

**NATIONAL Assessment Centre Services** (wef 1 Jan 2005)

Date In: 20/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/A1617024093/13	SAS e-filing		
Veh No: SLN2107Y	E-mail (within 8hrs, AIC 2hrs)		
DOA: 19/12/17 1210	i-Motor Claim Form		
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SHA716T 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%; F: 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	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
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		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 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	20/12/2017 10:08
Date Of Accident	19/12/2017 12:10
Exact Location Of Accident	CANTONMENT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN2107Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUEK WEI LIN(GUO WEILING)
NRIC No	S7839223A
Email Address	QUEK.ANGELINE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90278228
Alternative Phone No	OTHERS-90278228

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
Exact Purpose for which vehicle was being used at time of accident	OTW TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100508195-00000
Cover Note Number	

### Driver

Name of Driver	QUEK WEI LIN(GUO WEILING)
NRIC No	S7839223A
Date Of Birth	25/12/1978
Occupation	INDOOR
Date Of Driving Pass	03/11/1997
Driving Experience	20 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90278228
Fax Number	
Contact Number	OTHERS-90278228
EEmail Address	QUEK.ANGELINE@GMAIL.COM

Address	BLK 249 TAMPINES ST 21 #10-538
Postcode	520249
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

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

I WAS TRAVELLING STRAIGHT ALONG CANTONMENT RD GOING STRAIGHT ON THE EXTREME RIGHT LANE. WHEN I REALISED THE LANE IS FOR TURNING RIGHT ONLY, I FILTERED MY VEH TO MY LEFT BECAUSE I'M GOING STRAIGHT. SUDDENLY VEH(B) BEARING REG NO SHA716T CAME AND MY VEH HIT ONTO THE REAR RIGHT SIDE PORTION OF HIS VEH.

#### 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	SHA716T
Vehicle Make/Model/Colour	HYUNDAI SONATA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHYE KENG KONG
NRIC/Passport Number	S7146156D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 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)**

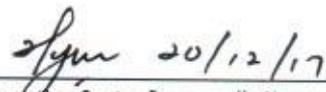
I understand, acknowledge, agree and consent that:

- (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.



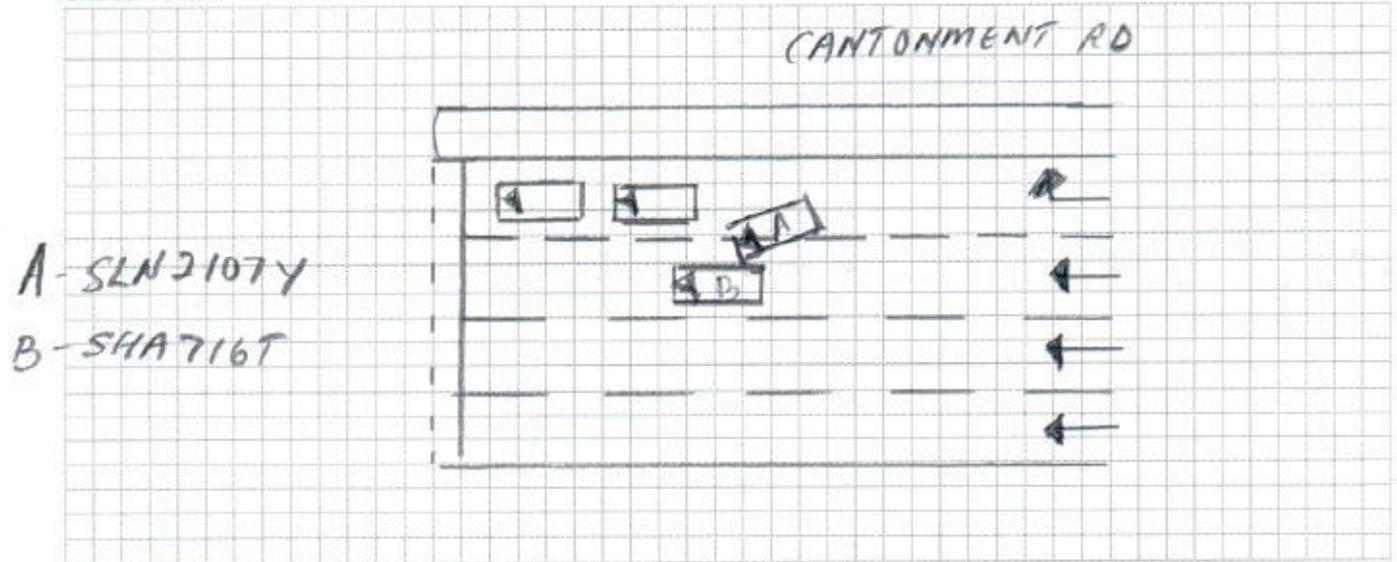
Policyholder's Signature  
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the statement.*

DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 20/12/17  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 19/12/2017 (DD/MM/YYYY), TIME: 12:10 (HH:MM)

LOCATION: Cantonment Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN 2107Y  
b) INSURANCE COMPANY: AIG  
c) POLICY NUMBER: 2100908195  
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: Nissan Qashqai 1.2 Dig Turbo  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Driving to work  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Quek Wei Lin (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7839223A CONTACT: 90278228  
c) ADDRESS: BK 249 Tampines St 21 #10-538 Singapore  
520249

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Quek Wei Lin (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7839223A CONTACT: 90278228  
c) ADDRESS: BK 249 Tampines St 21 #10-538  
520249

\*d) DATE OF BIRTH: 25/12/1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 716T MODEL: Hyundai Sonata  
b) DRIVER'S NAME: Chye Keng Kong  
c) NRIC/FIN/PASSPORT: S7146156D CONTACT: 98513041

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
(3)

\* No of passenger  
(Including driver)  
( )

email =

fax =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7839223A




Name  
QUEK WEI LIN  
(GUO WEILING)  
郭 玮 玲

Race  
CHINESE

Date of birth 25-12-1978 Sex F

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7839223A



QUEK WEI LIN  
(GUO WEILING)

Birth Date: 25 Dec 1978  
Issue Date: 16 Oct 2003

000924817E



4351338



NRIC No. S7839223A



Date of issue  
11-02-2009

APT BLK 249 TAMPINES STREET 21 #10-538  
SINGAPORE 520249  
NRIC No: S7839223A Date: 15/12/2010 No: 6627353

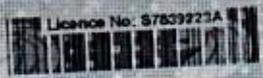
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
03 Nov 1997

NP 428A

License No: S7839223A





# 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)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.1

NISSAN AUTO PROTECTOR

**OWN DAMAGE EXCESS** S\$600.00 (1)  
**WINDSCREEN EXCESS** S\$100.00

**CERTIFICATE NO.** 2100508195-00000

(for policies with effect from 1st November 2002)

**SUM INSURED** Market Value  
**INSURING WITH COE/PARF** Yes

1) **VEHICLE REGISTRATION NO.**

SLN2107Y

2) **NAME OF INSURED**

Quek Wei Lin (Guo Weiling)

3) **EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT**

26 Apr 2017

4) **DATE OF EXPIRY OF INSURANCE**

25 Apr 2018

5) **PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \* SUBJECT TO AGE CONDITION :All Age Condition**

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions. A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

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 \***

Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / NISSAN AUTHORISED REPAIRERS

1. Tan Chong Mtr - 913 Bt Timah Rd (T: 64694091/2/3) 2. Tan Chong Mtr - 17 Lor 8 Toa Payoh (T: 63570753/4)

3. TC AutoClinic - No 1 Sixth Lok Yang Rd (T: 62622212) 4. Autolution Industrial - 19 Ubi Rd 4 (T: 64909666)

5. TC AutoClinic - 25 Leng Kee Rd (T: 67038511/2/3)

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

6. ComfortDelgro Engrg - 205 Braddell Rd (T: 63837118) 7. DPS Body & Paint Workshop - 209 Pandan Gardens (T: 65684501)

8. Ethoz - 30 Bukit Batok Crest (T:66547777) 9. Glass-Fix - 52 Ubi Ave 3 (T: 62780887) - For windscreen only

10. Kan Fook Sing Motor - 61 Detu Lane 12 (T: 67479560) 11. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (T: 64538110)

12. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 13. Progressive Automotive - 3022A Ubi Rd 1 (T: 67415336)

14. SME Motor - 1 Kaki Bukit Ave 6 Blk D (T: 67476106)

**LOSS OF USE** Loss of Use 10 Days (1500 - 1600cc) - Refer to policy wordings for details

**NAMED DRIVER** NA

**HIRE PURCHASE COMPANY / EMPLOYER'S LOAN** HL Bank

\* 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).

Issued At Singapore 8 May 2017

**AIG Asia Pacific Insurance Pte. Ltd.**

500610-544  
TAN CHONG CREDIT PTE LTD - CHU  
911 BUKIT TIMAH ROAD TAN CHONG MOTOR  
CENTRE SINGAPORE 589622 ANSP-MOTOR

AUTHORISED REPRESENTATIVE

ORIGINAL

SSCTKJ