

# NATIONAL Assessment Centre Services. part 1 Jan09 MNA 1200 56961

Date In: 6/7/20 09:17	Job description	Date & Time Completed	Done by
Ref No: NA/ALG 2000 6975164	SAS e-filing		
Veh No: SJQ 6415	E-mail (within 3hrs, AIG 2hrs)		
TPA: 3/7/20 14:45	1-Motor Claim Form		
(H) <input checked="" type="radio"/> Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SMR 5016Z	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 ( )	

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 6415 6415 6415)	Date 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

MA 200 3566

Customer's Particulars:	Invoice Preparation Checklist	Amount (\$)	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	20.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
And/or Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (as of 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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: Idas 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	06/07/2020 09:17
Date Of Accident	03/07/2020 14:45
Exact Location Of Accident	PIE TWDS TUAS BEFORE KALLANG EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ641S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE ENG HIOCK
NRIC No	SXXXX861G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81257868
Alternative Phone No	OFFICE-81257868

### Vehicle Particulars

Manufacturer	HONDA
Model	FREED
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	1900101585-01
Cover Note Number	

### Driver

Name of Driver	LEE ENG HIOCK
NRIC No	SXXXX861G
Date Of Birth	03/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	28/04/1995
Driving Experience	25 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81257868
Fax Number	
Contact Number	OFFICE-81257868
EMail Address	NOEMAIL

Address	BLK 145 WOODLANDS ST 13 #02-895
Postcode	730145
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	2
Passenger 1	NAME: : TAN BEE GEOK
	GENDER: : FEMALE

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR5016Z
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 OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SKQ3306D
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 ENG HIOCK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJQ641S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	TAN BEE GEOK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJQ641S
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.

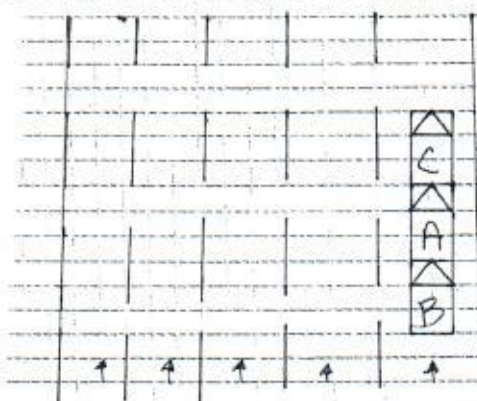
  
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

KALLANG  
EXIT.  
PIA TOWARDS TURNS BEFORE



VEHICLE A (SSQ 641 S)

VEHICLE B (SMR 5016 Z)

VEHICLE C (SKQ 3306 D)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME I VEHICLE A (SSQ 641 S)  
 WAS TRAVELLING ON THE STATED VENUE. DUE TO HEAVY TRAFFIC  
 VEHICLE C (SKQ 3306 D) CAME TO A STOP AND I FOLLOWED SUIT.  
 SUDDENLY I FELT AN IMPACT COMING FROM MY REAR CAUSING  
 ME TO MOVE FORWARD AND COLLIDED ONTO THE REAR PORTION OF  
 VEHICLE C (SKQ 3306 D). I ALIGHTED AND REALIZED VEHICLE B  
 (SMR 5016 Z) HAD COLLIDED ONTO MY VEHICLE REAR SIDE  
 PORTION CAUSING DAMAGE.

## 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.:



Date of Accident : 03/07/2020 Accident Time: 1445hrs (24-HR-FORMAT)  
 Accident Place : PIE TWDs Tuas Before Kallang Exit  
 Vehicle Reg. No (Car plate No.) : S3Q 6415 Vehicle Make/Model: Honda Freed  
 Insurance Company : AIG Policy No. 1900101585-01  
 Name of Registered Owner : Company / Individual LEE Eng Hock  
 ID of Registered Owner : Co Reg No: - Owner's NRIC No: S26678614  
 : Co Contact No: - Owner's Contact No: 81257868  
 DRIVER'S Name : LEE ENG HOCK DRIVER'S NRIC No: S26678614  
 DRIVER'S Date of Birth : 03 Jun 1966 DRIVER'S License Pass Date: 28 Apr 1995  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
 DRIVER'S Address : APT BLK 145 Woodlands Street 13 #02-895 Singapore 730145  
 DRIVER'S Contact No. / Alt No. : (1) 81257868 2) -  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : waiteng27@gmail.com  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Repo : Only \ Claim \ Other Party \ Claim Own Insurance  
 Number of Passengers (including Driver): 02 Passenger Name: Tan Bee Geok Gender: M/F  
 Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F  
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: LEE Eng Hock  
 Injured Name: Tan Bee Geok  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SMR 5016 Z	Vehicle Reg No: SKQ 3306 D
Vehicle Make/Model:	Vehicle Make/Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:

Other Party Driver's Particulars (if any)

Vehicle Reg No:	Vehicle Reg No:
Vehicle Make/Model:	Vehicle Make/Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:

# CERTIFICATE OF INSURANCE

## VALUE PRIVATE VEHICLE

of Policyholder : LEE ENG HIOCK  
od of Insurance : 24 May 2020 To 23 May 2021  
gine No. : L15A2340002  
hassis No. : GB31039527

Vehicle No. : SJQ641S  
Policy No. : 1900101585-01  
Endorsement No. :  
Issued Date : 07 Apr 2020

### ABOUT THE COVER

Make/Model : HONDA FREED  
Engine Capacity/Tonnage : 1,496.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2009  
Insuring with COE/PARF : Yes

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 or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

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.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings

### EXCESS

Section 1  
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LEE ENG HIOCK - \$600 (Own Damage), \$600 (Flood Cover), TAN BEE GEOK - \$600 (Own Damage), \$600 (Flood Cover)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.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: Genie Financial Services Pte Ltd

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. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0501295000  
INSURE LINK PTE LTD

2 KALLANG AVE #08-16 CT HUB  
SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Insure Link Pte Ltd  
2 Kallang Avenue #08-16  
CT HUB SINGAPORE 339407  
Tel: 6344 4044  
Fax: 6344 0040

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Kim San Shaun Ang