

NATIONAL Assessment Centre Services. [ver 1 Jan'05] **1 MAY 19 15 2005**

Date In: 18/4/2005 12:43	Job description	Date & Time Completed	Done by
Ref No: NB018191902036714	SAS e-filing		
Veh No: SLP 7140D	E-mail (to Jdla 2hrs, AIC 2hrs)		
D.O.A: 18/4/2005 19:15	I-Motor Claims Form		
QID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whsp		

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

TP Particulars: Vch No: **SLP 672J** 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: ()

Repairable: () / Non-Repairable: ()

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

Injury: ()

Date	Ref	By	Remarks

NB01908700

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*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: Idea 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	18/11/2019 12:43
Date Of Accident	14/11/2019 19:15
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT (NEAR EUNOS EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG7140D
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	201602573M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87818338
Alternative Phone No	OFFICE-87158975

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994247
Cover Note Number	

Driver

Name of Driver	CHUA ZHENG HONG JEVON
NRIC No	S9742291E
Date Of Birth	25/11/1997
Occupation	INDOOR
Date Of Driving Pass	06/12/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87818338
Fax Number	
Contact Number	OTHERS-87158975
EMail Address	NOEMAIL

Address	BLK 108 TAMPINES STREET 11 #09-303
Postcode	521108
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	CHAIN COLLISION
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	4
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)	3
Passenger 1	NAME: : MUHAMMAD YASIN BIN ELIAS GENDER: : MALE
Passenger 2	NAME: : ABDUL FAWWAZ BIN ABDUL FUKUR 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

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	SLP672J
Vehicle Make/Model/Colour	NISSAN
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKL1901A
Vehicle Make/Model/Colour MERCEDES BENZ A200
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMA4840G
Vehicle Make/Model/Colour HYUNDAI IONIC
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 MUHAMMAD YASIN BIN ELIAS
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLG7140D
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ABDUL FAWWAZ BIN ABDUL FUKUR
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLG7140D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name	CHUA ZHENG HONG JEVON
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLG7140D
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:

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

18/10/2018
Kas L. Vitoras

SKETCH PLAN

VEH A: 214 71400
 VEH B: 81P 6703
 VEH C: 3MA 1901A
 VEH D: 3MA 48406

PIC → CHANGI EXIT ELNOS



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING IN THE 1ST LANE ON PIC → CHANGI
 ROAD TO ELNOS EXIT ON 14/11/2019 AT AROUND 19:15 HRS. THE
 TRAFFIC WAS QUITE HEAVY ON THAT TIME I WAS TRAVELLING AROUND
 30-40 km/h AND SUDDENLY THE CAR IN FRONT OF ME SUDDENLY
 BRAKE SO I APPLY MY BRAKE TOO. I HAD STOPPED ON TIME AND
 MY CAR WAS STATIONARY AND SUDDENLY I FELT AN IMPACT ON
 MY REAR. I CAME DOWN AND SAW THERE'S THREE CAR BEHIND
 ME HAD BANG INTO EACH OTHER I WAS THE 1ST CAR. AFTER THAT
 WE EXCHANGED PARTICULARS AND MOVE OFF THE SCENE.

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/PIN No.:

18/11/2019
 [Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 11 / 2017) (DD/MM/YYYY), TIME: (19 : 15) (HH:MM)

LOCATION: AVE 7 CHANGI EXT JLN BUNDS

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 71400
- b) INSURANCE COMPANY: AIC
- c) POLICY NUMBER: 99794347
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: MAZDA 3
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL USE
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
- IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: CHA COO CHANG STE 40 (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 201-025737 CONTACT: 87818338
- c) ADDRESS: 155 KERRAL ROAD BUCH L H 01-02

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHUA ZHENH HONG JENON (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 59742291E CONTACT: 87158975
- c) ADDRESS: BLK 108 TAMPAKES STREET 11 #09-303

* d) DATE OF BIRTH: (25 / 11 / 1997) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 06 DEC 2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: UNK

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLP 6722 MODEL: NISSAN
- b) DRIVER'S NAME:
- c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKL 1901A MODEL: MERCEDES A200
- b) DRIVER'S NAME:
- c) NRIC/FIN/PASSPORT: CONTACT:

THIRD PARTY VEHICLE SMA H840 G MODEL: HYUNDAI IONIC

EMPH =

VIDEO =

Passenger 1 = Muhammad Yasin Bin Elias (Male)

Passenger 2 = Abdul Fawwaz Bin Abdul Fekar (Male)



HOTLINE TEL: (65) 6419-3000

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.2.400

		(The below excess is subject to GST)	
COMPREHENSIVE	COMMERCIAL MOTOR	POLICY EXCESS	S\$2500.00 (Sect 1 & 2)
CERTIFICATE NO.	SLG7140D	WINDSCREEN EXCESS	S\$100.00
POLICY NO.	999994247	SUM INSURED	YES
		INSURING WITH COE/PAF	YES
		SLG7140D	
		CAR COVE LEASING PTE LTD	
1) VEHICLE REGISTRATION NO.		12 February 2019	
2) NAME OF INSURED		11 February 2020	
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*			
Any person who is driving on the Insured's order or with their permission.			
S\$2,500.00 Section I & S\$2,500.00 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 Section II excess of \$500.00 per accident is applicable in the event of an accident occurring outside Singapore.			
The policy does not cover drivers who are below 22 years old and/or with less than 2 year driving experience.			
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		Heritage Auto Enterprise Pte Ltd	
*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 04 Mar 2019

AIG Asia Pacific Insurance Pte. Ltd.

691991-000
Moh Kok Heng
3 Tampines Grande, AIA Tampines
#02-38
SINGAPORE 528799

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL