

NATIONAL Assessment Centre Services. [Part 1 Jan 2021] MNA 1200 65243

Date In: 31/8/20 14:48	Job description	Date & Time Completed	Done by:
Ref No: MNA AIG 2000 7964164	SAS e-filing		
Veh No: SL2 8637 G.	E-mail (within 3hrs, AIG 2hrs)		
DPIA: 3117120 18:30	I-Motor Claim Form		
(1) <input checked="" type="checkbox"/> 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SHD 4575R	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 () / Non-INC ()	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	Action

NA2003978		Invoice Preparation Checklist		Amount
Client/Particulars:	1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) PT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30			
For claim against INC Only (wef 10 Jan 2005)	6) TR: Re-inspection \$75			
7) NI: Idao DA + SMRT Survey \$160	8) NTUC Additional Services:			
8) NTUC Additional Services:	QD:			
	*N5: Courtesy Car / Tpt Allowance \$3			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$3			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idao Mobile \$6			
	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	03/08/2020 14:48
Date Of Accident	31/07/2020 18:30
Exact Location Of Accident	BALAM RD NEAR BLK 29
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLZ8637G
Insured/Policyholder	
Name Of Registered Owner	ACE FLEET MANAGEMENT PTE LTD
Co Reg No	2XXXXX914N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92323494
Vehicle Particulars	
Manufacturer	KIA
Model	CARENS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	999993781
Cover Note Number	
Driver	
Name of Driver	NG WEI CHIEN (HUANG WEIQUAN)
NRIC No	SXXXX407D
Date Of Birth	13/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2016
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83635396
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 107 SIMEI ST 1 #08-838
Postcode	520107
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200801/7019

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	SHD4575R
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)

DETAILS OF INJURED PERSON 1

Name	NG WEI CHIEN (HUANG WEIQUAN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLZ8637G
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

Balam Rd near Bk 29

Vehicle A - SLZ 8637G

Vehicle B - SHD 4575R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No.

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.:



SINGAPORE POLICE FORCE



T/20200801/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200801/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2020 12:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG WEI CHIEN			Address: 107 SIMEI STREET 1 #08-838 SINGAPORE 520107		
ID Type / ID No.: NRIC NO / S8619407D			Contact No.: Home/Office: Mobile: 83635396		
Nationality: SINGAPORE CITIZEN			Email: SHAWN.NGWC@GMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 13/07/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/07/2020 18:30	Type of Location: Car Park
Location: BALAM ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD4575R	Car					1
SLZ8637G	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200801/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200801/7019

CONTINUATION OF REPORT

Driver			
Name	NG WEI CHIEN		ID No. S8619407D
Related Vehicle	SLZ8637G (Car)		Contact No. 83635396
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	31/07/2020		Date 31/07/2020
No. of Days granted Medical Leave		05	Degree of Slight

Brief Details.

On the above mentioned date and time, I was travelling in my vehicle SLZ 8637G at the open space carpark below 29 Balam Road.

A taxi SHD 4575R, in front of me, came to a stop. As I suspected he wanted to park, I stopped my vehicle and turned my head to look at my right side mirror to see if I have room on my right.

Suddenly, there was a huge impact from the front of my vehicle. The impact caused my head to jerk forwards and then backwards.

The right temple of my head hit against the head rest of my driver seat due to the jerk. I alighted from the vehicle feeling giddy.

Later that evening, I started feeling nausea and my neck muscle also started feeling sore. As such, I went to Changi general hospital A&E for treatment where I was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20200801/7019

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Report No. T/20200801/7019

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
01/08/2020 12:49

Classification Of Case:

**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 TRANSPORT (AMENDMENT) ACT 2019

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z. 400

Comprehensive Commercial Motor

CERTIFICATE NO. SLZ8637G**POLICY NO.** 999993781

(The below excess is subject to GST)

POLICY EXCESS S\$2,000.00 (I)**POLICY EXCESS** S\$2,000.00 (II)**WINDSCREEN EXCESS** S\$100.00**SUM INSURED** Market Value**INSURING WITH COE/PARF** Yes

SLZ8637G

1) VEHICLE REGISTRATION NO.**2) NAME OF POLICYHOLDER**

Ace Fleet Management Pte Ltd

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

31 July 2020

4) DATE OF EXPIRY OF INSURANCE

30 July 2021

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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

Authorised Drivers must be age 22 to 65 years old with at least 2 years Driving Experience

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

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.

LOSS OF USE

Not Applicable

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), 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 03 Aug 2020

AIG Asia Pacific Insurance Pte. Ltd.

0504850-000

All Ins Agency Pte Ltd

22 Sin Ming Lane

#05-78 Midview City

Singapore 573969

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPIUS

Date of Accident : 31/07/2020 Accident Time: 1830hrs (24-HR-FORMAT)
 Accident Place : Balam Rd near Bk 29
 Vehicle Reg. No (Car plate No.) : SLZ 86376 Vehicle Make/Model: Kia Carens Ex
 Insurance Company : Aig Policy No. 999993781
 Name of Registered Owner : Company / Individual Ace Fleet management PTE LTD
 ID of Registered Owner : Co Reg No. 201710914N Owner's NRIC No. -
 : Co Contact No. 92223494 Owner's Contact No. -
 DRIVER'S Name : Ng Wei Chien
 : (Huang Wei Quan) DRIVER'S NRIC No. J8619407D
 DRIVER'S Date of Birth : 13 Jul 1986 DRIVER'S License Pass Date: 06 Sep 2016
 Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: Hiver
 DRIVER'S Address : APT Bk 107 Simpi Street 1 #08-838 Singapore 530107
 DRIVER'S Contact No. / Alt No. : 1) 8363 5396 2) -
 DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : shawn.ngwc@gmail.com
 Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
 Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance
 Number of Passengers (including Driver): 01 Passenger Name: - 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: NO Any Injuries: YES / NO Injured Name: Huang Wei Quan
 Injured Name: -
 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: SHD 4575R
 Vehicle Make/Model: _____
 Name DRIVER: _____
 IC No. DRIVER: _____
 DRIVER'S Contact & add: _____

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

Other Party Driver's Particulars (if any)

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

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



ORIGINAL

MEDICAL CERTIFICATE

EMD2020118659

Name NG WEI CHIEN HUANG WEIQUAN		NRIC No. S8619407D
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>31-Jul-2020</u> to <u>04-Aug-2020</u> inclusive.		
Type of medical leave granted : <input checked="" type="checkbox"/> Hospitalization Leave Admitted on : _____ Discharged on : _____ <input type="checkbox"/> Outpatient Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Sterilization Leave Delivered on : _____ Operated on : _____		
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u> Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 31-Jul-2020	Signature, Name (In BLOCK LETTERS) and Designation/MCR No. DAMON TAN JIE HUI, 65636D