

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

240824C0006

Date In: 12/04/2011 16:17	Job description	Date & Time Completed	Done by
Ref No: N/A 12/04/2011 16:17	SAS e-filing		
Veh No: 240824C0006	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 09/04/2011 17:40	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: (

Tel:

Fax:

TP Particulars:	Veh No: SLG 8678M	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 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

Claimant's Particulars:	Invoice Preparation Checklist		Amf (\$)	Amf (\$)
			Net Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idao 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 (N-in INC) against INC \$20			
	9) N12: Idao Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Pat. 1:

Pat. 2 / 3:

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 Submission	12/04/2021 16:17 (SGT)
Date of Accident	09/04/2021 17:40 (SGT)
Exact Location of Accident	100 Bukit Timah Rd, Singapore 229899
Additional Location Information	DROP OFF POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ544D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ACE FLEET MANAGEMENT PTE
Company Reg No	2XXXXX914N
Email Address	spoon_vins@hotmail.com
Mobile Phone No	(Phone) +65-92323494
Alternative Phone No	+65-93399616

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798

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	HONG BOON KIA
NRIC No	SXXXX854I

Date Of Birth	12/10/1958
Occupation	Outdoor
Date Of Driving Pass	26/10/1979
Driving experience	41 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93399616
Alt. Phone Number	-
Email Address	spoon_vins@hotmail.com
Address	50 LORONG 40 GEYLANG #03-08
Address complement	-
Postcode	398074
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20210410/7036

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	SLG8678M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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.

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.



Policyholder's Signature / Date & Time

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

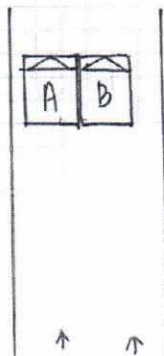
Witnessed by Reporting Centre Personnel

Sketch Plan

Kk Women's and Children's Hospital Drop off Point

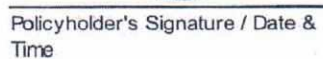
Vehicle A: SMQ544D

Vehicle B: SLG867BM



Refer to Police Report : G1/20215410/7036

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre
Personnel

Date of Accident : 09/04/2021 Accident Time: 1740hr (24-HR-FORMAT)
Accident Place : KK Women's and Children's Hospital Drop Off Point
Vehicle Reg. No (Car plate No.) : SM8544D Vehicle Make/Model: Toyota Prius Plus
Insurance Company : AIG Policy No. 999993781
Name of Registered Owner : Company / Individual Ace Fleet management Pte Ltd
ID of Registered Owner : Co Reg No: 2017109144 Owner's NRIC No: -

Co Contact No: - Owner's Contact No: 93323494

DRIVER'S Name : Hong Boon Kia DRIVER'S NRIC No: S12948541

DRIVER'S Date of Birth : 12 Oct 1958 DRIVER'S License Pass Date 26 Oct 1979

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ ~~Others~~: Hirer

DRIVER'S Address : 50 Lorong 40 Geylang #03-08 Singapore 398074

DRIVER'S Contact No / Alt No. : 1) 9399616 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : spoon-vins@hotmail.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: YES \ NO Any Injuries: YES \ NO Injured Name: _____
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: <u>SL6 6678M</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

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



**SINGAPORE
POLICE FORCE**



G/20210410/7036

1 of 2

POLICE REPORT (NP299)

Report No. G/20210410/7036

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 10/04/2021 15:02	Vide Report No.	Station Diary No.
Name Of Informant HONG BOON KIA	Address 50 LORONG 40 GEYLANG #03-08 SINGAPORE 398074	
ID Type / ID No. NRIC NO / S1294854I	Contact No. Home/Office:	Mobile: 93399616
Nationality SINGAPORE CITIZEN	Email Address BKALEX8157@YAHOO.COM.SG	
Occupation Grab driver	Sex Male	Age 62
Institution/School Name	Date of Birth 12/10/1958	Race Chinese
Date/Time Of Incident 09/04/2021 17:40 - 09/04/2021 17:45	Location Of Incident 50 LORONG 40 GEYLANG #03-08 SINGAPORE 398074	

Brief details.

I got a Grab job to pick up passenger from L1 lobby, KK Women's and children's hospital. I drove from Bukit Timah turns right to the Kampong Java.

I joined the car queue that already lined up along the left driveway lane towards lobby pick up lane. Suddenly, one car appeared on my right side. It was a Private hired car, the driver dash through the outer lane of driveway. However, his front left side mirror hit the front right side of my mirror. I signal him to stop but he pretended nothing happened and keeps going. I thus wind down window and shouted : You don't run! I took a picture immediately.

The driver just ignored and drove away after his passenger boarded the car.

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: 10/04/2021 15:02
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20210410/7036

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210410/7036

I then quickly took a short video clip before he disappeared.

Later, I reported the above hit and run incident to the Grab and my car rental company.

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:

10/04/2021 15:02

Classification Of Case:

ACE FLEET MANAGEMENT PTE LTD

237 ALEXANDRA ROAD #02-03 THE ALEXCIER SINGAPORE(159929)

Replacement of New Contract/Agreement

Kindly fill up all of the details below

CAR MODEL : Toyota Prius Plus

CARPLATE : SMA544D

MAIN HIRER NAME: <u>Hang Boon Kia</u>	
NRIC/PASSPORT NO.: <u>S1294854 i</u>	D.O.B: <u>12/10/1958</u>
NEXT OF KINS: <u>(son) Hang</u>	TEL: <u>96187888</u>
ADDRESS: <u>50 Lorong 40 Geyland #03-08 (S898074)</u>	
CONTACT NO.: <u>93399616</u>	
RENTAL DEPOSIT: <u>\$1000/-</u>	
DATE OF COMMENCE: <u>31/10/2020</u>	
RELIEF DRIVER :	TEL :
ADDRESS:	
RENTAL PER DAY: <u>#72/-</u>	
EMAIL ADDRESS : <u>bkaalex8157@yahoo.com.sg</u>	
CONTRACT VAILDITY: <u>06mth</u>	
1)INSURANCE 1 ST PARTY EXCESS <u>\$1500/-</u> 2)INSURANCE 3 RD PARTY EXCESS <u>\$1500/-</u> 3)INSURANCE EXCESS FOR OVERSEA WILL BE DOUBLED 4)INSURANCE EXCESS FOR DRIVING LICENCE LESS THEN 2 YEAR AND BELOW 24 YEAR OLD AND OLDER THEN 65 YEAR OLD WILL BE DOUBLED 5)WINDSCREEN EXCESS <u>\$200/-</u>	

Left Side



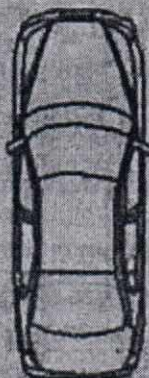
Right Side



Back



Front



Top

D=DENT S=SCRATCHES C=CHIPS R=RUST M=MISSING

REMARKS:



Hirer's Signature

[Handwritten signature]

**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	S\$2,000.00 (I)
CERTIFICATE NO. SMQ544D	POLICY EXCESS	S\$2,000.00 (II)
POLICY NO. 999993781	WINDSCREEN EXCESS	S\$100.00
	SUM INSURED	Market Value
	INSURING WITH COE/PARF	Yes

1) VEHICLE REGISTRATION NO. SMQ544D

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 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), 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 05 Aug 2020

AIG Asia Pacific Insurance Pte. Ltd.

0504650-000

All Ins Agency Pte Ltd
22 Sin Ming Lane
#05-78 Midview City
Singapore 573969

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPIUS