


NATIONAL Assessment Centre Services

(Part 1 Jan'00)

MMA 119127289

Date In: 26/1/19 09:07	Job description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: MMA1A1G19016943/h4	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SKW 1466 G	I-Motor Claim Form		
DETA: 25/1/19 15:10	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: 	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:

SKK 8337 M.

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: (

Comments:

(INC No: 119016943/h4)

Date:

Time:

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:

MMA1907303

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Tel:

Ref:

Invoice Item	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TP: Towing Fee \$40/\$45		
4) PT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2003)		
6) TR: Re-inspection \$75		
7) NI: Idno DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON:		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$3		
TP (N11): TP (Non INC) against INC \$20		
9) N12: Idno 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	26/09/2019 09:07
Date Of Accident	25/09/2019 15:10
Exact Location Of Accident	BLK 102 TOWNER RD CARPARK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW1466G
Insured/Policyholder	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	201533046C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83802233

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994387
Cover Note Number	

Driver

Name of Driver	TAN PING SENG
NRIC No	S1459161C
Date Of Birth	03/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92702850
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 136 BUKIT BATOK WEST AVE 6 #08-507
Postcode	650136
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	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?	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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

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 STATEMENT

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	SKK8337M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN GEOK CHEONG
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN PING SENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKW1466G

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.

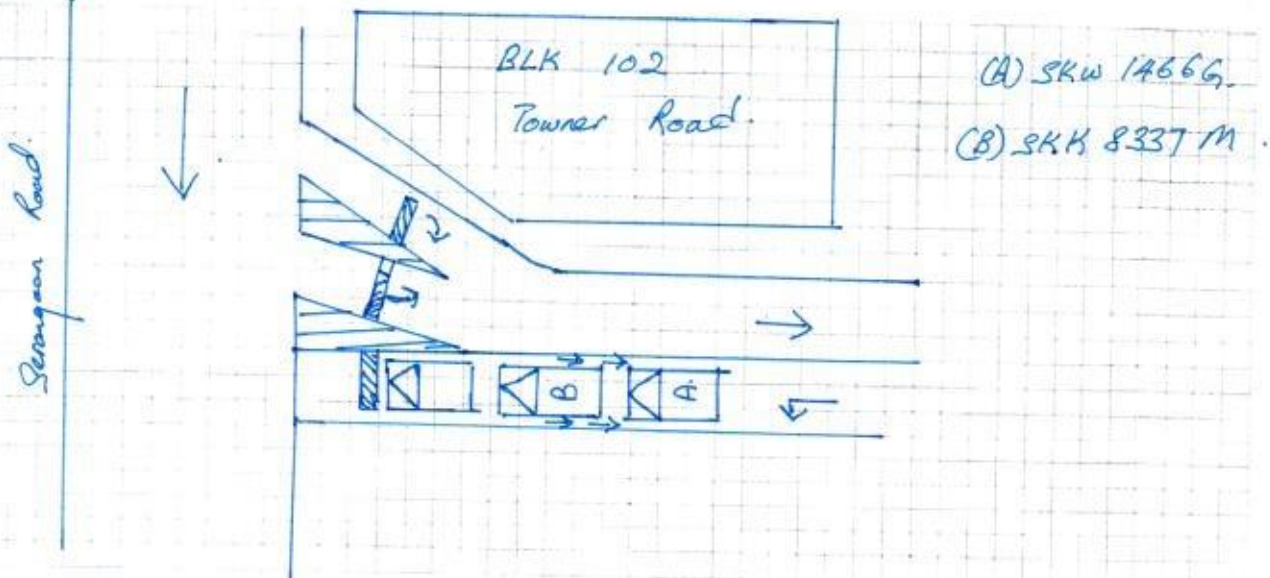


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/09/19 at @ 1510 hrs, I was travelling in my vehicle (SKW 14666) along the carpark of BLK 102 Towner Road wanted to exit the carpark to Serangoon Road. Infront of me were 2 vehicles. Suddenly, the vehicle (SKK 8337M) infront of me reversed and collided onto the front 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:

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

Vehicle No.	SKW 1466 G	Model / Make	Toyota Altis
Date of Accident	25/09/19		
Time of Accident	1510 HRS		
Location of Accident	BLK 102, Tower Road Carpark Exit.		
Exact purpose use during accident	Chauffeur		
Name of Owner	Twincar Leasing Pte Ltd.		
Telephone No.	H/P: 8380 2233	Home:	Office:
NRIC	201533046 C.		
Address	2, Kaki Bukit Ave 2, #01-17, Kaki Bukit Autohub (S) 417921.		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	AIG		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	999994387		
Name of Driver	As Above If No, TAN PING SENG		
NRIC	S1459161C	Any Passengers:	04 (3M) (1F)
Date of birth	03/10/1961		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	03/11/2014		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 9270 2850	Home:	Office:
Address	BLK 136, Bukit Batok West Ave 6 #08-507 (S) 650136		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee, If no, state <u>Driver</u>		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	TAN PING SENG (H/P: 9270 2850)		
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	SKK 8337 M	Any Passengers:	N.A.
Name of Driver	Tan Geok Cheong	Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A.	Witness Contact:	N.A.
Accident Portion	Front Portion		
Camera Recorder	<u>Yes</u> / No		
Email Address			
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Fung		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

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

**COMPREHENSIVE
CERTIFICATE NO.
POLICY NO.**

**COMMERCIAL MOTOR
SKW1466G
999994387**

(The below excess is subject to GST)

**POLICY EXCESS S\$2000.00 (Sect I & II)
WINDSCREEN EXCESS S\$100.00**

**SUM INSURED YES
INSURING WITH COE/PARF YES
SKW1466G
Twincar Leasing Pte Ltd**

- 1) VEHICLE REGISTRATION NO.**
2) NAME OF INSURED
**3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE
FOR THE PURPOSES OF THE ACT**
4) DATE OF EXPIRY OF INSURANCE
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

19 October 2018
18 October 2019

Any person who is driving on the insured's order or with their permission.
S\$2,000.00 Section I & S\$2,000.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.
Up to \$250.00 one-time waiver excess under section I for build in car camera and applicable on non at fault claim only. (Valid for 6 months).
Accident repair can be carried out at any of your preferred workshop for repair subjected that all claim matters does not involved any lawyer services.
An additional excess of \$1,000.00 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.

It is hereby agreed and acceptance that we would make special arrangement to this workshop known as N-S1 Automotive Pte Ltd to be your accident claim reporting center based on the conditions below.

LOSS OF USE	Not Included
HIRE PURCHASE COMPANY	NIL

*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 17 Oct 2018

AIG Asia Pacific Insurance Pte. Ltd.

Swift Link Insurance Agency - 502117
61 Ubi Avenue 2
#08-04A Automobile Megamart
Singapore 408898

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL

Transaction ref 20151019164316630762

The owner and vehicle particulars for Vehicle No. SKW1466G as at 19 Oct 2015 are as follows:

1.	Name	: TWINCAR LEASING PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 201533046C
4.	Place Of Passport Issue	: -
5.	Registered Address	: 2 KAKI BUKIT AVENUE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921
6.	Mailing Address	: -
7.	Vehicle No.	: SKW1466G
8.	Effective Date of Ownership	: 19 Oct 2015
9.	Original Registration Date	: 19 Oct 2015
10.	First Registration Date	: 19 Oct 2015
11.	Vehicle Type	: Z10 - Private Hire (Chauffeur) Motor Car
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: TOYOTA
17.	Vehicle Model	: COROLLA ALTIS CLASSIC 1.6 CVT
18.	Year of Manufacture	: 2015
19.	Primary Colour	: Silver
20.	Secondary Colour	: -
21.	Passenger Capacity	: 4
22.	Chassis/Trailer Chassis No.	: MR053REH104537680 / -
23.	Propellant/Emission Standard	: Petrol / Euro IV
24.	Engine No./Motor No.	: 1ZR527723 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 1598 / -
26.	Maximum Power Output(kW/bhp)	: 90.0 / 120
27.	Unladen Weight(kg)	: 1205
28.	Maximum Laden Weight(kg)	: 1640
29.	Open Market Value	: \$17,804.00
30.	PARF Eligibility	: Yes
31.	PARF Eligibility Expiry Date	: 18 Oct 2025
32.	Minimum PARF Benefit	: \$8,902.00
33.	IU Label No.	: -
34.	COE No.	: 2015110101000150M
35.	COE Expiry Date	: 18 Oct 2025
36.	COE Category	: A - Car (up to 1600cc & 97kW (130bhp))
37.	Quota Premium/Prevailing Quota Premium	: \$56,001.00
38.	Actual Quota Premium/PQP Paid	: \$56,001.00
39.	Actual ARF Paid	: \$17,804.00
40.	CO2 Emission(g/km)	: 151.00
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: \$297.00
46.	Road Tax Start Date	: 19 Oct 2015
47.	Road Tax End Date	: 18 Apr 2016
48.	Remarks	: This is a public service vehicle. This vehicle is eligible for PARF. To renew the COE, the Prevailing Quota Premium payable is that of Category A.