

**NATIONAL Assessment Centre Services** (wef 1/1/2005)

Date In: <b>30/08/19</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/1919015391/13</b>	SAS e-filing		
Veh No: <b>SKQ7768C</b>	E-mail (within 8hrs, A/C 2hrs)		
DOA: <b>30/08/19 0715</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: ( **TWINCAR** ) Tel: Fax: )

TP Particulars: Veh No: **SLM 4917T** 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%; F: 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

NA1906560	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Driver/Owner:</b>	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
<b>Contact No:</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
<b>Damaged Portion:</b>	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
<b>QC Checked by (Engr-In-Charge):</b>	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5		
<b>Cat. 1:</b>	TP (N11) : TP (Non INC) against INC \$20		
<b>Cat. 2 / 3:</b>	9) N12: Idac 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 willful 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	30/08/2019 14:46
Date Of Accident	30/08/2019 07:15
Exact Location Of Accident	TPE TWDS PIE B4 LOR HALUS EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ7768C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG LIANG KWEE
NRIC No	S1649805Z
Email Address	NGLKWEE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97573981
Alternative Phone No	OTHERS-97573981

### Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER
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 CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800142724
Cover Note Number	

### Driver

Name of Driver	NG LIANG KWEE
NRIC No	S1649805Z
Date Of Birth	13/12/1964
Occupation	INDOOR
Date Of Driving Pass	10/01/1985
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97573981
Fax Number	
Contact Number	OTHERS-97573981
EMail Address	NGLKWEE@SINGNET.COM.SG

Address	BLK 174A EDGEDALE PLAINS #16-155
Postcode	821174
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM4917T
Vehicle Make/Model/Colour	
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)

## 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:

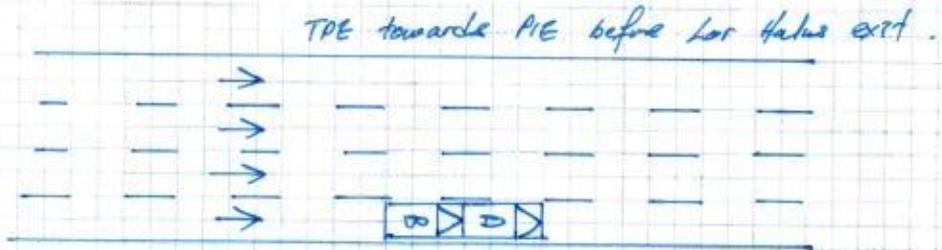
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 30/08/19  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

(A) SKQ 7768C

(B) SLM 4917T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

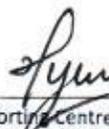
On 30/08/19 at @ 0715 hrs, I was travelling in my vehicle (SKQ 7768C) along the TPE towards PIE before Lor Hales exit on the extreme right lane. I slow down and stopped due to traffic jammed ahead. Suddenly, a car (SLM 4917T) from behind collided onto the rear portion of my vehicle.

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:

 20/08/19  
Reporting Centre Personnel's Signature  
Name:

<b>Vehicle No.</b>	8KA 7768C	Model / Make	Subaru Forester 2.0
<b>Date of Accident</b>	30/08/19.		
<b>Time of Accident</b>	0715 HRS		
<b>Location of Accident</b>	TPE towards PIE before Lor Halus exit.		
<b>Exact purpose use during accident</b>	Private Used.		
<b>Name of Owner</b>	Ng Liang Kwee.		
<b>Telephone No.</b>	H/P: 9257 3981	Home:	Office:
<b>NRIC</b>	S 104 9805 Z.		
<b>Address</b>	BLK 17A Edgecliff Place #16-155 (B) 821174.		
<b>Claim type</b>	OD	<u>THIRD PARTY</u>	REPORTING ONLY
<b>Insurance Company</b>	AIG.		
<b>Type of Coverage</b>	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	1800142724.		
<b>Name of Driver</b>	<u>As Above</u> If No,		
<b>NRIC</b>		Any Passengers:	01 (M).
<b>Date of birth</b>	13/12/1964		
<b>Occupation</b>	Outdoor	/	<u>Indoor</u>
<b>Driving License Pass Date</b>	10/01/1985.		
<b>Gender</b>	<u>Male</u>	/	Female
<b>Contact No.</b>	H/P:	Home:	Office:
<b>Address</b>			
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state <u>Owner</u> .	
<b>Weather condition</b>	<u>Clear</u>	Raining	Other
<b>Road Surface</b>	<u>Dry</u>	Wet	Other
<b>Any Injuries</b>	<u>No,</u>	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	<u>No,</u>	If Yes, Where?	
<b>Vehicle B No.</b>	SLM 4917 T.	Any Passengers:	N.A.
<b>Name of Driver</b>		Contact No.:	
<b>Vehicle C No.</b>		Any Passengers:	
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E no.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
<b>Witness Name</b>	N.A.	Witness Contact:	N.A.
<b>Accident Portion</b>	<u>Rear Portion</u> .		
<b>Camera Recorder</b>	<u>Yes</u> / No		
<b>Email Address</b>	ng/kwee @ <del>sg</del> singnet . com . sg		
<b>PARTICULAR WORKSHOP</b>	<u>Twinair</u>		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	<u>Zi Teng</u> .		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales @ n51 . com . sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1649805Z

Name: NG LIANG KWEE  
**For LKK/NAC Use Only**

Birth Date: 13 Dec 1964  
Issue Date: 13 Aug 2016



For N-51 Automotive Pte Ltd  
For Twincar Automotive Pte Ltd  
Accident Use Only

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1649805Z



Name: NG LIANG KWEE

**For LKK/NAC Use Only**

Race: CHINESE  
Date of Birth: 13-12-1964 Sex: M  
Country of Birth: SINGAPORE

For N-51 Automotive Pte Ltd  
For Twincar Automotive Pte Ltd  
Accident Use Only

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

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg

EFFECTIVE DATE  
10 Jan 1985

**For LKK/NAC Use Only**



For N-51 Automotive Pte Ltd  
For Twincar Automotive Pte Ltd  
Accident Use Only



NRIC No. S1649805Z

**For LKK/NAC Use Only**



Blood Group: O+ Date of issue: 12-10-1991

For N-51 Automotive Pte Ltd  
For Twincar Automotive Pte Ltd  
Accident Use Only

APT BLK 174A EDGEDALE PLAINS #16-155  
SINGAPORE 821174

Date: 06-05-2003

No: 4692160



# CERTIFICATE OF INSURANCE

## SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Ng Liang Kwee  
 Period of Insurance : 29 Nov 2018 To 28 Nov 2019  
 Engine No. : FB20YE32640  
 Chassis No. : JF18J5KCSJG112515

Vehicle No. : SKQ7768C  
 Policy No. : 1800142724  
 Endorsement No. :  
 Issued Date : 18 Dec 2018

### ABOUT THE COVER

Make/Model : SUBARU Forester 2.0i-L  
 Engine Capacity/Tonnage : 1,995.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured :  
 Market Value :  
 Off Peak Car : No  
 First Year of Registration : 2018  
 Insuring with COE/PARF : Yes

at The Policyholder  
 to Any other person who is driving 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" ("YIDE") if You are at Your Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 1 year's 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.

Load of Use 1500cc - 1500kg

\* Conditions rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 125) and Section 35 of the Road Transport Act, 1987 (Malaysia), are not to be construed under these headings.

### EXCESS

Section 1  
 Fire - \$0 Own Damage - \$200 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Ng Liang Kwee - \$200 (Own Damage)

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

1. Motor Image Enterprise Pte Ltd, Aed. 18, Lorong 6, The Parade, Singapore 213255 (4170100)

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 8295. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG 3D Mobile App. Simply search and download "AIG 3D" from iTunes or Google Play.

### IMPORTANT NOTES

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

(The holder certifies that the policy to which this Certificate of Insurance is issued is in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 125), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third-Party Risks) Rules, 1975 (Malaysia).

0500K18206

TAN CHONG CREDIT SUBARU-TM  
 211 BUKIT TIMAH ROAD  
 SINGAPORE 596222

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE

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