

# NATIONAL Assessment Centre Services

Part 1 of 2 MNA1914423

Date In: 24/12/19 - 19:28	Job description	Date & Time Completed	Done by
Ref No: 4A/116/19018929/24	SAS e-filing		
Veh No: 1CC2306	E-mail (with a bus, 11/2/2019)		
D.O.A: 23/12/19 - 12:22	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (with a bus, 11/2/2019)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by TP e-filing to Owner's TP		

Preferred Wksp / INC Assign Wksp / QW: ( )

Tel: ( )

Fax: ( )

TP Particulars:	Veh No: 6803436	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( ) %	[Note: Est. Status (VCH) N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ( )	Warrant: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:
( ) Walk-In Customer: Customer's information strictly Confidential. Strictly NOT 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

MNA196057

Claimant's Particulars:	Amount (\$)	Amount (\$)
Driver/Owner:	Est Bill	Add Bill
Contact No:	1) 1st Assessment Report (1st 10 min)	
Damaged Portion:	2) 2nd Assessment (1st 10 min)	
QC Checked by (Engr-In-Charge):	3) 3rd Assessment (1st 10 min)	
Auditor Comments:	4) 4th Assessment (1st 10 min)	
Dat. 1:	5) 5th Assessment (1st 10 min)	
Dat. 2 / 3:	6) 6th Assessment (1st 10 min)	
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	100) 100th Assessment (1st 10 min)	



## 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	24/10/2019 19:28
Date Of Accident	23/10/2019 17:20
Exact Location Of Accident	WOODLANDS CENTRE RD TWDS BKE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC230G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THAN QING SHUI JOHNSON
NRIC No	S7900343C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91018544
Alternative Phone No	OFFICE-91018544

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS GS450H AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING

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	1900157071
Cover Note Number	

### Driver

Name of Driver	THAN QING SHUI JOHNSON
NRIC No	S7900343C
Date Of Birth	09/01/1979
Occupation	INDOOR
Date Of Driving Pass	14/08/2003
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91018544
Fax Number	
Contact Number	OFFICE-91018544
EMail Address	NOEMAIL

Address	BLK 113D MCNAIR ROAD #25-246
Postcode	325113
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 - CHANGE/CROSS LANE
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?	
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 STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD3403G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LAM HOW TOI
NRIC/Passport Number	S2548334J
Contact Number	98420188
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## 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 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. 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 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.
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

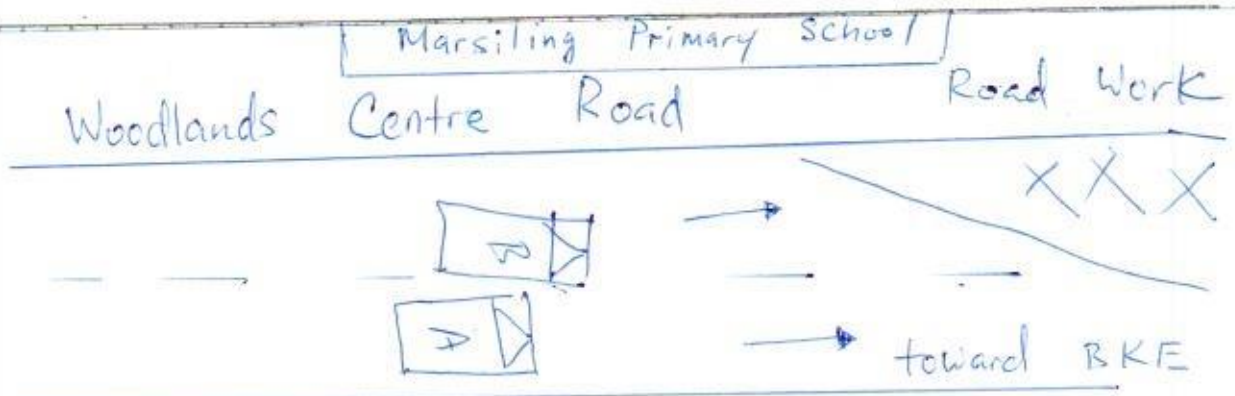
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



(A) SKC 230 G.

(B) GRD 3403 G.




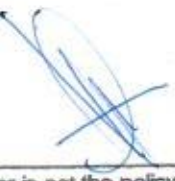
**Describe Circumstances of the Accident**

On 23/10/2019 at about 17:20hrs, I was travelling along woodlands centre road toward BKE on the right lane. Suddenly vehicle GBD 3403G cut into my lane and hit onto my vehicle SKC 230G left hand wheel side portion. After the accident the driver of GBD 3403G admitted it was his fault. And ask me to make a third party claim under GBD 3403G insurance policy. My vehicle SKC 230G have a video footage in my car and also had recorded the scene of accident happened

**Declaration**

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

  
Witnessed by Reporting Centre Personnel

## ACCIDENT STATEMENT

ACCIDENT DATE: 23/10/2019 (DD/MM/YYYY). TIME: 17:20 (HH:MM)

LOCATION: Woodlands Centre Road toward BKE

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKC 230 G  
b) INSURANCE COMPANY: AIG  
c) POLICY NUMBER: 1900157071  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA LEXUS GS 450H  
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Working  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: THAN QING SHUI Johnson (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7900343-C CONTACT: 91018544  
c) ADDRESS: Blk 113-D, Mcnair Road #25-246  
S'325113

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

#### DRIVER

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

\*d) DATE OF BIRTH: 9/1/1979 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 14 / 8/2003

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

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS \_\_\_\_\_)

b) ROAD SURFACE: DRY / WET / OTHERS \_\_\_\_\_)

6. WAS ANYBODY INJURED (YES / NO) NO

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

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

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBD 3403 G MODEL: Lorry  
b) DRIVER'S NAME: Lam How Toi  
c) NRIC/FIN/PASSPORT: S2548334J CONTACT: 98420188

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email =

fax = 68442641

video: ✓





# 11091902...

Land Transport Authority

10 Sin Ming Drive Singapore 575701  
www.lta.gov.sg

11 Sep 2019

Our ref 1109190203N061006937

THAN QING SHUI JOHNSON  
APT BLK 113D MCNAIR ROAD  
#25-246  
SINGAPORE 325113

Dear Sir/Madam

**You Have Successfully Replaced Vehicle Registration No. SKJ3867M With SKC230G**

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SKJ3867M, now has the number SKC230G.

The vehicle details after the transaction are:

Transaction No.	: 20190911213301455603
Vehicle Registration No.	: SKC230G (Previously SKJ3867M)
Vehicle Make	: TOYOTA
Vehicle Model	: LEXUS GS450H AUTO
Chassis No.	: JTHBC96S605023491
Engine No./ Motor No.	: 2GR8703813 / 1KM8703813

**What You Need To Do:**

- You must show the new number SKC230G on your vehicle by 14 Sep 2019.

Please change the number plates on this vehicle to show SKC230G by 14 Sep 2019. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.





Visit [www.onemotoring.com.sg](http://www.onemotoring.com.sg) for more information and to access a wide range of vehicle-related services. If you need a SingPass or CorpPass account, visit [www.singpass.gov.sg](http://www.singpass.gov.sg) or [www.corppass.gov.sg](http://www.corppass.gov.sg).

Yours sincerely

Assistant Registrar of Vehicles  
VRL Service Operations  
Land Transport Authority

[This letter is computer-generated, no signature is required.]





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## CERTIFICATE OF INSURANCE

## AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : THAN QING SHUI JOHNSON  
Period of Insurance : 04 Sep 2019 To 17 Nov 2020  
Engine No. : 2GR8703813  
Chassis No. : JTHBC96S605023491

Vehicle No. : SKJ3867M  
Policy No. : 1900157071  
Endorsement No. :  
Issued Date : 04 Sep 2019

## ABOUT THE COVER

Make/Model : LEXUS GS450H

Engine Capacity/Tonnage : 3,456.00 CC

Driver Restriction : NA

Sum Insured : Market Value  
Off Peak Car : NoFirst Year of Registration : 2010  
Insuring with CODE/PAIF : 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

The 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 a Young and/or Inexperienced Driver (named or unnamed) is under the age of 23 and/or has less than 3 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 damage of goods other than transport in connection with any trade or business or use for any purpose in connection with Motor Trade.

\* Limitations referred inoperative to Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 186), Section 96 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

## EXCESS

## Section 1

Fire - \$0; Own Damage - \$0; Theft - \$0; Flood Cover - \$0

## Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

THAN QING SHUI JOHNSON

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

Approved Reporting Centres/AIG Authorized Repairers (for claims related repairs)

Any accident repairs to the vehicle can be carried out at the repairer of your choice (unless specifically excluded by Us)

For Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 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: ABWIN PTE 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. 186), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0690718030

JG MOTOR AGENCY

80 CHANGI ROAD #04-06 CENTROPOD @ CHANGI

SINGAPORE 419715

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

Tan Yee Hing, James Tan

78 Shenton Way #07-16 AIG Building 0781120 | T+65 6470 3000 | [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.

## 24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

## What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related)
- Advice on Motor Claims procedures
- Medical Referral Assistance

## If no one is injured in the accident:

- You are not required to make any police report
- (Relevant vehicle number, name and address, insurance company and policy number of the other vehicle, not collected)

## What should I do in the event of an accident?

- Keep calm and move your car to a safe place
- Do not admit or discuss fault or blame with the other party
- Report the accident to us with your accident vehicle (call, via our approved reporting centres or authorized repairers, next working day of the accident)
- Submit Written Summons/Correspondence from third parties to AIG immediately