

# NATIONAL Assessment Centre Services. (wef 1 Jan 05) **MLA2009504**

Date In: <b>7/1/05 - 15:30</b>	Job description	Date & Time Completed	Done by
Ref No: <b>18/1/16/2012208724</b>	SAS e-filing		
Veh No: <b>5JVG9091K</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : <b>6/1/05 - 18:45</b>	i-Motor Claim Form		
OD <b>TP</b> 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: (	Tel:	Fax:
TP Particulars:	Veh No: <b>5JVG9091K</b>	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
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

<b>Claimant's Particulars:</b>	<b>Invoice Preparation Checklist</b>	<b>Am't (\$)</b>	<b>Am't (\$)</b>
Driver/Owner:	1) AR : Accident Reporting (\$30);	Int Bill	Add Bill
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments:	5) FT : Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2/3:	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 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	07/11/2020 15:30
Date Of Accident	06/11/2020 18:40
Exact Location Of Accident	PIE TWDS CHANGI AFTER CORPORATION EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV9909K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEO YING
NRIC No	SXXXX380H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84983673
Alternative Phone No	OFFICE-84983673

### Vehicle Particulars

Manufacturer	VOLVO
Model	S60 T2
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	1700075440-02
Cover Note Number	

### Driver

Name of Driver	LEO YING
NRIC No	SXXXX380H
Date Of Birth	29/12/1973
Occupation	INDOOR
Date Of Driving Pass	29/12/1994
Driving Experience	25 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84983673
Fax Number	
Contact Number	OFFICE-84983673
Email Address	NOEMAIL

Address	BLK 63A LENGKOK BAHRU #09-374
Postcode	151063
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	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?	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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV2870J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KWAN SAI CHEONG
NRIC/Passport Number	SXXXX579E
Contact Number	91160188
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LEO YING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJV9909K
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 completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
  - ii. For complying with the requirements under any regulations, law or court orders.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

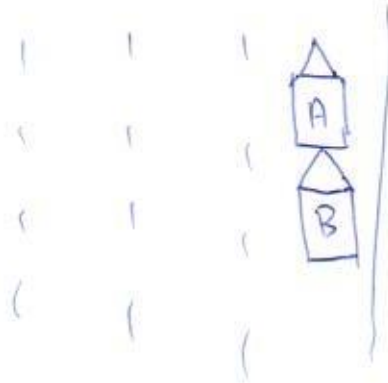
\_\_\_\_\_  
Driver's Signature  
(If driver is not policyholder)  
Date & Time:

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

DIE (Changi) after Corporation

### SKETCH PLAN

Veh A: SJV 9909K  
Veh B: SLV 2870J



On 6 November 2020, at 6.40pm I was driving SJV 9909K on DIE towards Changi after Corporation exit. ~~Suddenly~~ I did an emergency brake on the first lane and stopped my car. Suddenly veh B (SLV 2870J) hit my vehicle on the rear.

### DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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



### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 6 / 11 / 20 (dd/mm/yy) Time of Accident: 6 : 40 PM (24-HR-FORMAT)

Vehicle No.: SVV 9909K Vehicle Make & Model: Volvo S60

Exact location of Accident: PIE towards Changi before after Corporation exit

Policyholder's Name/ IC No.: Leo Ying S(7348380H)

Driver's Name/ IC No.: \_\_\_\_\_ (As Above) ☒

Driver's Contact No.: 84983673 Company Contact No.: \_\_\_\_\_

Driver's Address: Blk 63A Lengkok Bahru #09-374 S(151063)

Insurance Company: AIG 170607544002 Email address (if any): sales @ garage 13 .com.sg

#### Relationship between Owner & Driver:

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parent / or Others specify: \_\_\_\_\_

#### What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☒ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

#### Exact purpose for which the vehicle was being used at time of accident?

☒ Private use/ ☐ Work purpose

Occupation (nature of job): ☒ Indoor/ ☐ Outdoor

No. of Passengers (Including Driver): 1

Passenger Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Passenger Name: \_\_\_\_\_ Gender: \_\_\_\_\_

#### Weather Condition & Road Conditions? (On the day of accident)

☒ Clear & Dry/ ☐ Raining & Wet/ ☐ After-Rain & Wet/ ☐ Drizzling & Wet/ Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☒ Yes/ ☐ No

Any Injuries: ☒ Yes/ ☐ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person's in which vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes/ ☒ No (If YES) Which Police Station: \_\_\_\_\_

#### The Other Party(s) Details:

1. Driver's Name/ IC No.: Kwan Sai Cheong (S7024579E) Vehicle No. ~~SLV 280~~ SLV 2870J

Driver's Contact No.: 91160188 Insurance Company (If any): \_\_\_\_\_

2. Driver's Name/ IC No.: \_\_\_\_\_ Vehicle No. \_\_\_\_\_

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No.: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



# CERTIFICATE OF INSURANCE

## WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder : LEO YING  
Period of Insurance : 07 Nov 2020 To 06 Nov 2021  
Engine No. : B4154T52228271  
Chassis No. : YV1FS28L0J2453989

Vehicle No. : SJV9909K  
Policy No. : 1700075440-02  
Endorsement No. :  
Issued Date : 16 Oct 2020

### ABOUT THE COVER

Make/Model : VOLVO S60 T2

Engine Capacity/Tonnage : 1,498.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive\* :

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

Mileage Condition : Unlimited Mileage

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.

Loss of Use 2000cc

\* 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 - \$800 Theft - \$0 Flood Cover - \$800

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LEO YING - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Wearn's Automotive Pte Ltd Add: 249 Alexandra Road Singapore 159935 64304890 63789350

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](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: OVERSEA-CHINESE BANKING CORPN LTD

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).

0503485742

WEARNES AUTOMOTIVE - DL (V)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP