

# NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MNA 119 110640

Date In: 22/08/2019 15:54	Job description	Date & Time Completed	Done by
Ref No: NBA/A1619015055/F	SAS e-filing		
Veh No: SKF 8454 J	E-mail (A/Cla 3hrs, A/C 3hrs)		
DOA: 22/08/2019 09:30	I-Motor Claim Form		
OID: 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SJR 726AX	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 ( )	

( ) 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 of Claim: _____
_____
_____
_____
_____

NA1906367	
Driver/Owner:	1) ALT: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: 1 day DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*NS: Courtesy Car / Tpl Allowance \$3
	*NG: Repairs Co-ordination \$10
	*NT: Post Repair Inspection \$25
	*ND: DV / Collect Excess Coordination \$5
	TP (NI): TP (N-in INC) against INC \$20
	9) NI: 1 day Mobile \$30
	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	22/08/2019 15:54
Date Of Accident	22/08/2019 09:30
Exact Location Of Accident	PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF8454J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG BENG YAM
NRIC No	S1615368J
Email Address	HIVAC888@GINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97544525
Alternative Phone No	OFFICE-97544525

### Vehicle Particulars

Manufacturer	NISSAN
Model	JUKE
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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 CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100307201-07
Cover Note Number	

### Driver

Name of Driver	ONG BENG YAM
NRIC No	S1615368J
Date Of Birth	01/01/1964
Occupation	INDOOR
Date Of Driving Pass	16/12/1986
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97544525
Fax Number	
Contact Number	OFFICE-97544525
EMail Address	HIVAC888@GINGNET.COM.SG

Address	APT BLK 276A JURONG WEST STREET 25 #05-45 SINGAPORE
Postcode	641276
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	CHAIN 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	3
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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR7264X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE HANSON
NRIC/Passport Number	S9517105B
Contact Number	96821703
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA8016C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHO LEONG FATT
NRIC/Passport Number	S1217502G
Contact Number	81792277
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:

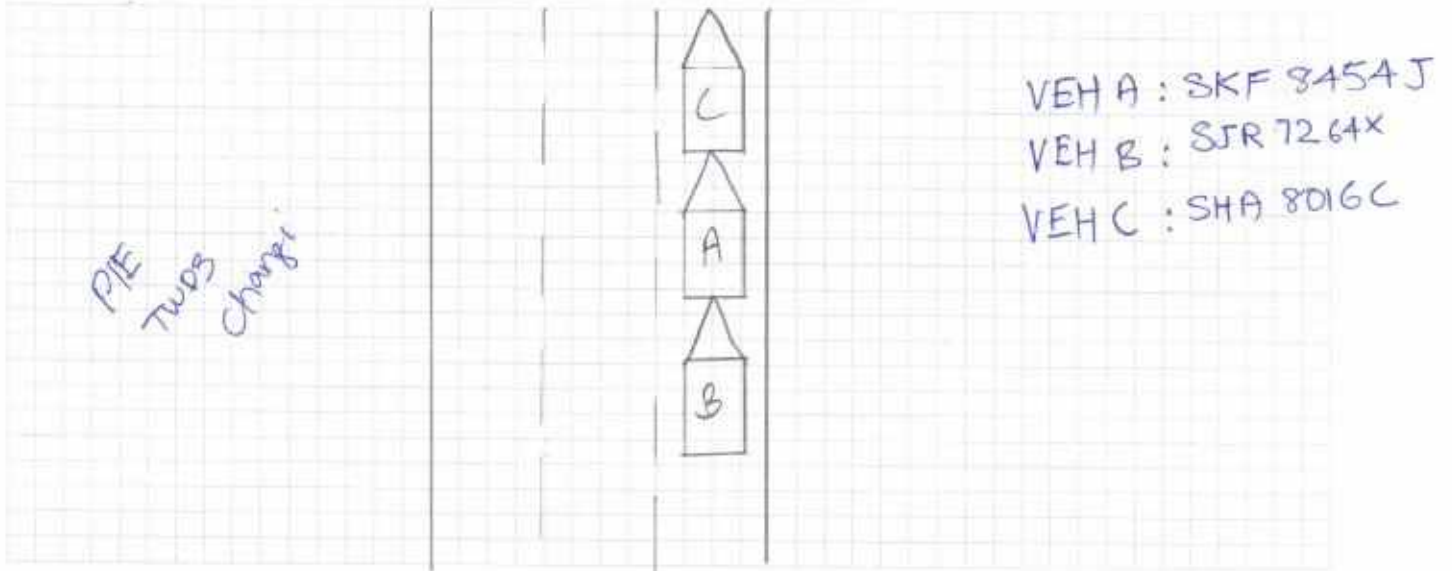
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along pie twd - charge. ~~veh A~~ <sup>veh A</sup> slow down  
infront of me. AS we were slowing down. ~~veh B~~ <sup>veh B</sup> Bang into my  
rear.

NO ONE INJURED  
NO POLICE REPORT.

## 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.:

22-08-2019 - 09.30 AM

YELLOW CAB (SHA 8016C)

MR CHO LEONG FAT

I/C: 81217502/G

H/P: 8179 2277

RED NISSAN JUKE (SKF 8454J)

MR ONG BENH YAM

I/C: 81615368/J

H/P: 97544525

BLACK HYUNDAI AVANTE (SJR 7264X)

MR LEE HANSON

I/C: 89517105/B

H/P: 96821703



SJK 7264x  
09-30 AM  
22-08-2019  
SJK 8455  
SHA 8016c

The Singapore Island Country Club

Turf Club Bukit Timah Junkyard

The Rainforest Sports Hub Turf Club

Greenwood Fish Market @ Bukit Timah

National Junior College

The Japanese Association

BUKIT TIMAH



## ACCIDENT STATEMENT

ACCIDENT DATE: ( 22 / 08 / 2019 ) (DD/MM/YYYY), TIME: ( 9 : 30 ) (HH:MM)

LOCATION: PIE TUDS Changi

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKF8454J  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: personal use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: ONG BENG YAM (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1615368J CONTACT: 97544525  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### 3. DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) owner  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJF 7264X MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: LEE HANSON  
c) NRIC/FIN/PASSPORT: S9517105B CONTACT: 96821703

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SHA 8016C MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: CHO LEONG KAT  
f) NRIC/FIN/PASSPORT: S1217502/G CONTACT: 81792277

1) EMAIL: hvac888 @ Singnet.com.sg

2) VIDEO:

System Mkr Trade  
jimmyesmy@gmail.com

( )  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

( )  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

( )  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

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

Class	Description	Pass Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Dec 1966
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	19 Mar 1968

Licence No: S1615368J

742A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1615368J



Name: ONG BENG YAM

王明炎

Race: CHINESE

Date of birth: 01-01-1964

Sex: M

Country/Place of birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1615368J

Name: ONG BENG YAM

Birth Date: 01 Jan 1964

Issue Date: 09 Oct 2003

10009034548

4097349



REPU No: S1615368J



Date of issue: 08-01-2010

Address: APT BLK 276A JURONG WEST STREET 25  
#05-45  
SINGAPORE 641276



# CERTIFICATE OF INSURANCE

## NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Ong Beng Yam  
 Period of Insurance : 11 Jul 2019 To 10 Jul 2020  
 Engine No. : HR16245699C  
 Chassis No. : JN1FBAF15Z0000260

Vehicle No. : SKF8454J  
 Policy No. : 2100307201-07  
 Endorsement No. :  
 Issued Date : 04 Jun 2019

### ABOUT THE COVER

Make/Model : NISSAN JUKE 1.6 CVT

Engine Capacity/Tonnage : 1,598.00 CC

Driver Restriction : NA

Sum Insured : Market Value  
 Off Peak Car : No

First Year of Registration : 2012  
 Insuring with COE/PARF : 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.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") 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 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.

Loss of Use 1500cc - 1600cc

\* 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Ong Beng Yam - \$600 (Own Damage)

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

1. TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 628099 62622212

2. Autolien Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666

3. TC AutoClinic Add: 25 Leng Kee Road Singapore 150097 67038511 67038513

4. Tan Chong Motor Sales Add: 813 Bukit Timah Road Singapore 589623 64994091 64994092 64994093

5. Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

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, 1959 (Malaysia).

0500610499

TAN CHONG CREDIT PTE LTD - KBY

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

Ms. Chai Sylvia Lim

Contact Us: 15 AIG Building, 150101 - 65 6419 1007 | [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.