

NATIONAL Assessment Centre Services

Form NA-001

Date In: 17/02/20	Job description	Date & Time Completed	Done by
Ref No. NA/NAIC20000679/13	SAS e-filing		
Veh No: SLV1375D	E-mail (within 8hrs, AIO 2hrs)		
D.O.A: 16/02/20 0515	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: (N-51	Tel:	Fax:
TP Particulars:	Veh No: SHC8070J	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

NA2001395	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl 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: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Dat. 1:

Dat. 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	17/02/2020 16:23
Date Of Accident	16/02/2020 05:15
Exact Location Of Accident	ALONG UPP SERANGOON RD/HOUGNG AVE 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV1375D
Insured/Policyholder	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	2XXXXX046C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83802233
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	JOERO SHEMANDER HON JU WOEI
NRIC No	SXXXX230D
Date Of Birth	05/12/1965
Occupation	OUTDOOR
Date Of Driving Pass	17/05/1991
Driving Experience	28 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90018668
Fax Number	
Contact Number	
Email Address	JOERO.S.HON@GMAIL.COM

Address	BLK 36 BEO CRESCENT #10-43
Postcode	160036
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)	2
Passenger 1	NAME: : UNKNOWN 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

PLS REFER TO THE ATTACHED STATEMENT.

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	SHC8070J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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

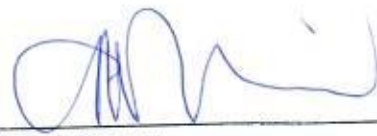
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

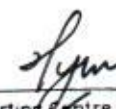
I understand, acknowledge, agree and consent that:

- (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.

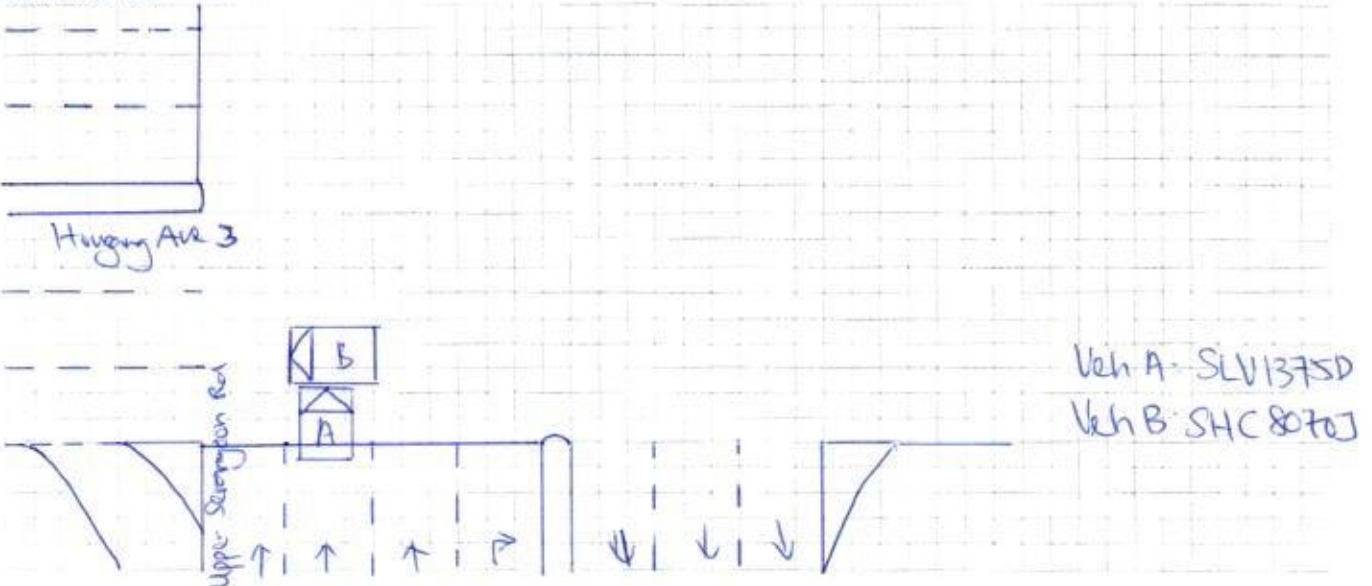
8


Policyholder's Signature
Date & Time:


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

 17/02/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SLV1375D) traveling along Upper Serangoon Road towards city on third lanes of a 4-lanes road. Somewhere at the junction Hougang Avenue 3, I mistakenly thought the traffic light was green so I proceed my way. Out of sudden, vehicle B (SHC8070J) drove out from my right, As a result, the front portion of my vehicle collided onto the left portion of vehicle B.

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.:

Vehicle No.	SLV1375D	Model / Make	Honda Vezel
Date of Accident	16/2/2020		
Time of Accident	0515	HRS	
Location of Accident	Along Upper Serangoon Road / Hanging Avenue 3		
Exact purpose use during accident	Work		
Name of Owner	Twincar Leasing Pte Ltd		
Telephone No.	H/P : 8380 2233	Home :	Office :
NRIC	201533046C		
Address	Blk 2 Kaki Bukit Avenue 2 #01-17 S(47921)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	999994018		
Name of Driver	As Above If No, Joero Shemander Han Ju Wei		
NRIC	S1697230D		
Date of birth	5/12/1965		
Occupation	Outdoor / Indoor		
Driving License Pass Date	17/5/1991		
Gender	Male / Female		
Contact No.	H/P : 9001 8668	Home :	Office :
Address	Blk 36 Bco Crescent #10-43 S(160036)		
Driver have any own vehicle	<input checked="" type="radio"/> No, If yes, Reg No.		
Relationship	Employee, If no, state <u>Hirer</u>		
Weather condition	<input checked="" type="radio"/> Clear Raining Other		
Road Surface	<input checked="" type="radio"/> Dry Wet Other		
Any Injuries	<input checked="" type="radio"/> No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	<input checked="" type="radio"/> No, If Yes, Where?		
Vehicle B No.	SHC 8070J		
Name of Driver	Any Passengers : 1		
Vehicle C No.	Contact No. :		
Vehicle D No.	Any Passengers :		
Vehicle E no.	Any Passengers :		
Vehicle F No.	Any Passengers :		
Vehicle G No.	Any Passengers :		
Witness Name	Witness Contact :		
Accident Portion	Front portion		
Camera Recorder	Yes / <input checked="" type="radio"/> No		
Email Address	joero.s.hon@gmail.com		
PARTICULAR WORKSHOP	N51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



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) AND ROAD TRASPOT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M Z.400

		(The below excess is subject to GST)	
COMPREHENSIVE	COMMERCIAL MOTOR	POLICY EXCESS	REFER TO ITEM 5
CERTIFICATE NO.	SLV1375D	WINDSCREEN EXCESS	\$S\$100.00
POLICY NO.	999994018	SUM INSURED	Market Value
		INSURING WITH COE/PARF	YES
1) VEHICLE REGISTRATION NO.		SLV1375D	
2) NAME OF INSURED		TWINCAR LEASING PTE LTD	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		19 October 2019	
4) DATE OF EXPIRY OF INSURANCE		18 October 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 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. An additional section II excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore. Repair has to be carried out at AIG appointed list of workshop or Manufacturer workshop within 3 years warranty. 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. 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*			
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 HIRE PURCHASE COMPANY		Not Included 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 408858



AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SLV1375D		
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:	VEZEL HYBRID 1.5X AUTO
Chassis No.:	RU31256486	Engine No.:	LEB5956504
Motor No.:	H12366397	Trailer Chassis No.:	-
Propellant:	Petrol-Electric	Passenger Capacity:	4
Engine Capacity:	1496 cc	Power Rating:	22.0 kW
Maximum Power Output:	112.0 kW (150 bhp)		
Unladen Weight:	1280 kg	Maximum Laden Weight:	1555 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	22 Dec 2017	Original Registration Date:	22 Dec 2017
Manufacturing Year:	2017	Open Market Value:	\$25,666.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$2,500.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$5,666.00 (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