

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MA1195931**

Date In: <b>2/1/19-09:18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MA1195931/24</b>	SAS e-filing		
Veh No: <b>5JB8784P</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>2/1/19-11:13</b>	i-Motor Claim Form		
OD / <b>TP</b> Reporting Only	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: <b>544 78565</b>	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

<b>MA1195931</b>	<b>Invoice Preparation Checklist</b>		Amt (\$) Est Bill	Amt (\$) 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)			
Dat. 1:	6) TR : Re-inspection \$75			
Dat. 2 / 3:	7) N1 : Idac 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 \$5			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac Mobile \$30			
	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	03/12/2019 09:18
Date Of Accident	02/12/2019 11:10
Exact Location Of Accident	JUNC TAMPINES AVE 9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB8784P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FRESH CARS PTE LTD
Co Reg No	201608540Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X LIMITED A
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 HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994039
Cover Note Number	

### Driver

Name of Driver	GOH CHOON MENG
NRIC No	S1686007G
Date Of Birth	13/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	11/06/1983
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93277138
Fax Number	
Contact Number	OFFICE-93277138
Email Address	NOEMAIL

Address	BLK 712 YISHUN AVENUE 5 #05-158
Postcode	760712
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)	2
Passenger 1	NAME: : - 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

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	SLH7856S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEE YEN LING JASMINE
NRIC/Passport Number	S7030860F
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name GOH CHOON MENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJB8784P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



## IMPORTANT NOTICE

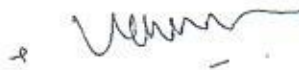
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:



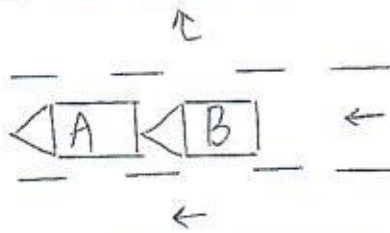
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

TRAFFIC LIGHT

Tampines Ave 9.



(A) SJB8784P

(B) SLH7856S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Tampines Ave 9. As the traffic light was red. I stopped my vehicle in time and my vehicle was stationary. Suddenly vehicle B came from behind and hit onto the rear portion of my vehicle.

Whole accident was captured by my vehicle built-in video recorder.

DECLARATION

I/We declare that the above 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:  
WRIC/FIN No.:



Date of Accident: 02/11/19 Accident Time: 11:10 (24-HR-FORMAT)  
 Accident Place: Junction of Tampines Ave 9.  
 Vehicle Reg. No (Car plate No.): SJB878 4P Vehicle Make Model: TOYOTA WISH  
 Insurance Company: MLA Policy No. 999994039  
 Name of Registered Owner: Company / Individual Fresh Cars Pte Ltd.  
 ID of Registered Owner: Co Reg No: 701685402 Owner's NRIC No: -  
Co Contact No: - Owner's Contact No: -  
 DRIVER'S Name: Goh Choon Meng DRIVER'S NRIC No: S16860076  
 DRIVER'S Date of Birth: 13/4/1985 DRIVER'S License Pass Date: 11 JUN 1986  
 Relationship bet. Owner & Driver: Spouse / Parents / Children / Sibling / Employee / Other: Driver  
 DRIVER'S Address: MALIB 712 YISHUN AVE SH05-158 (S) 760712  
 DRIVER'S Contact No./ Alt No.: (1) 9727 7138 (2) -  
 DRIVER'S Occupation: INDOOR / OUTDOOR (eg. working inside or outside of an office)  
 Email Address: -  
 Weather & Road Surface: CLEAR & DRY / RAINING & WET AFTER RAIN & WET  
 Reporting Type: Reporting Only / Claim Other Party / Claim Own Insurance  
 Number of Passengers (including Driver): 1 driver, 1 passenger (Male)  
 Was the accident reported to the police? YES (Not)  
 Was there any video captured by car camera? (Yes) NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>(B) SLH 7856S</u>	Vehicle Reg No: _____
Vehicle Make Model: _____	Vehicle Make Model: _____
Driver Name: <u>SEE YEN LING JASMINE</u>	Driver Name: _____
Driver NRIC No: <u>970708607</u>	Driver NRIC No: _____

Injured Person(s) Driver: Goh Choon Meng / S 16860076



HOTLINE TEL: (85) 5419-3000

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1966

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)	
THIRD PARTY	COMMERCIAL MOTOR	POLICY EXCESS	REFER TO ITEM 5
CERTIFICATE NO.	SJB8784P	WINDSCREEN EXCESS	NA
POLICY NO.	999994039	SUM INSURED	NA
		INSURING WITH COE/PARF	NA
1) VEHICLE REGISTRATION NO.		SJB8784P	
2) NAME OF INSURED		FRESH CARS PTE LTD	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		07 November 2019	
4) DATE OF EXPIRY OF INSURANCE		06 September 2020	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
Any person who is driving on the Insured's order or with their permission.			
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.			
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, para-making, mobility 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		DBS BANK LIMITED	
*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 06 Nov 2019

AIG Asia Pacific Insurance Pte. Ltd.

220001-000  
Choy Wang Hong Eric  
25 Toh Tuck Walk  
Singapore 596604

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL