

NATIONAL Assessment Centre Services

Date In: 17/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/AIG19022147/13	SAS e-filing		
Veh No: SMA7294M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/12/19 1315	i-Motor Claim Form		
OD: (IF) Reporting Only	i-Motor W/O (Within: OL 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (N-51	Tel:	Fax:
TP Particulars:	Veh No: SLG8637G	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%, F: 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

NA1909401	Invoice Preparation Checklist	Ant (\$) 1st 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) iT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OH*		
	*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 date:	Fee Charged	
	Invoice date:	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	17/12/2019 10:46
Date Of Accident	16/12/2019 13:15
Exact Location Of Accident	EUNOS CRESCENT ENTRANCE OF B/5 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMA7294M
Insured/Policyholder	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	201533046C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83802233
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994018
Cover Note Number	
Driver	
Name of Driver	SOH CHEOW BENG
NRIC No	S1227092E
Date Of Birth	30/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	07/10/1980
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97238651
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 470 ANG MO KIO AVE 10 #13-912
Postcode	560470
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: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191216/2144

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG8637G
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 SOH CHEOW BENG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SMA7294M
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.

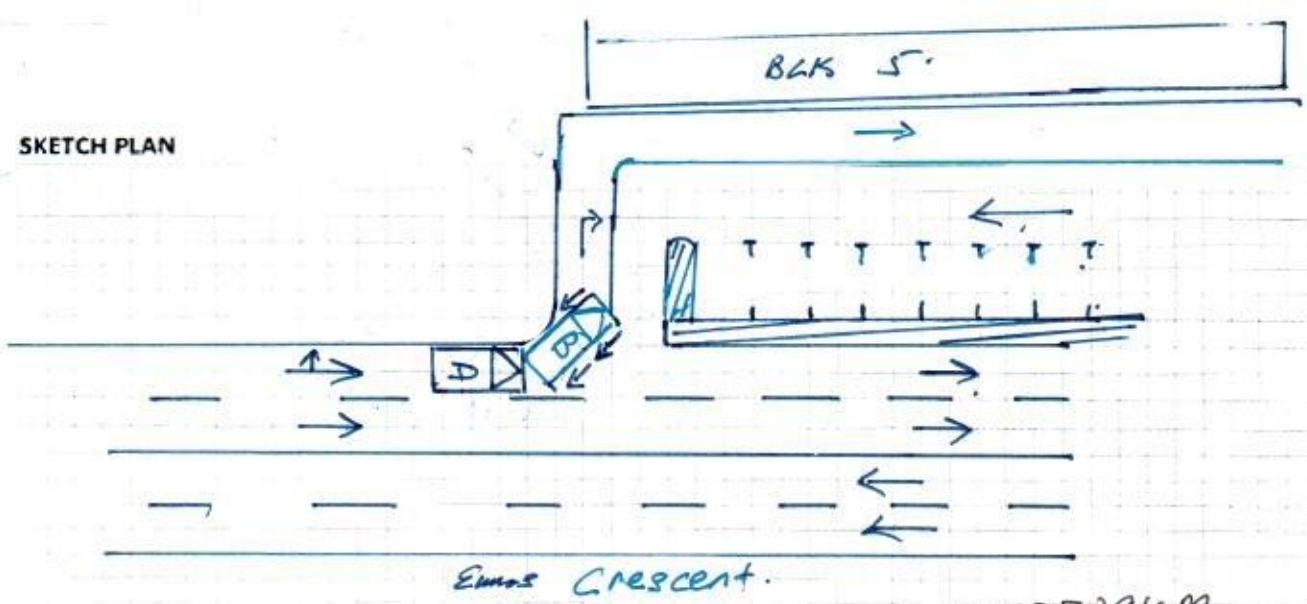


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A-SMA7294M
B-SLG8637G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report
No: T/20191216/2144.

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.:



Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20191216/2144

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2019 16:11	Vide Report No.:	Station Diary No.: 46
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Informant's Particulars			
Name of Informant: SOH CHEOW BENG		Address: APT BLK 470 ANG MO KIO AVENUE 10 #13-912 SINGAPORE 560470	
ID Type / ID No.: NRIC NO / S1227092E		Contact No.: Home/Office: Mobile: 97238651	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 30/07/1957	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/12/2019 13:15	Type of Location: Bend
Location: Along Road 1 EUNOS CRESCENT				
Entrance of B/5 Carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SLG8637G	Car					0
SMA7294M	Car				Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20191216/2144

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Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20191216/2144

CONTINUATION OF REPORT

Driver			
Name	SOH CHEOW BENG	ID No.	S1227092E
Related Vehicle	NIL	Contact No.	97238651
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and place, I was involved in an accident. I was along Eunos Crescent. I was about to enter into the carpark of B/5 Eunos Crescent. As there was a vehicle in front of me, I stopped my vehicle. The said vehicle then reversed his vehicle into my vehicle as he was making a 3-point turn. However, the vehicle did not stop. The said vehicle then entered the carpark. I followed him in, hoping to get his particulars. However, the said driver drove out of the carpark. I wished to state that I have a in-car camera which captured the while incident. I suffered some headache due to the impact.



Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20191216/2144

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: G / Sr Staff Sgt MUHAMMAD FARHAN BIN MOHD NOOR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/12/2019 16:11
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE  SIGNATURE

Vehicle No.	SMA 7294 M · Model / Make Honda Shuttle.	
Date of Accident	16 / 12 / 19.	
Time of Accident	1315 HRS	
Location of Accident	Eunos Crescent : (Entrance of B/S Carpark).	
Exact purpose use during accident	Chauffeur	
Name of Owner	Twincar Leasing Pte. Ltd.	
Telephone No.	H/P : 8380 2233 Home :	Office :
NRIC	201533046 C.	
Address	2, Kaki Bukit Ave 2, #01-17, Kaki Bukit Autohub (P) 417921	
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.	
Name of Driver	As Above If No, Soh Cheow Beng	
NRIC	S1227092E · Any Passengers : 01 (F).	
Date of birth	30/07/1957	
Occupation	<u>Outdoor</u> / Indoor	
Driving License Pass Date	07/10/1980	
Gender	<u>Male</u> / Female	
Contact No.	H/P : 9723 8651 Home :	Office :
Address	BLK 470 Ang Mo Kio Ave 10 #13-912 (S) S60470	
Driver have any own vehicle	<u>No</u> , If yes, Reg No.	
Relationship	Employee, If no, state <u>Driver</u> .	
Weather condition	<u>Clear</u> Raining Other	
Road Surface	<u>Dry</u> Wet Other	
Any Injuries	<u>No</u> , <u>If Yes, Who?</u>	
Name And Contact No.	Soh Cheow Beng (H/P: 9723 8651).	
Name And Contact No.		
Police Report	<u>No</u> , <u>If Yes, Where?</u> <u>Kampong Ubi NPP.</u>	
Vehicle B No.	SLG 8637G · Any Passengers : <u>N.A.</u>	
Name of Driver	Contact No. :	
Vehicle C No.	Any Passengers :	
Vehicle D No.	Any Passengers :	
Vehicle E no.	Any Passengers :	
Vehicle F No.	Any Passengers :	
Vehicle G No.	Any Passengers :	
Witness Name	<u>N.A.</u> · Witness Contact : <u>N.A.</u>	
Accident Portion	<u>Front Portion</u>	
Camera Recorder	<u>Yes</u> / No	
Email Address	—	
PARTICULAR WORKSHOP	N-51	
CONTACT NO.	6842 0051 / 6744 0510	
CONTACT PERSON	<u>Zi Ting</u>	
FAX NO	6741 0510	
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg	



HOTLINE TEL: (65) 6418-3000

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)

M2.400

		(The below excess is subject to GST)	
COMPREHENSIVE	COMMERCIAL MOTOR	POLICY EXCESS	REFER TO ITEM 5
CERTIFICATE NO.	SMA7294M	WINDSCREEN EXCESS	S\$100.00
POLICY NO.	999994018	SUM INSURED	Market Value
1) VEHICLE REGISTRATION NO.		INSURING WITH COE/PAF	YES
2) NAME OF INSURED		SMA7294M	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		TWINCAR LEASING PTE LTD	
4) DATE OF EXPIRY OF INSURANCE		19 October 2019	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		18 October 2020	
<p>Any person who is driving on the Insured's order or with their permission.</p> <p>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.</p> <p>An additional section II excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.</p> <p>Repair has to be carried out at AIG appointed list of workshop or Manufacturer workshop within 3 years warranty.</p> <p>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.</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*			
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.			
LOSS OF USE		Not included	
HIRE PURCHASE COMPANY		MAYBANK	
*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

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPOEC

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SMA7294M		
Vehicle Type:	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO
Chassis No.:	GP71211630	Engine No.:	LEB6554128
Motor No.:	H13714261	Trailer Chassis No.:	-
Propellant:	Petrol-Electric	Passenger Capacity:	4
Engine Capacity:	1496 cc	Power Rating:	22.0 kW
Maximum Power Output:	101.0 kW (135 bhp)		
Unladen Weight:	1190 kg	Maximum Laden Weight:	1465 kg
Primary Colour:	Silver	Secondary Colour:	-
First Registration Date:	19 Jun 2018	Original Registration Date:	19 Jun 2018
Manufacturing Year:	2018	Open Market Value:	\$21,632.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$2,500.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$1,632.00 (140%)
Actual ARF Paid:	\$5,000.00		

Owner Particulars

Owner Name:	TWINCAR LEASING PTE LTD
Owner ID Type:	Company
Owner ID:	201533046C
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block /House No.:	2
Registered Street Name:	KAKI BUKIT AVENUE 2
Registered Unit No.:	# 01 - 17