

NATIONAL Assessment Centre Services

(wef 1 Jan 05) M4 19110193-01

Date In: 21/8/19-17:15	Job description	Date & Time Completed	Done by
Ref No: NA/19110193/24	SAS e-filing		
Veh No: JH493651	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/8/19-18:15	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: JH493651

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

NA1936380

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2/3:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

In Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile \$0

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 21/08/2019 17:52
 Date Of Accident 20/08/2019 21:15
 Exact Location Of Accident WOODLANDS CHECKPOINT
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGG9365T
Insured/Policyholder
 Name Of Registered Owner FRESH CARS PTE LTD
 Co Reg No 201608540Z
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-89999999

Vehicle Particulars

Manufacturer TOYOTA
 Model WISH 1.8 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 THIRD PARTY
 Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.
 Type Of Coverage THIRD PARTY
 Fleet Policy NO
 Policy Number 999994463
 Cover Note Number

Driver

Name of Driver LIM HONG LAN (LIN FENGLAN)
 NRIC No S7539974Z
 Date Of Birth 31/05/1975
 Occupation OUTDOOR
 Date Of Driving Pass 12/05/2000
 Driving Experience 19 YEARS AND 3 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-96273309
 Fax Number
 Contact Number OFFICE-96273309
 Email Address NOEMAIL

Address	BLK 175 LOMPANG ROAD #15-49
Postcode	670175
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 - 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)	5
Passenger 1	NAME: : TAY CHUI HOON GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190821/7015.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM5091E
Vehicle Make/Model/Colour	TOYOTA ALPHARD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM HONG LAN (LIN FENGLAN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGG9365T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TAY CHUI HOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGG9365T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

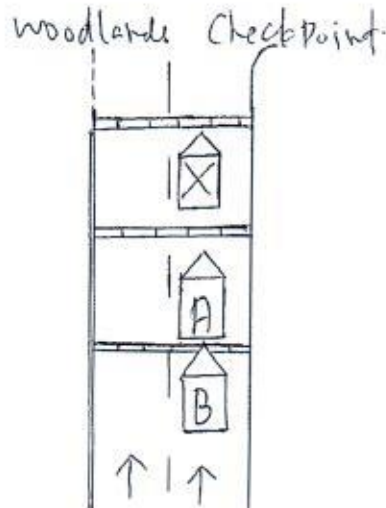
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



(A) SGG9365T

(B) SKM5091E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along woodlands checkpoint.

As the vehicle in front of me stopped, I also stopped my vehicle in time and stationary. Suddenly vehicle B came from behind and hit onto the rear portion of my vehicle.

Please refer to the Traffic Police Report No: T/20190821/7015

whole accident was captured by my vehicle built-in video recorder.

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.:

Date of Accident : 20/8/19 Accident Time: 21:15 (24-HR-Format)
 Accident Place : Woodlands Checkpoint
 Vehicle Reg. No. (Car Plate No.) : CGG9365T
 Vehicle Make/Model : Toyota WISH
 Insurance Company : AIG Policy No. 999994463
 Owner or Company Name /IC No. : Fresh Cars p/L / 2016085402
 Owner or Company Contact No. : - Owner's Hp - Company Tel
 DRIVER'S Name / IC No. : LIM HONG LAN (LIN FENGLAN) / 575399242
 DRIVER'S Date Of Birth : 21/5/1975 DRIVER'S License Pass Date : 12 May 2000
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hiter
 DRIVER'S Address : 175 WONG KONG KAT * 15-UG (S) 67175.
 DRIVER'S Contact No / Alt No. : 1) 9677 3309 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : -
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1 driver, 4 passengers (Female).
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>B/ SKM5091E</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>TOYOTA ALPHARD</u>	Vehicle Make/Model: _____
Name Driver: <u>Hik And Pun.</u>	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

* Injured Person Driver : Lim Hong Lan Chin Fenglan
 NRIC : 575399242



**SINGAPORE
POLICE FORCE**



T/20190821/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190821/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/08/2019 12:32	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM HONG LAN			Address: APT BLK 175 LOMPANG ROAD #15-49 SINGAPORE 670175		
ID Type / ID No.: NRIC NO / S7539974Z			Contact No.: Home/Office: Mobile: 96273309		
Nationality: SINGAPORE CITIZEN			Email: authlv2013@gmail.com		
Sex: Female	Age: 44	Date of Birth: 31/05/1975	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Chauffeur			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/08/2019 21:15	Type of Location: Straight Road
Location: WOODLANDS CROSSING				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGG9365T	Car					0
SKM5091E	Car	TOYOTA	Alphard	Black		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190821/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190821/7015

CONTINUATION OF REPORT

Driver				
Name	LIM HONG LAN		ID No.	S7539974Z
Related Vehicle	SGG9365T (Car)		Contact No.	96273309
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	

Brief Details.

i was travelling along Woodlands Checkpoint. As the vehicle in front of me stopped. I also stopped my vehicle in time and stationary. Whole accident was captured by my vehicle built-in video recorder.



**SINGAPORE
POLICE FORCE**



T/20190821/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190821/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
TAN JEOK LENG
Contact No.: 65476144

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

21/08/2019 12:32

Classification Of Case:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MIN 119116193 Vehicle Registration No : S 6693657
Name (as shown in NRIC) : LIM HONG LAN (LIN FENG LAN) NRIC/FIN/Passport No : S75399742
(*Vehicle Driver / ~~Vehicle Owner~~ (*) Please delete as appropriate
Address : APT BK 175 LOMPANG RD #15-49 Singapore (670175)
Contact (Tel) : - Mobile No. : 9627 3309
Email Address : -
Date of Accident : 20/08/2019 Time of Accident : 21:15 hrs
Place of Accident : WOODLANDS CHECKPOINT
Insurance Company : ALG Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① Add on Injured Person

- Passenger (Female) : TAM CHUI HOON

NRIC : S6837644J

Policyholder / Driver's Signature
Date: 27/8/19

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



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7539974Z



Name

LIM HONG LAN
(LIN FENGLAN)

林 鳳 蘭

Race

CHINESE

Date of birth

31-05-1975

Sex

F

Country of birth

SINGAPORE

For LKK/NAC Use Only

S7539974Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7539974Z

Name

LIM HONG LAN
(LIN FENGLAN)

For LKK/NAC Use Only

Birth Date 31 May 1975

Issue Date 16 Apr 2004



001197375C

Land Transport Authority

VOCATIONAL LICENCE

License No. S7539974Z

Name: LIM HONG LAN
(LIN FENGLAN)

For LKK/NAC Use Only



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

5728866



NRIC No: S7539974Z

For LKK/NAC Use Only

Date of Issue
09-06-2005

APT BLK 175 LOMPANG ROAD #15-49
SINGAPORE 670175

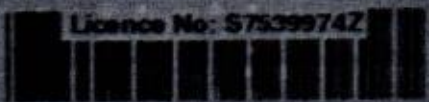
NRIC No: S7539974Z Date: 05/05/2010 No: 6413898

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	12 May 2008

For LKK/NAC Use Only

NP 428A



Licence No: S7539974Z

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.

For LKK/NAC Use Only

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	18/05/2018





HOTLINE TEL: (65) 6419-3000

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

THIRD PARTY		(The below excess is subject to GST)	
CERTIFICATE NO.	COMMERCIAL MOTOR	POLICY EXCESS	S\$2000.00 (Sect II)
POLICY NO.	SGG9365T	WINDSCREEN EXCESS	NA
	999994463	SUM INSURED	NA
1) VEHICLE REGISTRATION NO.		INSURING WITH COE/PARF	NA
2) NAME OF INSURED		SGG9365T	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		Fresh Cars Pte Ltd	
4) DATE OF EXPIRY OF INSURANCE		28 January 2019	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		06 September 2019	
<small>Any person who is driving on the Insured's order or with their permission. S\$2,000.00 Section II Excess is applicable for driver who is above 22 years old with minimum 2 years driving experience. The policy does not cover drivers who are below 21 years old and/or with less than 2 year driving experience.</small>			
<small>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.</small>			
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.			
<small>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.</small>			
LOSS OF USE		Not Included	
HIRE PURCHASE COMPANY		NA	
<small>*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.</small>			

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 24 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd.

220001-000
Choy Weng Hong Eric
25 Toh Tuck Walk
Singapore 596604

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPOEC