

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA1203756

Date In: 21/12-14:17	Job description	Date & Time Completed	Done by
Ref No: H01016233 843/24	SAS e-filing		
Veh No: 5644447	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/12-14:45	i-Motor Claim Form		
OD: TR Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 5H067054	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

407204461	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For clearing against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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 \$0		
Auditors' Comments:-	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	24/08/2020 20:17
Date Of Accident	23/08/2020 14:45
Exact Location Of Accident	BUKIT TIMAH RD NEAR ESSO STATION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW9994T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FRESH CARS PTE LTD
Co Reg No	2XXXXX540Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	STREAM 1.8 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994039
Cover Note Number	
<b>Driver</b>	
Name of Driver	JIMMY WANDLY
NRIC No	SXXXX208H
Date Of Birth	03/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	31/08/1994
Driving Experience	25 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81139539
Fax Number	
Contact Number	OFFICE-81139539
EMail Address	NOEMAIL

Address	81 YISHUN AVENUE 11 #06-25
Postcode	768863
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	- - -
<b>General Information of the Accident</b>	
Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET
<b>Other Information</b>	
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)	1
<b>Details of Police Action</b>	
Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS DIVISION HQ
Police Station Address	<b>ROAD:</b> 1 WOODLANDS STREET 12 , <b>POSTCODE:</b> 738622 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
<b>Circumstances of Accident</b>	
REFER TO POLICE REPORT - L/20200824/7020.	
<b>Attachment(s)</b>	
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
<b>DETAILS OF OTHER VEHICLE PROPERTY 1</b>	
Vehicle Registration Number	SHD6705U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ALICE NG SIEW KIAN
NRIC/Passport Number	
Contact Number	86113113
Address	
Postcode	

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFE727P  
Vehicle Make/Model/Colour MERCEDES BENZ  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver BOEY CHEE KIEW  
NRIC/Passport Number SXXXX676J  
Contact Number 96371474  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name JIMMY WANDLY  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SGW9994T  
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



- ① SGW999UT
- ② SHB6705U
- ③ SFET77XP

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along Bukit Timah Road (second lane), Near Exxon Mobil. when vehicle C stopped, I also <sup>stopped.</sup> my vehicle in time and my vehicle was stationary. Suddenly vehicle B came from behind and hit onto the rear portion of my vehicle. Due to big impact, my vehicle was moved forward and hit onto the rear portion of vehicle C.

It was a three vehicles chain collision.

whole accident was captured by my vehicle built-in video recorder. Please refer to the Police Report No. L/20200824/7020

## 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

21/08/2020 Accident Time: 14:45 (24-HR-FORMAT)

Accident Place

Bukit Timah Rd (Second Lane) Near Exxon Mobil

Vehicle Reg. No (Car plate No.)

SGW9994T Vehicle Make/Model: H. Stream

Insurance Company

MG Policy No. 999994039

Name of Registered Owner

: Company / Individual Fresh Can P/L

ID of Registered Owner

: Co Reg No: Owner's NRIC No: -

: Co Contact No: Owner's Contact No: -

DRIVER'S Name

: JIMMY WANDLY DRIVER'S NRIC No: S1815208H

DRIVER'S Date of Birth

: 3/3/1967 DRIVER'S License Pass Date 21/8/1994

Relationship bet. Owner & Driver

: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hiter

DRIVER'S Address

: 81 GISHUN AVE 11 #06-75LS) 768883

DRIVER'S Contact No./ Alt No.

: 1) 8113 9539 2) -

DRIVER'S Occupation

: INDOOR OUTDOOR (eg. working inside or outside of an ofc)

Email Address

: -

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):

1 driver only

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera? YES \ NO

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:

(B) SHD6705U

Vehicle Make/Model:

Name DRIVER: Alice Ng Siew Koh

IC No. DRIVER:

DRIVER'S Contact & add

8611 3113

Vehicle Reg No:

(C) SFE727P

Vehicle Make/Model:

Mercedes-Benz

Name DRIVER: BOEN CHEE KIEW

IC No. DRIVER:

5018676J

DRIVER'S Contact & add:

9627 1474

\* Injured Person @ Driver: Jimmy Wandly / S1815208H



**SINGAPORE  
POLICE FORCE**



L/20200824/7020

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20200824/7020

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 24/08/2020 13:02	Vide Report No.	Station Diary No.
Name Of Informant JIMMY WANDLY	Address 81 YISHUN AVENUE 11 #06-25 SINGAPORE 768863	
ID Type / ID No. NRIC NO / S1815208H	Contact No. Home/Office:                      Mobile: 81139539	
Nationality SINGAPORE CITIZEN	Email Address JIMMYWANDLY@GMAIL.COM	
Occupation Business consultant	Sex Male	Age 53
Institution/School Name	Date of Birth 03/03/1967	Race Indonesian
	Language English	
Date/Time Of Incident 23/08/2020 14:45 - 23/08/2020 15:00	Location Of Incident 81 YISHUN AVENUE 11 #06-25 SINGAPORE 768863	

**Brief details.**

I was traveling along the second lane of Bukit Timah Road, near Esso mobil station when the vehicle in front, SFE727P stopped.  
I also stopped my vehicle, SGW9994T in time till my car was stationary. All of a sudden, the car, plate SHD6705U, from behind came hard and hit onto the rear position of my vehicle. Due to the huge impact, my vehicle shook heavily and moved forward and hit the front car, SFE727P. It was a 3-vehicle chain collision. The whole incident was captured by my vehicle built-in video recorder.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2020 13:02
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. L/20200824/7020

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	JIMMY WANDLY		
ID Type	NRIC NO	ID No	S1815208H
Gender	Male	Age	53
Race	Indonesian	Language	English
Occupation	Business consultant	Address	81 YISHUN AVENUE 11 #06-25 SINGAPORE 768863
Mobile No	81139539	Is Informant A Victim?	Yes
Person Name	JIMMY WANDLY (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

24/08/2020 13:02

Classification Of Case:



HOTLINE TEL: (65) 6419-3000

**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

THIRD PARTY		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.		SGW9994T		POLICY EXCESS	REFER TO ITEM 5
POLICY NO.		999994039		WINDSCREEN EXCESS	NA
1) VEHICLE REGISTRATION NO.				SUM INSURED	NA
2) NAME OF INSURED				INSURING WITH COE/PARF	NA
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT				SGW9994T	
4) DATE OF EXPIRY OF INSURANCE				FRESH CARS PTE LTD	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*				07 September 2019	
Any person who is driving on the Insured's order or with their permission.				06 September 2020	
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.					
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.					
<b>6) LIMITATION AS TO USE*</b>					
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 Included			
HIRE PURCHASE COMPANY		DBS Bank Ltd			
*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 06 Sep 2019

AIG Asia Pacific Insurance Pte. Ltd.

220001-000  
Choy Weng Hong Eric  
25 Toh Tuck Walk  
Singapore 596604

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL