

# NATIONAL Assessment Centre Services

Date In: 22/08/20	Job description	Date & Time Completed	Done by
Ref No: NA/162000882/13	SAS e-filing		
Veh No: SLU5157X	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 22/08/20 1000	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: YN7177H	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

NA 2004886	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Ideo DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp 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: Ideo 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 aforesaid.

### ACCIDENT STATEMENT

Date Of Report	22/08/2020 12:57
Date Of Accident	22/08/2020 10:00
Exact Location Of Accident	ALONG CLEMENTI AVE 6/COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5157X
<b>Insured/Policyholder</b>	
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	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	999994018
Cover Note Number	

### Driver

Name of Driver	TAN PING SENG
NRIC No	SXXXX161C
Date Of Birth	03/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2014
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92702850
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 136 BUKIT BATOK WEST AVE 6 #08-507
Postcode	650136
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	COLLISION - HEAD TO REAR
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER 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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN7177H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	TAN PING SENG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLU5157X
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:

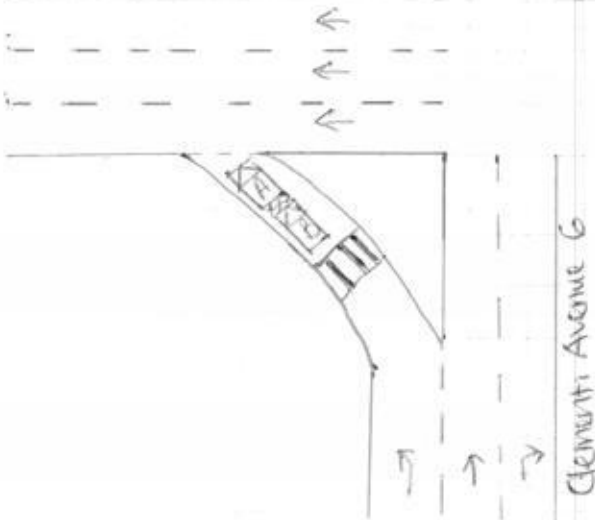
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

22/08/20

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

# SKETCH PLAN

Commonwealth Avenue West



Vehicle A: SLU5157X

Vehicle B: YN7177H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SLU5157X) traveling along Clementi Avenue 6 towards AYE on third lane of a 3-lanes, road. Somewhere at the slip road to Commonwealth Avenue West, my vehicle was stationary before stop line to give way to oncoming vehicle. Out of sudden, vehicle B (YN7177H) came from rear and collided directly onto the rear portion of my vehicle.

## 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: 22/08/20  
NRIC/FIN No.:



<b>Vehicle No.</b>	SLU5157X	<b>Model / Make</b>	Honda Vezel
<b>Date of Accident</b>	22/8/2020		
<b>Time of Accident</b>	1000	<b>HRS</b>	
<b>Location of Accident</b>	Along Clementi Avenue 6 / Commonwealth Avenue West		
<b>Exact purpose use during accident</b>	Work		
<b>Name of Owner</b>	Twincar Leasing Pte Ltd		
<b>Telephone No.</b>	H/P : 83802233	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	201533046C		
<b>Address</b>	2 Kaki Bukit Avenue 2 #01-17 S(47921)		
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY
<b>Insurance Company</b>	AIG		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	999994018		
<b>Name of Driver</b>	As Above If No, Tan Ping Seng		
<b>NRIC</b>	5145916C	<b>Any Passengers :</b>	2 (F)
<b>Date of birth</b>	3/10/1961		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	3/11/2014		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 9270 2850	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 136 Bukit Batok West Avenue 6 #08-309 S(650136)		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state Hirer	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>	Tan Ping Seng 9270 2850		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	YN7177H	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Rear portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Brandon		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	sales@n51.com.sg		



HOTLINE TEL: (65) 6416-3000

**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) AND ROAD TRANSPORT (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.	SLU5157X	WINDSCREEN EXCESS	S\$100.00
POLICY NO.	999994018	SUM INSURED	Market Value
		INSURING WITH COE/PARF	YES
		SLU5157X	
1) VEHICLE REGISTRATION NO.		TWINCAR LEASING PTE LTD	
2) NAME OF INSURED			
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		Not Included	
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) 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 408898

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC