

NATIONAL Assessment Centre Services. [ver 1 Jan'00]

MANA 469159682

Date In: 03/12/2019 17:16	Job description	Date & Time Completed	Done by
Ref No: NEX/116/202-235414	SAS e-filing		
Veh No: SKW 33414	E-mail (Apda 3hrs, AIC 2hrs)		
DOA: 01/12/2019 14:30	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SLC 82022 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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

Injury: _____

Date: _____

MANA 909086	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engi-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Warranty Comments:	6) TR: Re-inspection \$75		
Est 1:	7) NI: Idao DA + SMRT Survey \$160		
Est 2/3:	8) NTUC Additional Services:		
	OD:		
	*NS: Courtesy Car / Tpt Allowance \$3		
	*NG: Repairs Coordination \$10		
	*NI: Post Repair Inspection \$23		
	*NB: DV / Collect Excess Coordination \$3		
	TP (NI): TP (Non INC) against INC \$25		
	9) NI: Idao 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	03/12/2019 17:16
Date Of Accident	01/12/2019 14:30
Exact Location Of Accident	ALONG WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW3341U
Insured/Policyholder	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82325181
Alternative Phone No	OFFICE-82325181

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 G (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY
Fleet Policy	NO
Policy Number	999994238
Cover Note Number	

Driver

Name of Driver	LEE YAOHUA MUHAMMAD ASLAM SHAH BIN ILYAS LEE
NRIC No	S8910445I
Date Of Birth	25/03/1989
Occupation	OUTDOOR
Date Of Driving Pass	08/05/2010
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82325181
Fax Number	
Contact Number	OTHERS-82325181
EMail Address	NOEMAIL

Address	BLK 1 CHAI CHEE ROAD #02-204
Postcode	461001
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

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: : KIMBERLY ALVINA CHANG (WIFE/PREGNANT) GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20191202/7013

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	SLC8202Z
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 LEE YAOHUA MUHAMMAD ASLAM SHAH BIN ILYAS LEE
Approximate Age
Injuries Sustain NECK AND BACK PAIN
Injured person in which vehicle? SKW3341U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name KIMBERLY ALVINA CHANG (WIFE/PREGNANT)
Approximate Age
Injuries Sustain NECK AND BACK PAIN
Injured person in which vehicle? SKW3341U
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.
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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.

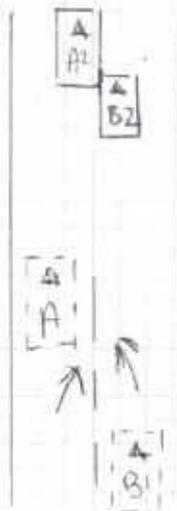


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



V. A) SKW33414
 V. B) SLC8202Z

WOODLANDS CHECKPOINT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on
 the stated venue I was travelling straight in my lane
 following the queue towards the checkpoint while travelling
 the vehicle in front stop, as such I slowed down and
 came to a stop. suddenly I felt an impact on my
 vehicle rear portion. shortly I got out and realised vehicle
 'B' had collided onto my stationary vehicle rear portion.

Police Report 7/2019/202/7013

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:

03/12/2019
 Reporting Centre Personnel's Signature
 Name: *Reda*
 NRIC/FIN No: *U000003*



**SINGAPORE
POLICE FORCE**



T/20191202/7013

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191202/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2019 11:36	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LEE YAOHUA MUHAMMAD ASLAM SHAH BIN ILYAS LEE		Address: APT BLK 1 CHAI CHEE ROAD #02-204 SINGAPORE 461001	
ID Type / ID No.: NRIC NO / S8910445I		Contact No.: Home/Office:	Mobile: 82325181
Nationality: SINGAPORE CITIZEN		Email: aslamlee2125@gmail.com	
Sex: Male	Age: 30	Date of Birth: 25/03/1989	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Self-employed		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/12/2019 14:30	Type of Location:
Location: WOODLANDS CROSSING				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW3341U	Car					0
SLC8202Z	Car	BMW	5 SERIES	White		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191202/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20191202/7013

CONTINUATION OF REPORT

Passenger			
Name	KIMBERLY ALVINA CHANG CHEN NEE	ID No.	NIL
Related Vehicle	SKW3341U (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/12/2019	Date Discharge	01/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	LEE YAOHUA MUHAMMAD ASLAM SHAH BIN ILYAS LEE	ID No.	S8910445I
Related Vehicle	SKW3341U (Car)	Contact No.	82325181
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/12/2019	Date Discharge	01/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON THE 01ST DECEMBER 2019 AT ABOUT 1430HRS, I WAS DRIVING TOWARDS WOODLANDS CHECK POINT. I WAS DRIVING STRAIGHT IN MY LANE, FOLLOWING THE QUEUE TOWARDS THE CHECKPOINT. WHILE MOVING, THE VEHICLE IN FRONT OF ME STOP, AS SUCH I APPLIED MY BRAKES, SLOWED DOWN AND CAME TO A COMPLETE STOP. SUDDENLY I FELT AN IMPACT ON MY VEHICLE REAR, SHORTLY I GOT OUT OF MY VEHICLE AND REALISED VEHICLE SLC8202Z HAD COLLIDED ONTO MY STATIONARY VEHICLE REAR PORTION. HE TRIED TO CUT INTO THE LANE HOWEVER WHILE DOING DO, HIS VEHICLE COLLIDED AGAINST MINE. LATER NIGHT ME AND MY WIFE, KIMBERLY ALVINA CHANG, FELT PAIN ON OUR BACKS AND NECK HENCE WE WHEN TO SEEK CONSULTATION AT MOUNT ALVERNIA AND WAS GIVEN 5 DAYS MC EACH.



**SINGAPORE
POLICE FORCE**



T/20191202/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191202/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
02/12/2019 11:36

Classification Of Case:

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 01/12/2019 (dd/mm/yy) Time of Accident: 14:30 (24-HR-FORMAT)
Vehicle No.: SKW 3341 U Vehicle Make & Model: TOYOTA VIOS G AUTO
Exact location of Accident: WOODLANDS CHECKPOINT
Policyholder's Name / IC No.: ASSET LIMO 53309913K
Driver's Name / IC No.: LEE YAOHUA MUHAMMAD ASLAM SHAH BIN ILYAS LEE S8910445I (As Above)
Driver's Contact No.: 8232 5181 Company Contact No.: _____
Driver's Address: 18 SIN MING LANE #06-31 S573960
Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver: HIRER or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Private use / Work purpose Occupation (nature of job) Indoor / Outdoor
No. of Passengers (Including Driver): 03

Passenger Name: Kimberly Alvina Chang (wife / Pregnant) Gender: Female
Passenger Name: BABY (3 MONTHS OLD) Gender: Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SLC 8202 Z

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1967 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MZ400

		(The below excess is subject to GST)	
THIRD PARTY	COMMERCIAL MOTOR	POLICY EXCESS	S\$2500.00 (Sect II)
CERTIFICATE NO.	SKW3341U	WINDSCREEN EXCESS	NA
POLICY NO.	999994238	SUM INSURED	NA
1) VEHICLE REGISTRATION NO.		INSURING WITH COE/PARF	NO
2) NAME OF INSURED		SKW3341U	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		ASSET LIMO	
4) DATE OF EXPIRY OF INSURANCE		10 March 2019	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		09 March 2020	
<p>Any person who is driving on the Insured's order or with their permission.</p> <p>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.</p> <p>An additional excess of \$1,000.00 section II per accident is applicable in the event of an accident occurring outside Singapore.</p>			
<p>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.</p>			
6) LIMITATION AS TO USE*			
<p>1) Use for social, domestic, pleasure purposes and business purposes of Insured</p> <p>2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired</p> <p>3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p> <p>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.</p>			
LOSS OF USE		Not Included	
HIRE PURCHASE COMPANY		NA	
<p>*Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.</p>			

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 169) and Part IV of the Road Transport Act, 1967 (Malaysia).

Issued in Singapore 26 Feb 2019

AIG Asia Pacific Insurance Pte. Ltd.

500656-000
Cowell Insurance (Agency) Pte. Ltd.
8 Burn Road
#09-09 Trivex
Singapore 369977

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC