

NATIONAL Assessment Centre Services. (last 1 Jan 08)

NATIONAL Assessment Centre Services.		Date & Time Completed	Done by
Date In: 7/10/2020	12:04		
Ref No: VBA/116/20011421/N			
Veh No: SMD 1916B			
D.O.A: 20/10/2020	17:10		
OD: (TP) Reporting Only			
	Job description		
	SAS e-filing		
	E-mail (to who else, A/C 3 hrs)		
	1-Motor Claims Form		
	1-Motor W/O (with: OD 3 hrs, TP 4 hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass'l Report by Pax/Hand to Owner/W/132		

Preferred Wksp / INC Assign Wksp / QW: (Tel: () Fax: ()	
TP Description:	Ych No: GBD 1763E	INC () / Non-INC ()	
Owner / Driver: (Tel: ()	
Policy No: ()	Period: () Cover Type: (

Confirmed by: (_____) Date: _____ Title: _____

Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Access: (\$)) Loading: \$1,000 () / \$2,000 ()

1. CONFIDENTIAL - This document contains information that is exempt from public release under the Freedom of Information Act, 5 U.S.C. 552, and is to be controlled, stored, handled, transmitted, and disposed of in accordance with the requirements of the Department of Defense Information Security Manual, 32 CFR 201.10, and the Department of Defense Information Security Manual, 32 CFR 201.10, and the Department of Defense Information Security Manual, 32 CFR 201.10.

() Walk-In Customer : Customer's Information strictly Confidential & Securely NO Toler.

() Total Loss Case : to e-mail Insurer URGENTLY, () NO () Towing Co: ()

Drive-In () / Towed-In () ; Involvement Vals () / No ()

[illegible]

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection					
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3) Upload Resurvey Photo (Repair Cost > \$3000)

Injury:

1. The first line of the document is a header containing the text "1. The first line of the document is a header containing the text".

Year	U.S. (%)	INDONESIA (%)
1950	10	4
1955	11	5
1960	12	6
1965	13	7
1970	14	8
1975	14	8
1980	14	8

10/12/2016

1) All Absent Reporting	\$500	INC (10)
2) DA Denial Assessment	\$100	\$100

5) VT Yellowthroat	\$120
6) VT Yellow-Throated Vireo	\$30

Driver/Owner: _____

Contact No:	6) The Re-inspection	\$160
	DIFFERENT SURVEY	

Quarantined Portion:

[illegible]

QC Checked by (Engr-In-Charge): _____

NO: DV / Collect Through Coordination	220
NO: DV / Collect Through	30

7) Nizkor Mobile	Fee Charged
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Invoice dated	Per Charities
Invoice dated	

213

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	21/10/2020 12:04
Date Of Accident	20/10/2020 17:10
Exact Location Of Accident	SLIP ROAD OF BKE (PIE) TOWARDS MANDAI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1916B
Insured/Policyholder	
Name Of Registered Owner	ENG POH CHYE
Co Reg No	5XXXX513A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93887011
Alternative Phone No	OFFICE-93887011

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2070116146
Cover Note Number	

Driver

Name of Driver	ENG POH CHYE
NRIC No	SXXXX345B
Date Of Birth	01/05/1974
Occupation	OUTDOOR
Date Of Driving Pass	12/07/1996
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93887011
Fax Number	
Contact Number	OTHERS_93887011

Address	BLK 388 YISHUN RING ROAD #05-1685
Postcode	760388
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

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)	2
Passenger 1	NAME: : SIM CHOON SAN 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

PLEASE REFER TO SKETCH AND ATTACHMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD1763E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ENG POH CHYE

Approximate Age

Injuries Sustain

BODY PAIN

Injured person in which vehicle?

SMD1916B

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.

ENG POH CHYE
Co Reg No: 53353513A

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



A = SMD 1916B

B = GBD 1763E

Slip Road of BKE (PIE)

towards Mandai Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

I/We declare the foregoing particulars are true in every respect.

ENG POH CHYE
Co Reg No: 53353513A

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.:

On 20.10.2020 at about 17:10 hours at Slip Road of BKE (PIE) towards Mandai Road. I was travelling straight on my lane at the above mentioned location and the traffic was moderate. When the front vehicle slowed down and stopped, hence I followed suit.

Suddenly, I heard a loud bang and felt an impact from behind. When I alighted, I realised that it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): SMD 1916B

Vehicle (B): GBD 1763E

ENG POH CHYE
Co Reg No: 53353513A

A handwritten signature in black ink, enclosed within a hand-drawn oval.A handwritten signature in black ink, followed by the date "20/10/2020".

SINGAPORE ACCIDENT STATEMENT

Accident Date: 20/10/2020	Time: 17:10	(hh:mm) 24 hr format
Location Slip Road of BKE (PIE) towards Mandai Road		
Vehicle Number JMD1916B		
Insured Name Eng Poh Chye (Company)		
NRIC/FIN S3353513A	Contact Number -	
Make Mitsubishi	Model Outlander	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company AIG		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number 2070116146		
Name of Driver Eng Poh Chye		() Same as Insured
NRIC/FIN S7413345B	Contact Number 9388 7011	
Date of Birth 01/05/1974		
Driving Pass Date 12/07/1996		
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address		(<input checked="" type="checkbox"/>) NO EMAIL
Address of Driver Blk 388 Jishun Ring Road		
#05-1685 S(760388)		
Was driver an employee of the Insured's Company? () Yes () No		
If No, Relationship of the Driver with the Insured (<input checked="" type="checkbox"/>) Sole Proprietor.		
() Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface () Dry (<input checked="" type="checkbox"/>) Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No		
If yes, injured detail Eng Poh Chye - Body Pain		
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B	G8D 1763 E	
Veh C		
Veh D		
Veh E		
Veh F		

Passenger : 1) Sim Choon San (F)



CERTIFICATE OF INSURANCE

RIDE SHARE PRIVATE VEHICLE

Name of Policyholder : Eng Poh Chye
Period of Insurance : 07 Aug 2020 To 06 Aug 2021
Engine No. : 4J11YP4570
Chassis No. : GF7W0401987

Vehicle No. : SMD1916B
Policy No. : 2070116146
Endorsement No. :
Issued Date : 04 Aug 2020

ABOUT THE COVER

Make/Model : MITSUBISHI Outlander 2.0 Elegance/Sports
Engine Capacity/Tonnage : 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2018
Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

Any 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.

When the Vehicle is used for the carriage of passenger for hire or reward, such authorised driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward.

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 Mileage Condition : Unlimited Mileage

Limitation as to use* :

Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.

Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.

This Policy does not cover

- 1) use for driving 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 anyone disabled using a mechanically propelled vehicle; and
- 3) 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 - \$1800 Theft - \$0 Flood Cover - \$1800

Section 2

Property Damage - \$2000

Windscreen : \$100

Named Driver and Excess (where applicable)

Eng Poh Chye(Ying Baocai) - \$1800 (Own Damage) \$2000 (Property Damage), \$1800 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

If the vehicle is used for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward. Should you decide to include any other driver, please contact us. (Company reserves the right to accept/reject the inclusion of any Named Drivers)

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

I/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).

0503122000

INXURE NETWORK SERVICES

535 SERANGOON NORTH AVENUE #08-179

SINGAPORE 550535

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Tay Yu QI NMM