

NATIONAL Assessment Centre Services, Inc. (10/1/2001)

SN10821920003

Date In: 07/09/2021 16:48	Job description	Date & Time Completed	Done by
Ref No: NNA/NA210092584	SAS e-illing		
Veh No: 3MK51C	E-mail (Ejale 311, 419 311)		
D.O.A: 01/09/2021 21.35	I-Motor Claim Xprint		
(ID) TP Reporting Only	I-Motor W/O (with 00 sheet, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Vizier		

Preferred Wksp / INC Assgn Wksp / OW: () Tel: () Fax: ()

TP Kind/Policy: () Veh No: SUM 5544D, 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: YRS () / NO ()

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

() Will-In Giveover: Customer's information strictly Confidential & strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YRS () / NO () ; Towing Co: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QO Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

()

()

()

NA2103742

Driver/Owner:	1) All Additional Reporting (30)	
Contract No:	2) DA Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) PFI Follow Up	\$100
QC Checked by (Engi-In-Charge):	4) PFI Follow Through Survey	\$30
	5) PFI Follow Through Survey (Resurvey)	\$30
	6) PFI Follow Through Survey (Resurvey)	\$30
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	100) PFI Follow Through Survey (Resurvey)	\$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 Submission 02/09/2021 16:43 (SGT)
Date of Accident 01/09/2021 21:35 (SGT)
Exact Location of Accident Ang Mo Kio Ave 3, Singapore
Additional Location Information TOWARDS CTE CITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR551C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM SER MENG
NRIC No SXXXX107D
Email Address scotchere123@gmail.com
Mobile Phone No (Phone) +65-98284051
Alternative Phone No +65-86459355

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Attrage
Variant -
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1193

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900257928
Cover Note Number -

DRIVER

Name of Driver LIN JIAYANG
NRIC No SXXXX368I

Date Of Birth	27/07/1994
Occupation	Outdoor
Date Of Driving Pass	11/02/2015
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86459355
Alt. Phone Number	-
Email Address	ah.yangyang@live.com
Address	BLK 56 HAVELOCK ROAD #32-142
Address complement	-
Postcode	161056
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210902/7001

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM5544D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJT7679Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIN JIAYANG
Gender	Male
Phone No	(Phone) +65-86459355
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMR551C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

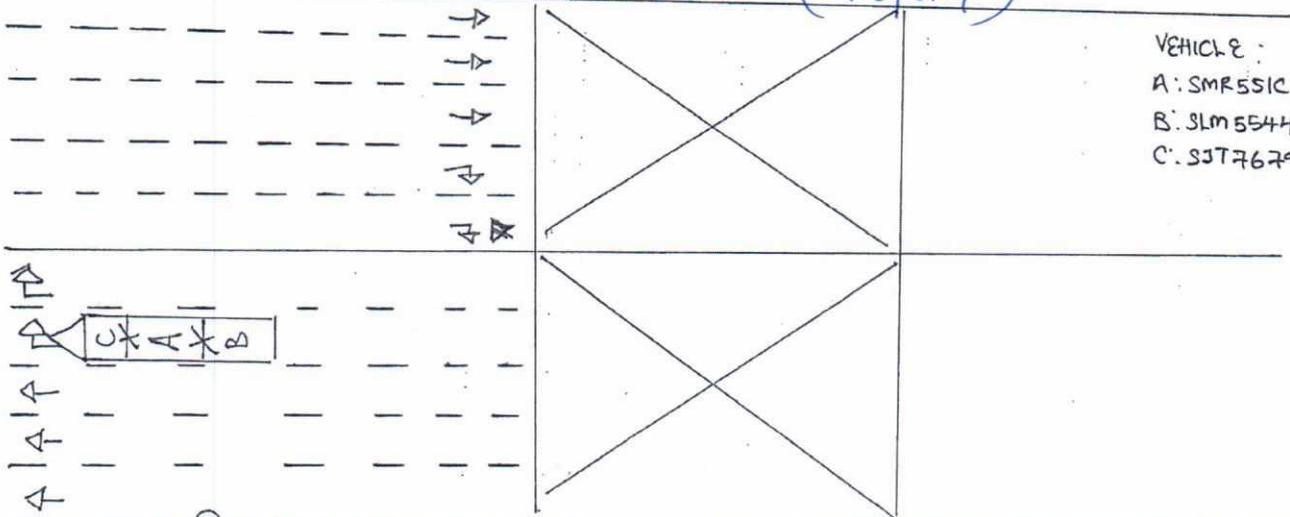
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

ANG MO KW AVK 3 TOWARDS (CTE/CITY)



VEHICLE :
 A: SMR551C
 B: 3LM5544D
 C: SJT7679Y

AMK AVE 3 TURNING TO CTE/CITY

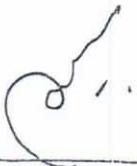
Describe Circumstances of the Accident

REFER TO POLICE
REPORT.

T / 20210902 / 7001

Declaration

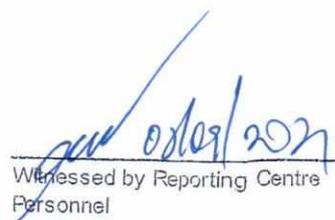
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

VEHICLE NO: SMR 551 C

MAKE & MODEL Mitsubishi Attrage

ACUTS / MANUAL

DATE OF ACCIDENT	01 / 09 / 2021	C.C. 1.2cc
TIME OF ACCIDENT	21:35	AM / <u>PM</u>
LOCATION OF ACCIDENT	Ang mo kio Ave 3 towards CTE city	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE</u> USE / PRIVATE HIRE	
NAME OF OWNER	LIM SER MENG	
EMAIL: SCOTCHHERE123@GMAIL.COM	Office:	MOBILE: 9828 4051
NRIC	S1265107D	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / <u>NO</u> ?	
INSURANCE CO.	AIG	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	1900257928	
NAME OF DRIVER	AS ABOVE / IF NO: LIN JIA YANG	
NRIC	S94263681	
DATE OF BIRTH	27 / 07 / 1994	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER	- Nil -	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	11 / 02 / 2015	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 8645 9355	Office: Home:
EMAIL:	AH-YANG YANG@LIVE.COM	
ADDRESS	Blk 56 havelock Road #32-142 S/161056	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No. : NEURER,	
RELATIONSHIP	Employee / If No: SON	
WEATHER CONDITION	Clear / <u>Raining</u> / Other,	
ROAD SURFACE	Dry / <u>Wet</u> / Other,	
ANY INJURIES	No / <u>Yes</u> : Who? LIN JIA YANG	
CONTACT NO.		
POLICE REPORT	No / <u>Yes</u> : Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> /IF YES: WHO?	
VEHICLE B NO.	SST 7679 YCC) Any Passenger: 01	
NAME		
CONTACT NO.		
VEHICLE C NO.	SLM 5544 D(B) Any Passenger: 0	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO	
WAS THERE ANY AUDIO RECORDED?	<u>YES</u> / NO	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) /	<u>NO</u>	



**SINGAPORE
POLICE FORCE**



T/20210902/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20210902/7001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIN JIAYANG	ID No.	S9426368I
Related Vehicle	SMR551C (Car)	Contact No.	86459355
Hospital/Clinic	KOVAN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	01/09/2021	Date	01/09/2021
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

ON THE 01/09/2021 ABOUT 2135HRS. I LIN JIA YANG WAS STATED VEHICLE DRIVER OF SMR551C. I WAS TRAVELING BACK HOME FROM ANG MO KIO AVE 3 TURNING RIGHT TO CTE TOWARDS AYE. THE TRAFFIC LIGHT WAS RED AND I WAS STATIONARY WAITING. OUT OF A SUDDEN, THERE WAS A HUGE IMPACT CAME FROM MY REAR AND MY VEHICLE WAS FORCE TO MOVE FORWARD AND COLLIDED ONTO THE FRONT VEHICLE CARPLATE SJT7679Y. AFTER AWHILE I CAME DOWN AND REALIZE VEHICLE CARPLATE SLM5544D CAUSE THE WHOLE ACCIDENT TO HAPPEN. WE EXCHANGE PARTICULAR AND MOVE ON. I FELT PAIN ON MY NECK, SHOULDER, LOWER BACK, CHEST AND HAND WRIST. SO I WENT TO CONSULT A DOCTOR AT KOVAN INTEMEDICAL CLINIC AND WAS GIVEN FIVE DAYS OF MC.



**SINGAPORE
POLICE FORCE**



T/20210902/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210902/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
02/09/2021 01:12

Classification Of Case:



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LIM SER MENG
 Period of Insurance : 17 Dec 2019 To 16 Dec 2021
 Engine No. : 3A92UHX7824
 Chassis No. : MMBSTA13AKH002596

Vehicle No. : SMR551C
 Policy No. : 1900257928
 Endorsement No. :
 Issued Date : 26 Dec 2019

ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT
 Engine Capacity/Tonnage : 1,193.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2019
 Insuring with COE/PARF : Yes

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

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 1500cc - 1600cc

* 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LIM SER MENG - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688
4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

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

Hire Purchase Company/Employer's Loan: MayBank

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).

0504620220
 C&CMICP2 - RANDY
 239 ALEXANDRA ROAD
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 This computer generated document does not require a signature.