

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MHA 119/190972

Date In: 14/8/19-11:52	Job description	Date & Time Completed	Done by
Ref No: NA/116/19014285/24	SAS e-filing		
Veh No: GBE4107A	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 8/8/19-18:20	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: 420961c	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% P: 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

HA 1905986	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	QD*		
	*N5: 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: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments :-			
Dat. 1:			
Dat. 2 / 3:			

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	14/08/2019 11:50
Date Of Accident	08/08/2019 18:20
Exact Location Of Accident	BLK 302 UBI AVE 1 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4107A
Insured/Policyholder	
Name Of Registered Owner	WENG LI TRADING
Co Reg No	53239333C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.6 AT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	2100441151-03
Cover Note Number	

Driver

Name of Driver	LIM SEW SENG
NRIC No	S1248603J
Date Of Birth	19/11/1956
Occupation	OUTDOOR
Date Of Driving Pass	02/01/1980
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92263610
Fax Number	
Contact Number	OFFICE-92263610
Email Address	NOEMAIL

Address	BLK 312 UBI AVENUE 1 #02-448
Postcode	400312
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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)	0

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

REFER TO 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	YP5096K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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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.

永利貿易
WENG LI TRADING
Blk 312 Ubi Avenue 1 #01-75

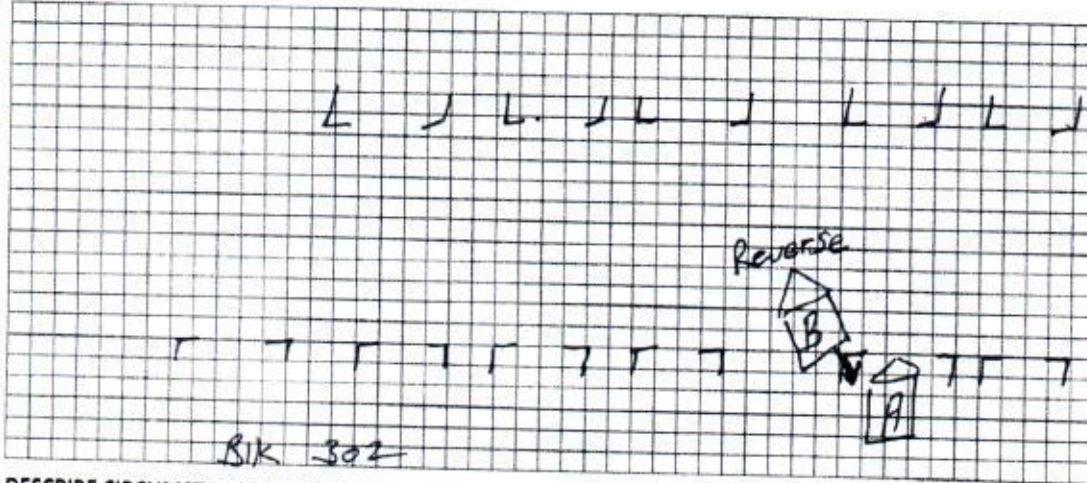
Singapore 400107
Policyholder's Signature
Date & Time:

GIA/RCM SketchPlanForm_V3

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

At mentioned Date and Time, I was parking along ubi ave 1 Blk 302 car park, I saw a Larry YP 5096K reverse and hit into my left side portion.

A: GBE 4107A
B: YP 5096K

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.:

永利貿易
WENG LI TRADING
Blk 312 Ubi Avenue 1 #01-75
Singapore 400302

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 8 / 8 / 2017 (dd/mm/yy) Time of Accident: 18 : 20 (24-HR-FORMAT)

Vehicle No.: GBE 4107A Vehicle Make & Model: _____

Exact location of Accident: Ubi Ave 1 Blk 302 Car Park

Policyholder's Name / IC No.: Weng Li Trading

Driver's Name / IC No.: Lim Sew Seng 512486035 (As Above) ☐

Driver's Contact No.: 92263610 Company Contact No: _____

Driver's Address: _____

Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / 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): 0

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: YP 50961C

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 CARD NO. S1248603J



Name

LIM SEW SENG

For LKK/NAC Use Only



Race

CHINESE

Date of birth

19-11-1956

Sex

M

Country/Place of birth

SINGAPORE

S1248603J

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number

S1248603J

Name

LIM SEW SENG

Issue Date

For LKK/NAC Use Only

14 Nov 2013



5572797



Licence No: S1248603J



Date of issue

11-03-2016

For LKK/NAC Use Only

Address

APT BLK 312 UBI AVENUE 1
#02-448
SINGAPORE 400312

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 1: Motorcycles
Class 2: Motor Cars up to 1600 cc engine
Class 3: Motor Cars up to 2500 cc engine

DATE
07 Feb 1980
02 Jan 1980

For LKK/NAC Use Only



Licence No: S12486

+65 9665 5529

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CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Wing Li Trading
Period of Insurance : 30 Nov 2018 To 29 Nov 2019
Engine No. : HR160411100
Chassis No. : VM20083371

Vehicle No. : GBE4107A
Policy No. : 2100441151-03
Endorsement No. :
Issued Date : 16 Nov 2018

ABOUT THE COVER

Make/Model : NISSAN NV 200 PETROL

Engine Capacity/Tonnage : 0.8 Tonnage

Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2015
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive* :

1) Any person who is driving on the Policyholder's order or with their permission;

2) This Policy will indemnify the Policyholder in any authorized state only if he/she meets the specified age condition.

* You have to pay an additional sum of \$2,000 as "Young and Inexperienced Driver Excess" ("YIDEX") if You are or Your Authorized Driver (named or unnamed) is under the age of 23 and/or had less than 12 months driving experience.

Age Condition : All Age Condition

Limitation as to use*

1) Use in connection with the Policyholder's business;

2) Use for the carriage of passengers other than for hire or reward in connection with the Policyholder's business;

3) Use for social, domestic or pleasure purposes. This Policy does not cover: a) use for hire or reward, driving tuition, driving test, racing, speed testing, reliability trial or speed testing; and b) use whilst towing a trailer except the towing of a trailer designed using a manufacturer's specified vehicle to use for any purpose in connection with Motor Trade.

* Limitations imposed by Section 9 of the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 165) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not for the insured under these headings.

EXCESS

Section 1
Part - \$0 Own Damage - \$500 Theft - \$0

Section 2
Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES, AUTHORIZED REPAIRERS AND AFTERSALES SERVICE

Any accident reports to the vehicle must be submitted by one of the Authorized Repairers. Within the first 2 years of the first registration of the vehicle in Singapore, You have the option of having the accident repairs carried out at the State Agent's workshop.
For other Approved Reporting Centres, Authorized Repairers, please contact our 24-hour on-call emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website (www.aig.com.sg) or call 995 8888 for more details and download "AIG 24-Hour Emergency Hotline" app.

IMPORTANT NOTES

Has Purchaser Company/Employer's Loan: MayBank

You hereby certify that the policy is issued in accordance with the provisions of the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 165) and the Road Transport Act, 1987 (Malaysia) and the Insurance (General) Act, 1996 (Singapore).

ENDORSEMENTS

Endorsement 1: Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 165)
Endorsement 2: Road Transport Act, 1987 (Malaysia)
Endorsement 3: Insurance (General) Act, 1996 (Singapore)

AIG Asia Pacific Insurance Pte Ltd.
Incorporated in Singapore

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can you do to best protect your AIG Auto Insurance? Please refer to the policy.

What should you do in the event of an accident?

What should you do in the event of a theft?

What should you do in the event of a fire?

What should you do in the event of a collision?

What should you do in the event of a breakdown?

What should you do in the event of a loss?

What should you do in the event of a claim?

What should you do in the event of a dispute?

What should you do in the event of a lawsuit?

What should you do in the event of a settlement?

What should you do in the event of a final payment?