

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 05/10/19	Job description	Date & Time Completed	Done by
Ref No: NA/A1619017553/13	SAS e-filing		
Veh No: 5LT38435	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/10/19 0945	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: ( N-51	Tel:	Fax:
TP Particulars:	Veh No: 5LT38435	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

NA1907577	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	05/10/2019 12:53
Date Of Accident	05/10/2019 09:45
Exact Location Of Accident	ALONG PIE EXIT TO KJE SLIP RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT3843S
<b>Insured/Policyholder</b>	
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	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	WORK
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	LIM SWEE ENG(LIN SUIYING)
NRIC No	S7243230D
Date Of Birth	17/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	19/09/2000
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98520640
Fax Number	
Contact Number	
Email Address	LIMSEBEN@GMAIL.COM

Address	BLK 603 HOUGANG AVE 4 #06-221
Postcode	530603
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	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	SJL129G
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)

DETAILS OF INJURED PERSON 1

Name	LIM SWEE ENG(LIN SUIYING)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLT3843S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



<b>Vehicle No.</b>	SLT 3843S	Model / Make	Honda Vezel Hybrid
Date of Accident	5/10/2019		
Time of Accident	0945	HRS	
Location of Accident	Along PIE Exit to KJE Slip Road		
Exact purpose use during accident	Work		
<b>Name of Owner</b>	Twincar Leasing Pte Ltd		
Telephone No.	H/P: 8380 2233	Home:	Office:
NRIC	201533046C		
Address	2 Kaki Bukit Avenue 2 #01-17 S(47921)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	999994387		
<b>Name of Driver</b>	As Above If No, Lim Swee Eng		
NRIC	S7243230D	Any Passengers: 3	
Date of birth	17/11/1972	unknown (2 Female)	
Occupation	Outdoor /	Indoor (1 Male)	
Driving License Pass Date	19/9/2000		
Gender	Male / Female		
Contact No.	H/P: 98520640	Home:	Office:
Address	BLK 603 Hengry Avenue 4 #06-221 S(530603)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Hirer	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Lim Swee Eng 98520640 (observing)		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
<b>Vehicle B No.</b>	35L129G	Any Passengers: -	
Name of Driver		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:	
Witness Name		Witness Contact:	
<b>Accident Portion</b>	Rear portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	limseben@gmail.com		
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Zi Ting		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		



## 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:



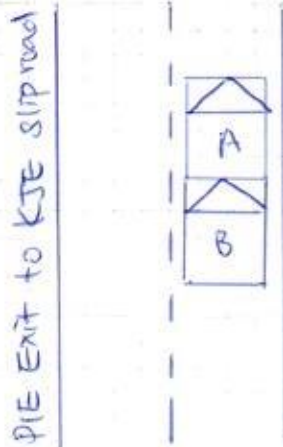
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



05/10/19

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

SKETCH PLAN



Vehicle A: SLT3843S

Vehicle B: SJL1296

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle A (SLT 3843S) traveling along PIE Exit to KJE slip road. I was driving straight on lane 1. I was driving 70km/h and I saw the 50km/h sign when enter the slip road, so I slow down my vehicle out of sudden I felt an impact from rear of my vehicle. After check, vehicle B had collided onto my vehicle rear portion causing my vehicle rear portion badly damaged.

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:

 05/10/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





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

		(The below excess is subject to GST)	
<b>COMPREHENSIVE</b>	<b>COMMERCIAL MOTOR</b>	<b>POLICY EXCESS</b>	<b>S\$2000.00 (Sect I &amp; II)</b>
<b>CERTIFICATE NO.</b>	<b>SLT3843S</b>	<b>WINDSCREEN EXCESS</b>	<b>S\$100.00</b>
<b>POLICY NO.</b>	<b>999994387</b>	<b>SUM INSURED</b>	<b>YES</b>
		<b>INSURING WITH COE/PARF</b>	<b>YES</b>
		<b>SLT3843S</b>	
<b>1 ) VEHICLE REGISTRATION NO.</b>		<b>Twincar Leasing Pte Ltd</b>	
<b>2 ) NAME OF INSURED</b>			
<b>3 ) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT</b>		<b>19 October 2018</b>	
<b>4 ) DATE OF EXPIRY OF INSURANCE</b>		<b>18 October 2019</b>	
<b>5 ) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*</b>			
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.			
<b>6 ) LIMITATION AS TO USE*</b>			
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-51 Automotive Pte Ltd to be your accident claim reporting center based on the conditions below.			
<b>LOSS OF USE</b>		<b>Not Included</b>	
<b>HIRE PURCHASE COMPANY</b>		<b>MAYBANK</b>	
*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

*Marilo*

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL



## Register New Vehicle (Acknowledgement)

## Vehicle Particulars

Vehicle No.:	SLT3843S		
Vehicle Type:	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	VEZEL HYBRID 1.5X AUTO
Chassis No.:	RU31261759	Engine No.:	LEB5961776
Motor No.:	H12374867	Trailer Chassis No.:	-
Propellant:	Petrol-Electric	Passenger Capacity:	4
Engine Capacity:	1496 cc	Power Rating:	22.0 kW
Maximum Power Output:	112.0 kW ( 150 bhp )		
Unladen Weight:	1280 kg	Maximum Laden Weight:	1555 kg
Primary Colour:	Black	Secondary Colour:	-
First Registration Date:	27 Oct 2017	Original Registration Date:	27 Oct 2017
Manufacturing Year:	2017	Open Market Value:	\$25,666.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$2,500.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$5,666.00 (140%)
Actual ARF Paid:	\$5,000.00		

## Owner Particulars

Owner Name:	TWINCAR LEASING PTE LTD
Owner ID Type:	Company
Owner ID:	201533046C
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block /House No.:	2
Registered Street Name:	KAKI BUKIT AVENUE 2
Registered Unit No.:	# 01 - 17