

NATIONAL Assessment Centre Services

(ver 1 Jan 2005)

NA/07160594

Date In: 06/12/2017 10:27
Ref No: N/A/14/1023146/4
Veh No: SLH 15497
D.O.A: 05/12/2017 12:20
OD: TP / Reporting Only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 3hrs, AIC 3hrs)		
I-Motor Claim Form		
I-Motor W/O (Within: 00 hrs, TP 3hrs)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

TP Insured:

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars: Yeh No: SN 58095

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

NA/107603

Human's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Ungr-In-Charge):

Additional Comments:

L 1:

L 2/3:

Invoice Preparation Checklist:

Amo (\$)

Amo (\$)

	Amo (\$)	Amo (\$)
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$80)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) RT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (ver 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Re-DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
Q1:		
*N3: Courtesy Car / Tpl Allowance	\$5	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DY / Collect Excess Coordination	\$5	
TP (NI) / TP (Non INC) against INC	\$20	
9) N3: Idone liability	\$0	

Invoice dated

File Charged

Invoice dated

File 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 ability.
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 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	06/12/2017 10:27
Date Of Accident	05/12/2017 12:20
Exact Location Of Accident	ALONG LORONG 6 TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1549T
Insured/Policyholder	
Name Of Registered Owner	JOSEPH HUANG @ JANTO TJANDRA
NRIC No	S2607915B
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93386379
Alternative Phone No	OTHERS-93386379

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 (A)
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	2100487342-01
Cover Note Number	

Driver

Name of Driver	JOSEPH HUANG @ JANTO TJANDRA
NRIC No	S2607915B
Date Of Birth	02/09/1967
Occupation	INDOOR
Date Of Driving Pass	09/03/2002
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93386379
Fax Number	
Contact Number	OTHERS-93386379
Email Address	HANCARREPAIRS@GMAIL.COM

Address	5 SERANGOON AVENUE 2 #11-11
Postcode	556132
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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

PLEASE REFER TO SKETCH PLAN

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	SJN5809J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHAN KWONG HOR
NRIC/Passport Number	
Contact Number	82689095
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKJ3063R
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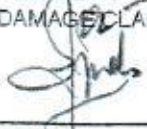
SKETCH PLANVEHICLE NO: SLH1549TDOA: 05/12/2017**IMPORTANT NOTICE**

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 willful 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.

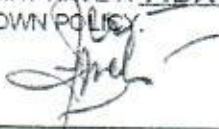
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

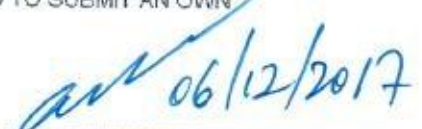
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.

PLEASE NOTE YOUR INSURER MAY HAVE A **14 DAY-TIMEFRAME** FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholder's Signature / Date & Time



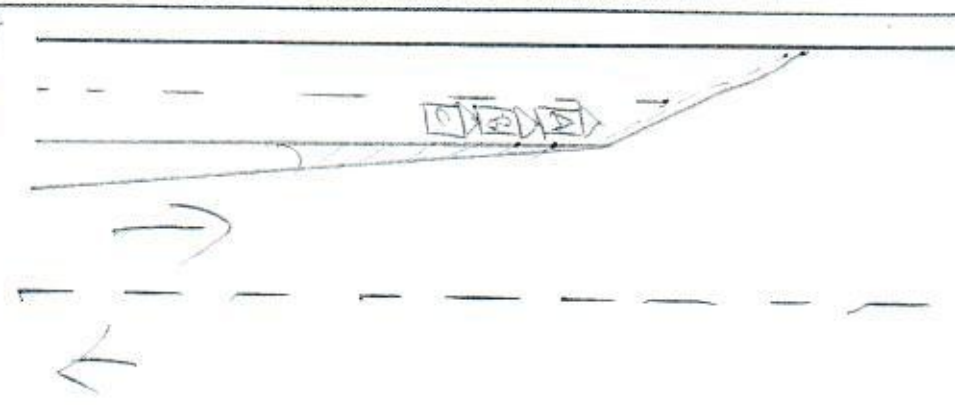
Driver's Signature (if driver is not the policyholder) / Date & Time

 06/12/2017

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) SLH1549T
(B) SJN5809J
(C) SKJ3063R



Lor 6 Toa Payoh

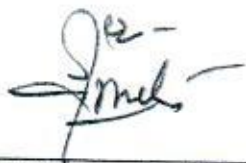
Describe Circumstances of the Accident

I was slowing down and stopping along Lor 6 Tg. Poyah to give way to incoming traffic at about 1220pm.

I have already come to a complete stop ^{for a few seconds} before I felt an impact from the rear. After alighting, I realised that it was a chain collision of 3 cars.

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



06/12/2017

Witnessed by Reporting Centre Personnel

Personal Particulars

Date of Accident: 05 / 12 / 2017 (dd/mm/yy)

Time of Accident: 12 : 20pm (24 Hrs)

Vehicle No.: SLH 1549 T Vehicle Make / Model: Nissan Rasghni 1.2 turbo

Exact location of Accident: Along Lor 6 Toa Payoh

Owner's Name / IC No.: Joseph Huang @ Jante Tjandra / 526079158

Driver's Name / IC No.: Joseph Huang @ Jante Tjandra / 526079158

Driver's Contact No.: 93386379 Insurance Company & Policy No.: AlG

Driver's E-mail address: hancarepairs@gmail.com

Relationship between Owner & Driver: Spouse / Children / Friend / Parents / Others specify: -

What do you wish to claim? (Please circle one only)

(1) Own Insurance / (2) Other Vehicle (The one you want to claim against) / (3) Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private use / Work purpose

Weather condition & Road conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 days or more, police report is required)

Yes / No No If Yes, which police station? -

The Other Party (Vehicle B) Details:

Driver's Name / IC No.: Chan Kwong Hui

Vehicle No.: SKJ 5809 J

Insurance Company: Tokio Marine

Driver's Contact No.: 82689095

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other (Vehicle C) Involved: SKJ 3063 R

Independent Witness (If Any): - Contact No: -

Preferred workshop Name (If Any): - Contact No: -

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

tjandra2@gmail.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2607915B



Name

JOSEPH HUANG
@JANTO TJANDRA

Race

CHINESE

Date of birth

02-09-1967

Country/Place of birth

INDONESIA

Sex

M

S2607915B



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S2607915B

Name

JOSEPH HUANG

Birth Date: 02 Sep 1967

Issue Date: 01 Mar 2003



1000249488E

5703977



NRIC No. S2607915B



Date of issue

20-02-2017

Address

5 SERANGOON AVENUE 2
#11-11
SINGAPORE 556132

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

09 Mar 2002

NP 428A



Licence No: S2607915B



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Joseph Huang @Janto Tjandra
Period of Insurance : 26 Oct 2017 To 25 Oct 2018
Engine No. : HRA2298695A
Chassis No. : SJNFEAJ11U1707171

Vehicle No. : SLH1549T
Policy No. : 2100487342-01
Endorsement No. :
Issued Date : 15 Sep 2017

ABOUT THE COVER

Make/Model : NISSAN QASHQAI 1.2 DIG-TURBO
Engine Capacity/Tonnage : 1,197.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PARF : 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 \$5,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") 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) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Joseph Huang @Janto Tjandra - \$600 (Own Damage)

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

- 1. TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212
- 2. Autolition Industrial Add: 19 Lta Road 4 Singapore 408623 64909666
- 3. TC AutoClinic Add: 25 Leng Kee Road Singapore 158097 67038511 67038512 67038513
- 4. Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589623 64584051 64594052 64594053
- 5. Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570753 63570754

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.com.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: DBS BANK 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 (V) of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610422

TAN CHONG CREDIT PTE LTD-WTZ
911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 589623 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPOMM