

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

MNA119108896

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 19/08/2019 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/AR19014467/F | SAS e-filing | | |
| Veh No: SW 7239E | E-mail (Within 2hrs, AIC 2hrs) | | |
| D.O.A: 16/08/2019 | I-Motor Claim Form | | |
| OD: TP: (Reporting Only) | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SHD 634CB | 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: ()

| | | |
|---|--|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo (Repair Cost > \$3000) () | | |

Injury: _____

| Date | Time | Actions |
|------|------|---------|
| | | |
| | | |
| | | |

| | |
|---------------------------------|--|
| Driver/Owner: | |
| Contact No: | |
| Damaged Portion: | |
| QC Checked by (Engr-In-Charge): | |
| Auditor's Comments: | |
| Ref: 1: | |
| 2/2 | |

| INVOICE | DATE | TIME | AMOUNT | PAID |
|--|------|------|-----------|------|
| 1) AR: Accident Reporting (\$30) | | | | |
| 2) DA: Damage Assessment (\$100) | | | | |
| 3) TP: Towing Fee | | | \$40/\$45 | |
| 4) PT: Follow-Through Survey | | | \$120 | |
| 5) FT: Follow-Through Survey (Resurvey) | | | \$30 | |
| For claiming against INC Only (over 10 Jan 2005) | | | | |
| 6) TR: Re-inspection | | | \$75 | |
| 7) NI: Idao DA + SMRT Survey | | | \$160 | |
| 8) NTUC Additional Services: | | | | |
| ON: | | | | |
| *NS: Courtesy Car / Tpt Allowance | | | \$3 | |
| *NG: Repair Coordination | | | \$10 | |
| *NT: Post Repair Inspection | | | \$23 | |
| *ND: DV / Collect Excess Coordination | | | \$3 | |
| *NI: DV / Collect Excess Coordination | | | \$10 | |
| TP (Nil) / TP (Non INC) against INC | | | \$0 | |
| 9) NI: Idao Mobile | | | | |
| Invoice dated | | | | |
| Invoice dated | | | | |

Fee Charged
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 | 19/08/2019 17:37 |
| Date Of Accident | 16/08/2019 13:50 |
| Exact Location Of Accident | 5 CHANGI BUSINESS PARK CENTRAL 1 AFT LAMPOST 5F |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLU7239E |
| Insured/Policyholder | |
| Name Of Registered Owner | JOANNE CHOY YIM FUN |
| NRIC No | S7340839C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90079723 |
| Alternative Phone No | OFFICE-90079723 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | KIA |
| Model | NIRO |
| 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 | 1800143602 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | WONG CHEE WAI (HUANG ZHIWEI) |
| NRIC No | S7439065Z |
| Date Of Birth | 23/11/1974 |
| Occupation | INDOOR |
| Date Of Driving Pass | 23/06/1993 |
| Driving Experience | 26 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90079723 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|--|
| Address | APT BLK 126C EDGEDALE PLAINS #05-304 SINGAPORE |
| Postcode | 823126 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| 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

REFER TO SKETCH PLAN.

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 | SHD6340B |
| 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

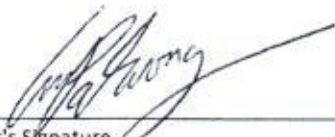
IMPORTANT NOTICE

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:

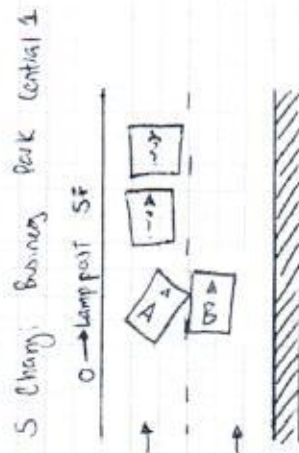


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



Vehicle 'A': SLU 7239 E

Vehicle 'B': SHD 6340 M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on my designated lane along S Chang Business Park Central 1. Traffic was at a standstill and such and was stationary. I signalled my intentions to filter out into the 1st lane. I stopped before filtered out. I suddenly felt an impact. got down from my vehicle to realised that vehicle 'B' has collided into me. That is all.

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

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 16/05/2019 (dd/mm/yy) Time of Accident: 13:50 (24-HR-FORMAT)

Vehicle No.: SLU 7239 E Vehicle Make & Model: KIA NIRO

Exact location of Accident: 5 CHANGI BUSINESS PARK CENTRAL 1 AFT LAMPOST 5F

Policyholder's Name / IC No.: Joanne CHOY Yim Fun / S7340839C

Driver's Name / IC No.: WONG CHEE WAI S7439065Z (As Above) ☐

Driver's Contact No.: 9007 9723 Company Contact No.: _____

Driver's Address: APT BLK 126C EDGEVALE PLAINS #05-304

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

Relationship between Owner & Driver: _____ 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): 1

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.: _____ Vehicle No: SHD6340M (B)

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. S7439065Z



Name
WONG CHEE WAI
(HUANG ZHIWEI)
黄 志 伟
Race
CHINESE
Date of birth
23-11-1974
Country of birth
SINGAPORE

Sex
M

3646215

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7439065Z

Name
WONG CHEE WAI
(HUANG ZHIWEI)

Subj. Date 23 Nov 1974
Issue Date 12 Jun 2003



3646215



NRIC No. S7439065Z



Date of issue
08-12-2004

Address
APT BLK 126C EDGEDALE PLAINS
#05-304
SINGAPORE 823126


For LKK/NAC Use Only

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

| Class | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | PASS DATE |
|---------|--|-------------|
| Class 3 | | 23 Jun 1993 |

NP 426A

License No: S7439065Z



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7340839C**



Name

JOANNE CHOY YIM FUN
(JOANNE CAI YANFEN)

Race

CHINESE

Date of birth

03-11-1973

Sex

F

Country of birth

SINGAPORE



3432512



NRIC No. S7340839C



Date of issue

19-11-2003

APT BLK 126C EDGE DALE PLAINS #05-304
SINGAPORE 823126

NRIC No: S7340839C

Date: 14-06-2005 No: 5128588



CERTIFICATE OF INSURANCE

RIDE SHARE PRIVATE VEHICLE

Name of Policyholder : JOANNE CHOY YIM FUN (JOANNE CAI YANFEN)
Period of Insurance : 29 Jan 2019 To 12 Dec 2019
Engine No. : G4LEHS240640
Chassis No. : KNACC81CVJ5109599

Vehicle No. : SLU7239E
Policy No. : 1800143602
Endorsement No. :
Issued Date : 11 Dec 2018

ABOUT THE COVER

Make/Model : KIA Niro 1.6

Engine Capacity/Tonnage : 1,580.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder

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

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

When the Vehicle is used for the carriage of passengers for hire or reward, such authorised driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward

You have to pay an additional sum of \$3,600 as "Young and/or Inexperienced Driver Excess" ("YIDIE") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years driving experience

Age Condition : All Age Condition

Limitation as to use* :

Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired

Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired

This Policy does not cover:

1) use for driving lesson, driving test, racing, pace-making, instability trial or speed testing

2) use whilst driving a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle; and

3) 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, 1987 (Malaysia) are not to be included under these headings

EXCESS

Section 1

Fire - \$0; Own Damage - \$1800; Theft - \$0; Flood Cover - \$0

Section 2

Property Damage - \$2000

Windscreen : \$100

Named Driver and Excess (where applicable)

Joanne Choy Yim Fun (Joanne Cai Yanfen) - \$1800 (Own Damage) \$2000 (Property Damage); Wong Chee Wai (Huang Zhwei) - \$1800 (Own Damage) \$2000 (Property Damage)

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

Approved Reporting Centres/AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play

IMPORTANT NOTES

If the vehicle is used for the carriage of passengers for hire or reward, such driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward. Should you decide to include any other driver, please contact us. (Company reserves the right to accept/reject the inclusion of any Named Drivers)

Hire Purchase Company/Employer's Loan : United Overseas Bank Limited

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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

0692260000

TAN PENG HEOK ISABEL

BLK 609 CLEMENTI WEST ST 1 #12-05

SINGAPORE 120609 SP-ROYTAN-ANSEN

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Tan Peng Heok

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

(TAN PENG HEOK ISABEL)