

# NATIONAL Assessment Centre Services. part 1 Jan'05 NA12001657

|                        |  |                       |         |
|------------------------|--|-----------------------|---------|
| Date In: 6/2/2014      | Job description                          | Date & Time Completed | Done by |
| Ref No: NA120000209/24 | SAS e-filing                             |                       |         |
| Veh No: 9F12392        | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: 6/2/2014-06:45  | i-Motor Claim Form                       |                       |         |
| OD: TP Reporting Only  | i-Motor W/O (Within: OD 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: ( | Tel:   | Fax:                  |
| TP Particulars:                          | Veh No: JKC123E  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                       |                       |
|---------------------------------|---|-----------------------|-----------------------|
| NA2001153                       | Invoice Preparation Checklist                   | Am't (\$)<br>Est Bill | Am't (\$)<br>Add Bill |
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               |                       |                       |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |                       |                       |
| Contact No:                     | 3) TP: 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) |                       |                       |
|                                 | 6) TR: Re-inspection \$75                       |                       |                       |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |                       |                       |
|                                 | 8) NTUC Additional Services:-                   |                       |                       |
|                                 | OD:   |                       |                       |
|                                 | *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 a/cresaid.

### ACCIDENT STATEMENT

|                            |                                  |
|----------------------------|----------------------------------|
| Date Of Report             | 06/02/2020 12:14                 |
| Date Of Accident           | 06/02/2020 06:45                 |
| Exact Location Of Accident | PIE (TUAS) BEFORE JLN EUNOS EXIT |
| Country/State of Loss      | SINGAPORE                        |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLF1239Z             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | CHEUNG WAI GAIN      |
| NRIC No                     | SXXXX981E            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96868537 |
| Alternative Phone No        | OFFICE-96868537      |

### Vehicle Particulars

|  |                                    |
|--|------------------------------------|
| Manufacturer   | MITSUBISHI                         |
| Model  | OUTLANDER 2.4 CVT AWD S/R FACELIFT |
| 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   | PRIVATE CAR                        |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | 2100478598-03                        |
| Cover Note Number         |                                      |

### Driver

|                      |                           |
|----------------------|---------------------------|
| Name of Driver       | LAM HOI YENG (LIN KAIXIN) |
| NRIC No              | SXXXX583F                 |
| Date Of Birth        | 21/05/1973                |
| Occupation           | INDOOR                    |
| Date Of Driving Pass | 25/08/2006                |
| Driving Experience   | 13 YEARS AND 5 MONTHS     |
| Gender               | FEMALE                    |
| Mobile Number        | (LOCAL) +65-97665662      |
| Fax Number           |                           |
| Contact Number       | OFFICE-97665662           |
| EMail Address        | NOEMAIL                   |

|   |               |
|---|---------------|
| Address   | 17 KEW AVENUE |
| Postcode  | 466298        |
| Was driver an employee of the Insured's Company     | NO            |
| If No, Relationship of the Driver with the Insured  | SPOUSE        |
| 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                         | 3                                       |
| 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: : KEENAN CHEUNG<br>GENDER: : MALE |
| Passenger 2   | NAME: : DECLAN CHEUNG<br>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 | SKC1263E                   |
| Vehicle Make/Model/Colour   |                            |
| Details Of Properties       |                            |
| Vehicle Category            | PRIVATE CAR                |
| Name of Driver              | SHANAZ NAZEEHA BINTE RAMLI |
| NRIC/Passport Number        |                            |
| Contact Number              | 91019276                   |
| Address                     |                            |

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

2

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMD255G  
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)

1

#### DETAILS OF INJURED PERSON 1

Name LAM HOI YENG (LIN KAIXIN)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLF1239Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name KEENAN CHEUNG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLF1239Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name DECLAN CHEUNG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLF1239Z  
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:

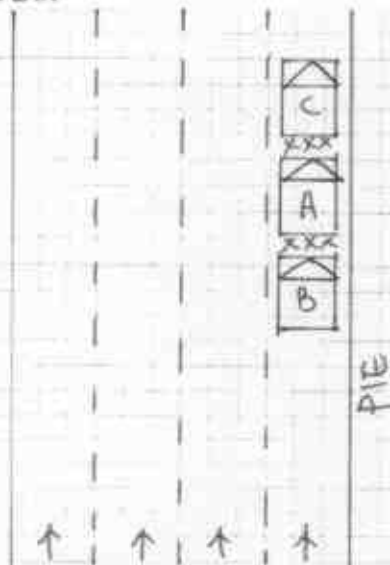


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN




Veh A : SLF1239Z  
 Veh B : SKC1263E  
 Veh C : SMD255G


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On above date & time, I was driving my vehicle A (SLF1239Z) traveling along PIE towards Tuas on first lane of a 4-lanes, expressway. Somewhere before Jalan Eunos exit, vehicle C (SMD255G) ahead slowed down and stopped. As such, I applied brake and stopped completely behind vehicle C. Out of sudden, vehicle B (SKC1263E) came from rear and collided directly onto the rear portion of my vehicle. Due to the impact, my vehicle surged forward and collided onto the rear portion of vehicle C. After accident, I alighted and realised I was involved in a 3 car chain accident.

## 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.:



|                                   |                              |                         |                            |
|-----------------------------------|------------------------------|-------------------------|----------------------------|
| <b>Vehicle No.</b>                | SLE1239Z                     | Model / Make            | Mitsubishi Outlander       |
| Date of Accident                  | 6/2/2020                     |                         |                            |
| Time of Accident                  | 0645                         | HRS                     |                            |
| Location of Accident              | Along PTE twds Tuas          | before Jalan Eunos Exit |                            |
| Exact purpose use during accident | Private use                  |                         |                            |
| <b>Name of Owner</b>              | Cheung Wai Fain              |                         |                            |
| Telephone No.                     | H/P: 96868537                | Home :                  | Office :                   |
| NRIC                              | S7063981E                    |                         |                            |
| Address                           | 17 Kew Avenue S(466298)      |                         |                            |
| Claim type                        | OD                           | THIRD PARTY             | REPORTING ONLY             |
| Insurance Company                 | AGI                          |                         |                            |
| Type of Coverage                  | Comprehensive                | Third Party             | Third Party / Fire / Theft |
| Policy No.                        | 2100478598-03                |                         |                            |
| <b>Name of Driver</b>             | As Above If No, Lam Hoi Yeng |                         |                            |
| NRIC                              | S7317583F                    | Any Passengers :        | 2 (m)                      |
| Date of birth                     | 21/5/1973                    |                         |                            |
| Occupation                        | Outdoor / Indoor             |                         |                            |
| Driving License Pass Date         | 25/8/2006                    |                         |                            |
| Gender                            | Male / Female                |                         |                            |
| Contact No.                       | H/P: 9766 5662               | Home :                  | Office :                   |
| Address                           | 17 Kew Avenue S(466298)      |                         |                            |
| Driver have any own vehicle       | No                           | If yes, Reg No.         |                            |
| Relationship                      | Employee,                    | If no, state            | Spouse                     |
| Weather condition                 | Clear                        | Raining                 | Other                      |
| Road Surface                      | Dry                          | Wet                     | Other                      |
| Any Injuries                      | No,                          | If Yes, Who?            |                            |
| Name And Contact No.              | Lam Hoi Yeng 9766 5662       |                         |                            |
| Name And Contact No.              | Keenan Cheong, Declan Cheong |                         |                            |
| Police Report                     | No,                          | If Yes, Where?          |                            |
| <b>Vehicle B No.</b>              | SKC1263E                     | Any Passengers :        | 1                          |
| Name of Driver                    | Shinnaz Nazeeha Binte Ramli  | Contact No. :           | 91019276                   |
| <b>Vehicle C No.</b>              | SMD 255G                     | Any Passengers :        | 0                          |
| <b>Vehicle D No.</b>              |                              | Any Passengers :        |                            |
| <b>Vehicle E no.</b>              |                              | Any Passengers :        |                            |
| <b>Vehicle F No.</b>              |                              | Any Passengers :        |                            |
| <b>Vehicle G No.</b>              |                              | Any Passengers :        |                            |
| Witness Name                      |                              | Witness Contact :       |                            |
| Accident Portion                  | Front & rear portion         |                         |                            |
| Camera Recorder                   | (Yes) / No                   |                         |                            |
| Email Address                     | Jenny.lam@hotmail.com        |                         |                            |
| <b>PARTICULAR WORKSHOP</b>        | Twincar Automotive Pte Ltd   |                         |                            |
| CONTACT NO.                       | 6842 0051 / 6744 0510        |                         |                            |
| CONTACT PERSON                    | Zi Ting                      |                         |                            |
| FAX NO                            | 6741 0510                    |                         |                            |
| WORKSHOP EMAIL ADDRESS            | sales@nsi.com.sg             |                         |                            |

## CYCLE &amp; CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Cheung Wai Gan  
 Period of Insurance : 15 Aug 2019 To 14 Aug 2020  
 Engine No. : 4B12RS7390  
 Chassis No. : JMYXTGF3WGU000842

Vehicle No. : SLF12392  
 Policy No. : 2100478598-03  
 Endorsement No. :  
 Issued Date : 31 Jul 2019

## ABOUT THE COVER

Make/Model : MITSUBISHI OUTLANDER 2.4 CVT  
 Engine Capacity/Tonnage : 2,360.00 CC Sum Insured : Market Value First Year of Registration : 2016  
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAFF : Yes

## Person or Classes of Persons Entitled to Drive\* :

a) The Policyholder  
 b) Any other person who is driving on the Policyholder's order or with his/her permission  
 This Policy will indemnify the Policyholder as any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$5,000 as "Inexperienced Driver Excess" ("IDE") if You are or Your Authorized Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

## Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Limit of Use : \$5000 - \$8000

\* Limitations rendered irrespective by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 195), Section 96 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2018, are not to be included under these headings.

## EXCESS

## Section 1

Fire - \$0; Own Damage - \$500; Theft - \$0; Flood Cover - \$0

## Section 2

Property Damage - \$0

Windscreen : \$100

## Named Driver and Excess (where applicable)

Cheung Wai Gan - \$500 (Own Damage)

## APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

- 1 Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 800 Eln. Ming Ave Singapore 570723 85328508  
 2 Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 20 Lang Kiat Rd Singapore 150054 64708058  
 3 Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 330 Ulu Kat 3 Singapore 400550 67461000  
 4 Cycle & Carriage Body & Paint Centre Add: 208 Pandan Gardens Singapore 608108 85584501

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at 400 8208 8200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 195), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2018 and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0908720241

CYCLE & CARRIAGE - WNY (MIT)  
 230 ALEXANDRA ROAD  
 SINGAPORE 159930 ANSP - MOTOR  
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*M. P. N. L.*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE