

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

29 MAY 2000 6431

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 14/01/2020 18:02 | Job description                          | Date & Time Completed | Done by |
| Ref No: NBA/11620000898/4 | SAS e-filing                             |                       |         |
| Veh No: SKJ 8038 P        | E-mail (to John 8hrs, AIC 2hrs)          |                       |         |
| D.O.A: 10/01/2020 11:45   | I-Motor Claim Form                       |                       |         |
| OD: TP: Reporting Only    | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
| TP Insurer:               | I-Photo Uploaded                         |                       |         |
|                           | Assessment/Survey Report                 |                       |         |
|                           | Ass't Report by Fax / Hand to Owner/Whse |                       |         |

Preferred Wksp / INC Assign Wksp / GW: (

Tel:

Fax:

TP Particulars:

Veh No:

SEN 9897C

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/Time: | Location: |
|            |           |
|            |           |
|            |           |
|            |           |

NBA2000453

|                                 |   |             |
|---------------------------------|---|-------------|
| Driver/Owner:                   | 1) AIC: Accident Reporting (\$30)       | INC (\$10)  |
| Contact No:                     | 2) DA: Damage Assessment (\$100)        | INC (\$10)  |
| Damaged Portion:                | 3) TP: Towing Fee                       | \$40/\$45   |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey            | \$120       |
|                                 | 5) PT: Follow-Through Survey (Resurvey) | \$30        |
|                                 | 6) TR: Re-inspection                    | \$75        |
|                                 | 7) NI: Idea DA + SMRT Survey            | \$160       |
|                                 | 8) NTUC Additional Services:            |             |
|                                 | ON:                                     |             |
|                                 | *NS: Courtesy Car / Tpl Allowance       | \$5         |
|                                 | *NG: Repairs Co-ordination              | \$10        |
|                                 | *NT: Post Repair Inspection             | \$25        |
|                                 | *ND: DV / Collect Excess Co-ordination  | \$5         |
|                                 | TP (NI): TP (Non-INC) against INC       | \$20        |
|                                 | 9) NI: Idea Mobile                      | \$0         |
|                                 | Invoice dated                           | Fee Charged |
|                                 | Invoice dated                           | Fee Charged |

2/3



## 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             | 14/01/2020 17:38         |
| Date Of Accident           | 10/12/2019 11:45         |
| Exact Location Of Accident | ALONG SINGAPORE CAUSEWAY |
| Country/State of Loss      | SINGAPORE                |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | SKJ3038P               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | BUDGET LEASING PTE LTD |
| Co Reg No                   | 2XXXXX180W             |
| Email Address               | NOEMAIL                |
| Mobile Phone No             | (LOCAL) +65-90127575   |
| Alternative Phone No        | OFFICE-90127575        |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | HYUNDAI            |
| Model  | ELANTRA-1.6 (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          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | 999994091/100876752-00001            |
| Cover Note Number         |                                      |

### Driver

|                      |                              |
|----------------------|------------------------------|
| Name of Driver       | LAU WEE SIANG (LIU HUIXIANG) |
| NRIC No              | SXXXX164G                    |
| Date Of Birth        | 12/01/1973                   |
| Occupation           | OUTDOOR                      |
| Date Of Driving Pass | 09/09/1991                   |
| Driving Experience   | 28 YEARS AND 3 MONTHS        |
| Gender               | FEMALE                       |
| Mobile Number        | (LOCAL) +65-90127575         |
| Fax Number           |                              |
| Contact Number       | OTHERS-90127575              |
| Email Address        | NOEMAIL                      |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 620 ANG MO KIO VENUE 9<br>#03-16 |
| Postcode  | 560620                               |
| 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 | 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?   | NO  |
| 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)   | 1   |

#### 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         | SJN9897C    |
| 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) |             |



## 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.



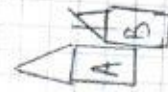
Policyholder's Signature  
Date & Time:

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

14/01/2023  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

# SKETCH PLAN

SPORE CAUSEWAY



A) SKJ3038P

B) SJN9897C

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary in my lane waiting for the first vehicle to move off. while waiting, I felt an impact on my vehicle rear portion. I got out and realized it was SJN9897C had hit onto me. Driver of SJN9897C said he would like to private settle, however the amount I quoted to him he does not agree, as such we both proceed to let our insurance settle. Hence the late report.

## 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.:

14/01/2020

Rosli Mahaz



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 10/12/2019 (dd/mm/yy) Time of Accident: 11 : 45 (24-HR-FORMAT)  
Vehicle No.: SKJ3038P Vehicle Make & Model: Hyundai Elantra 1.6 AT  
Exact location of Accident: Singapore Causeway  
Policyholder's Name / IC No.: BUDGET LEASING PTE LTD 201818180W  
Driver's Name / IC No.: Lau Wei Siang (Liu Hui Xiang) / S73011646 (As Above) ☐  
Driver's Contact No.: 9012 7575 Company Contact No.: \_\_\_\_\_  
Driver's Address: 6001 BEACH ROAD #19-06 GOLDEN MILE TOWER S'PORE 199589  
Insurance Company: NTUC 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): 01

Passenger Name : \_\_\_\_\_

Passenger Name : \_\_\_\_\_

Gender : \_\_\_\_\_

Gender : \_\_\_\_\_

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: SJM 9897C

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 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994091/100876752-00001

OWN DAMAGE EXCESS S\$1,500.00 (1)  
WINDSCREEN EXCES S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00  
INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

SKJ3038P

2) NAME OF INSURED

BUDGET LEASING PTE LTD

3) EFFECTIVE DATE OF THE COMMENCEMENT  
OF INSURANCE FOR THE PURPOSES OF THE ACT

17 Jun 2019

4) DATE OF EXPIRY OF INSURANCE

4 Jun 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

Any person who is driving on the Insured's order or with their permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she is 22 to 65 years old with at least 2 years relevant driving experience.

When the Vehicle is used for the carriage of passenger for hire or reward, such authorised driver must be registered with an intermediary which facilitates the carriage of passengers for hire or reward.

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 \*

Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.

Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.

This Policy does not cover

1) use for driving 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 anyone disabled using a mechanically propelled vehicle; and

3) use for any purpose in connection with Motor Trade.

In the event of an accident claim, the repair can be carried out at Any workshop.

LOSS OF USE NOT INCLUDED

\* NAMED DRIVER N/A

HIRE PURCHASE COMPANY AL AUTOCAR 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: 1 Jul 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD

500257-000

NG EE PIN KENNETH

AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120 ANSP-NONLIFE

  
Authorised Representative

ORIGINAL

SSCDSK



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNAY20006431 Vehicle Registration No: 8KJ 3038P  
Name (as shown in NRIC) : LOU WEE SENG (214 THIRIONG) NRIC/FIN/Passport No : SXXXX164G  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9012775  
Email Address : \_\_\_\_\_  
Date of Accident : 10/12/2019 Time of Accident : 11:45  
Place of Accident : ALONG SLOAN CAUSEWAY  
Insurance Company : ALG

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT SHOULD BE 10/12/2019

Policyholder / Driver's Signature  
Date:

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