

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

NA1911579

Date In: 3/08/2009 13:45	Job description	Date & Time Completed	Done by
Ref No: XIA/AIG(90)5427/Y	SAS e-filing		
Veh No: SAE 5465D	E-mail (John Bice, AIC 2hrs)		
DOA: 06/08/2008 22:00	I-Motor Claims Form		
OID: 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SAE 6530Z	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 repaler.
- ( ) Total Loss Case: to e-mail Insurer URGENTLY.
- Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:

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

Injury:

Date/Time	Actions

NA190646

Claimants Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)	
Contact No:	3) TP: Towing Fee \$40/\$43	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI); TP (Non INC) against INC \$20	
	9) NI2: Idao 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	31/08/2019 13:45
Date Of Accident	06/08/2019 22:00
Exact Location Of Accident	PUNGGOL WEST FLYOVER AND PUNGGOL WAY
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5465D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91383027
Alternative Phone No	OFFICE-91383027

#### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994238
Cover Note Number	

#### Driver

Name of Driver	LIN YUFEN
NRIC No	S7289504E
Date Of Birth	26/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	19/01/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91383027
Fax Number	
Contact Number	OTHERS-91383027
EMail Address	NOEMAIL

Address	BLK 216B BOON LAY AVENUE #09-215
Postcode	642216
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 - MAJOR/MINOR RD
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

PLEASE 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	SBS6530Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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.**
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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.



Policyholder's Signature  
Date & Time:

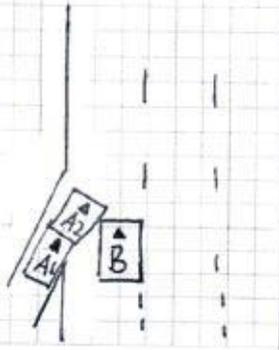
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

31/08/2018  
Rajesh Kumar

SKETCH PLAN

PUNJAB WEST FLYOVER AND PANCHKULA WAY



Vehicle 'A': SME 546SD

Vehicle 'B': SBS 6550Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, i vehicle 'A' was travelling along my designated lane along the slip road. I checked to realised that there was no oncoming vehicle. I then exited, halfway out of the sliproad : suddenly felt a huge impact hitting me on my front right portion. 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.:

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 06/08/2019 (dd/mm/yy) Time of Accident: 22 : 00 (24-HR-FORMAT)  
Vehicle No.: SME546SD Vehicle Make & Model: Hyundai Avante  
Exact location of Accident: Punggol West Flyover and Punggol way  
Policyholder's Name / IC No.: ASSET LIMO / 53309913K  
Driver's Name / IC No.: Lim Jufen / 57289504E (As Above)   
9138 3027  
Driver's Contact No.: \_\_\_\_\_ Company Contact No.: \_\_\_\_\_  
Driver's Address: APT BIK 216B Boon Lay Ave #09-215, S(642216)  
Insurance Company: AIG Email address (if any): \_\_\_\_\_

#### Relationship between Owner & Driver:

or Others specify: Hirer

#### 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 : \_\_\_\_\_  
Passenger Name : \_\_\_\_\_

Gender : \_\_\_\_\_  
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: S6S 6550Z (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 DRIVING LICENCE

Licence Number: S7289504E

Name: LIN YUFEN

For LKK/NAC Use Only

Birth Date: 26 Oct 1972

Issue Date: 24 Mar 2017

002668959H



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7289504E

For LKK/NAC Use Only

Name: LIN YUFEN

林毓芬

Race: CHINESE

Date of birth: 26-10-1972

Country/Place of birth: CHINA

Sex: F

S7289504E




Land Transport Authority

VOCATIONAL LICENCE

Licence No: S7289504E

Name: LIN YUFEN

For LKK/NAC Use Only

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	19 Jan 2015

For LKK/NAC Use Only

Licence No: S7289504E

NP 428A

9436907

S7289504E

For LKK/NAC Use Only

Nationality: CHINESE

Date of issue: 16-03-2017

Address: APT BLK 216B BOON LAY AVENUE #09-215 SINGAPORE 642216



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
14	PRIVATE HIRE CAR VL	16/07/2018

For LKK/NAC Use Only



# 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.Z.400

THIRD PARTY CERTIFICATE NO.	COMMERCIAL MOTOR SME5465D	POLICY EXCESS	(The below excess is subject to GST) S\$2500.00 (Sect II)
POLICY NO.	999994238	WINDSCREEN EXCESS	NA
1) VEHICLE REGISTRATION NO.		SUM INSURED	NA
2) NAME OF INSURED		INSURING WITH COE/PARF	NO
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		SME5465D	
4) DATE OF EXPIRY OF INSURANCE		ASSET LIMO	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		10 March 2019	
		09 March 2020	

Any person who is driving on the Insured's order or with their permission  
\$52,500.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.  
An additional excess of \$1,000.00 section II per accident is applicable in the event of an accident occurring outside Singapore.

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.

### 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

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.

LOSS OF USE	Not Included
HIRE PURCHASE COMPANY	NA

\*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

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 26 Feb 2019

500656-000  
Cowell Insurance (Agency) Pte. Ltd.  
8 Burn Road  
#09-09 Trivex  
Singapore 369977

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL