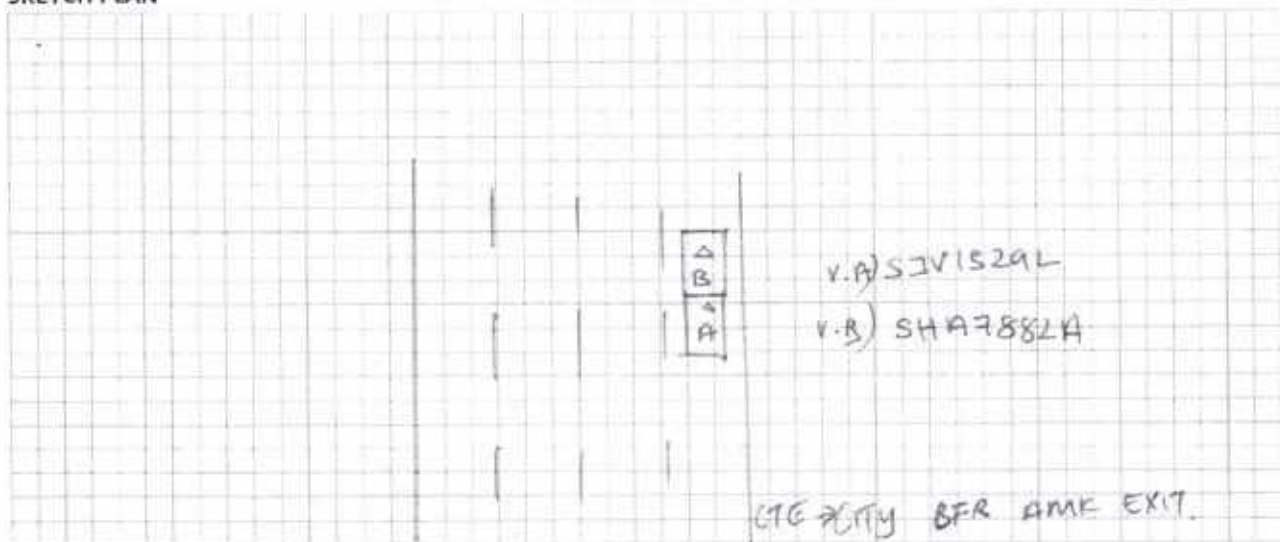
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' SIV1529L was travelling on the stated venue I was travelling straight in my lane. Suddenly the vehicle SHA7882A suddenly I am brake, as such I applied my brakes and came to a complete stop. later, A few moment the driver of vehicle SHA7882A claimed that I've collided against his vehicle. I got down and access both of our vehicle, however there was no damages found on my vehicle and his vehicle. Nobody was injured. I also wish to add on that I reverse my vehicle to check if there is any visible damage, however there is none found.

## 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](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

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

Date of Accident: 01/08/2019 (dd/mm/yy) Time of Accident: 14 30 (24-HR-FORMAT)

Vehicle No.: SJV 1329 L Vehicle Make & Model: HYUNDAI I30

Exact location of Accident: CTE TWDS CITY BEFORE ANG MO KIO EXIT

Policyholder's Name / IC No.: HAN CAIYUN S9037231I

Driver's Name / IC No.: HAN CAIYUN S9037231I (As Above) ☐

Driver's Contact No.: 8180 8036 Company Contact No.: \_\_\_\_\_

Driver's Address: 5 Leng Kong Gata 5417486

Insurance Company: AIG Email address (if any): \_\_\_\_\_

Relationship between Owner & Driver: Owner 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: \_\_\_\_\_

Gender: \_\_\_\_\_

Passenger Name: \_\_\_\_\_

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.: Mr Soh Choon Hian Vehicle No: SHA 7882 A

Driver's Contact No.: 8127 9198 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

0022296764

05 Oct 1990

30 Sep 2013

For LKK/NAC Use Only

SJV 1329L

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals <= 2500kg 30 Sep 2013

For LKK/NAC Use Only

NP 428A

Licence No: S90372311





**Name of Policyholder** : HAN CAIYUN  
**Period of Insurance** : 29 Oct 2018 To 28 Oct 2019  
**Engine No.** : G4FC9U779146  
**Chassis No.** : KMHQC51DMAU230919

Vehicle No. : SJV1329L  
Policy No. : 1800128580  
Endorsement No. : 000000000236777  
Issued Date : 29 Oct 2018

Make/Model	HYUNDAI I 30
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Engine Capacity/Tonnage 1.591 00 CC

Engine Capacity/Tonnage 1,591.00 CC

Driver Restriction	NA
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<b>Sum Insured</b>	<b>Market Value</b>
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Off Peak Car	No
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First Year of Registration : 2010

Insuring with COE/PARF	Yes
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Person or Classes of Persons Entitled to Drive\*

a) The Policyholder

b) Any other person who is acting on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 1 years' driving experience.

Age Condition	All Age Condition
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Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

**EXCESS**

## Section 9

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

## Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)
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HAN CARVIN - \$600 (Own Damage)

**APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)**

Any accident repairs to the vehicle must be carried out by one of our Authorised Repairers

For other Approved Reporting Centres/AKD Authorized Repairers, please contact our 24-Hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AKD website [www.akd.com.sg](http://www.akd.com.sg) or AKD SG Mobile App. Simply search and download "AKD SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 109), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504531000

B.A.S. INSURANCE AGENCY

NO 30 KAKI BLKIT ROAD S #05-06

SINGAPORE 417819

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manila

**AIG Asia Pacific Insurance Pte. Ltd.**  
AUTHORISED REPRESENTATIVE