

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MHA119143189**

Date In: <b>29/1/19-12:30</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA1 A161901910 3/24</b>	SAS e-filing		
Veh No: <b>JML15516</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>26/1/19-23:00</b>	i-Motor Claim Form		
OD: <b>(TP) Reporting Only</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( Tel: Fax: )

TP Particulars: Veh No: **Y327VOD** 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: ( )

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

HA 1208214	Invoice Preparation Checklist	Ant (\$) Est 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Ref. 1:	6) TR: Re-inspection \$75		
Ref. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N:in INC) against INC \$20		
	9) N12: Idac 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	29/10/2019 17:32
Date Of Accident	26/10/2019 23:00
Exact Location Of Accident	SLIP RD BKE TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5151L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	201533046C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88215151
Alternative Phone No	OFFICE-88215151
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	NOAH HYBRID 7-SEATER 1.8X CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994018
Cover Note Number	
<b>Driver</b>	
Name of Driver	GOH JOO HONG, JASON
NRIC No	S6805520B
Date Of Birth	12/02/1968
Occupation	OUTDOOR
Date Of Driving Pass	06/04/1989
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87887660
Fax Number	
Contact Number	OFFICE-87887660
EEmail Address	NOEMAIL

Address	BLK 954 HOUGANG AVENUE 9 #12-530
Postcode	530954
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 - 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?	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)	6
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : FEMALE
Passenger 5	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191027/2008.

#### Attachment(s)

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

**Details of Witness 1**

Name DANIEL  
Phone Number 96748244  
Email Address

**Details of Witness 2**

Name MIKI  
Phone Number 91944946  
Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number YP7720D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 3  
Passenger 1  
NAME: :  
GENDER: :  
Passenger 2  
NAME: :  
GENDER: :

## 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.

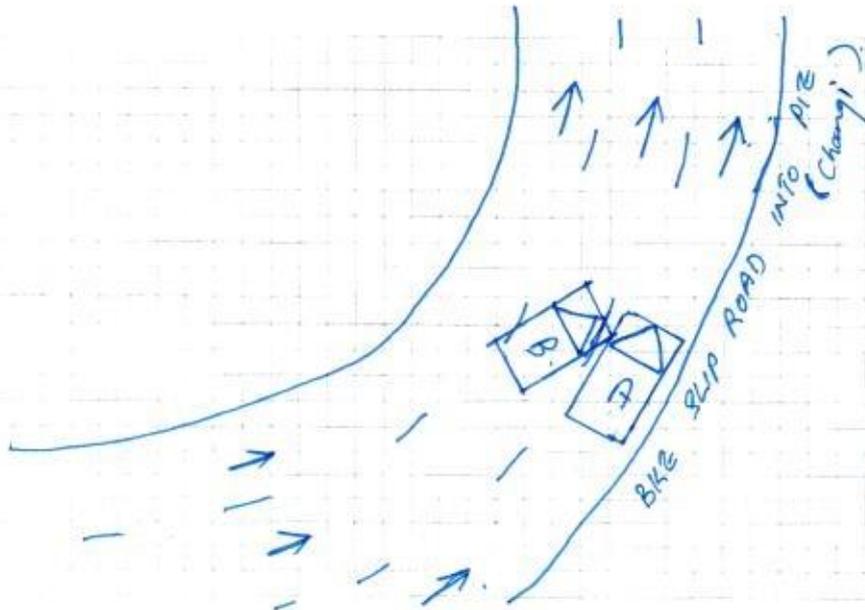


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



(A) SMN 5151 L.  
(B) YP 7720 D.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer To Police Report  
No: T/20191027/2008.

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.:

<b>Vehicle No.</b>	SMN 5151 L. Model / Make Toyota Noah.	
Date of Accident	26 / 10 / 19.	
Time of Accident	2300 HRS	
Location of Accident	BKE slip road into P12 (Changi).	
Exact purpose use during accident	Chauffeur	
<b>Name of Owner</b>	Twincar Leasing Pte Ltd.	
Telephone No.	H/P: 8821 5151. Home:	Office:
NRIC	201533046 C.	
Address	2. Kaki Bukit Ave 2 #01-17, Kaki Bukit Autohub (S) 417 821	
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.	999994018	
<b>Name of Driver</b>	As Above If No, Goh Joo Hong, Jason.	
NRIC	S 6805520B.	Any Passengers: 05 (2M) (3F)
Date of birth	12 / 02 / 1968.	
Occupation	<u>Outdoor</u> / Indoor	
Driving License Pass Date	06 / 04 / 1989	
Gender	<u>Male</u> / Female	
Contact No.	H/P: 8788 7660. Home:	Office:
Address	BLK 954 Hougang Ave 9 #12-530 (S) 530954	
Driver have any own vehicle	<u>No</u> , If yes, Reg No.	
Relationship	Employee, If no, state	owner.
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.	Goh Joo Hong, Jason (H/P: 8788 7660)	
Name And Contact No.		
Police Report	No, <u>If Yes, Where?</u>	Hougang N.P.C.
<b>Vehicle B No.</b>	YP 7720 D.	Any Passengers: 02 (M).
Name of Driver		
<b>Vehicle C No.</b>		
<b>Vehicle D No.</b>		
<b>Vehicle E no.</b>		
<b>Vehicle F No.</b>		
<b>Vehicle G No.</b>	Witness: Daniel.	Any Passengers: H/P: 9674 8244.
Witness Name	<del>Mick</del> Micki	Witness Contact: 9194 4946.
<b>Accident Portion</b>	Left side.	
<b>Camera Recorder</b>	<u>Yes</u> / No	with Traffic Police.
<b>Email Address</b>	-	
<b>PARTICULAR WORKSHOP</b>	N-51	
<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	



Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/10/2019 02:08	Vide Report No.: E/20191026/0198	Station Diary No.: 22
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<b>Informant's Particulars</b>			
Name of Informant: GOH JOO HONG, JASON		Address: APT BLK 954 HOUGANG AVENUE 9 #12-530 SINGAPORE 530954	
ID Type / ID No.: NRIC NO / S6805520B		Contact No.: Home/Office: Mobile: 87887660	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 12/02/1968	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3,4	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/10/2019 23:00	Type of Location: Bend
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY BKE towards PIE (Slip Road)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMN5151L	Car				Slightly Damaged	5
YP7720D	Lorry				Slightly Damaged	2

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20191027/2008

**CONTINUATION OF REPORT**

Driver			
Name	GOH JOO HONG, JASON	ID No.	S6805520B
Related Vehicle	NIL	Contact No.	87887660
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 26/10/2019 at around 2300hrs I was driving my vehicle registration number SMN5151L with 5 passenger on board. I was driving along BKE towards the PIE (Slip Road), Lane 1 when suddenly one lorry registration number YP770D hit onto my car and did not stop. I then followed the lorry and horn him to stop however he ignored. I managed to stopped the lorry at the opposite of Thomson Medical Center and called for Police assistance.

My vehicle suffered dent and scratches on the left on both front and rear passenger door and right side mirror damaged. I wish to state Traffic Police was at scene. No one was conveyed by Ambulance as there is no injury. I was advised by the Traffic Police to lodged a Police report.



Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 3 YASMIN BINTE MAZLAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/10/2019 02:08
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144 	Classification Of Case:
Authentication Stamp NP168 	

**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) AND ROAD TRANSPORT (AMENDMENT) ACT 2019

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>REFER TO ITEM 5</b>
<b>CERTIFICATE NO.</b>	<b>SMN5151L</b>	<b>WINDSCREEN EXCESS</b>	<b>S\$100.00</b>
<b>POLICY NO.</b>	<b>999994018</b>		
		<b>SUM INSURED</b>	<b>Market Value</b>
		<b>INSURING WITH COE/PARF</b>	<b>YES</b>
<b>1) VEHICLE REGISTRATION NO.</b>		<b>SMN5151L</b>	
<b>2) NAME OF INSURED</b>		<b>TWINCAR LEASING PTE LTD</b>	
<b>3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT</b>		<b>19 October 2019</b>	
<b>4) DATE OF EXPIRY OF INSURANCE</b>		<b>18 October 2020</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\$1,500.00 Section I & S\$1,500.00 Section II Excess is applicable for driver who is between 23 years to 70 years old with minimum 2 years driving experience.			
An additional section II excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.			
Repair has to be carried out at AIG appointed list of workshop or Manufacturer workshop within 3 years warranty.			
Approved N-51 Automotive Pte Ltd to be your accident claim reporting center base on condition that all claim matters do not involving in any lawyer services.			
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) and Road Transport (Amendment) Act 2019, 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) and Road Transport (Amendment) Act 2019.

Issued in Singapore 26 Sep 2019

AIG Asia Pacific Insurance Pte. Ltd.

Swift Link Insurance Agency - 502117

61 Ubi Avenue 2

#08-04A Automobile Megamart

Singapore 408898



AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC