

Date In: 26/12/17 17:26	Job description	Date/Time Completed	Done by
Ref No: NA/ AIG 17024392/h4	SAS e-filing		
Veh No: 3LM 1876 Y	E-mail (within 8hrs, A&T Data)		
D.O.A: 26/12/17 08:05	i-Motor Claim Form		
OD: Reporting Only	i-Motor W/O (Within 8Hr, A&T Data)		
	i-Photo Uploaded		
TP Insurer	Assessment Survey Report		
	Ass't Report by Fax/ Hand to	Owner/ Wksn	

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars:	Veh No: 6U3790P	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	Am't (\$)	Am't (\$)
		In Bill	Acc Bill
Driver/Owner:	1) AR: Accident Reporting (S30)	30.00	
Contact No:	2) DA: Damage Assessment \$100 INC \$80		
Damaged Portion:	3) TP: Towing Fee \$40 \$40		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey+Resurvey \$10		
	For claiming vehicle INP Only (see 210 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: No DA - SMPT Survey \$160		
	8) NTUC Additional Services		
QC Checked by (Engr-In-Charge):	QIC		
	*NS: Courtesy Car / Tpt Allowance	\$0	
	*NS: Repair Coordination	\$0	
	*NT: Post Repair Inspection	\$0	
	*NS: DV: Collision Excess Coordination	\$0	
Auditors' Comments:-	TP (Nil): TP INP & INC agreed QIC	\$0	
Part 1:	9) NTUC: Misc. Service	\$0	
Part 2 / 3:	Invoice total		Fee charged
	Invoice total		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	26/12/2017 17:26
Date Of Accident	26/12/2017 08:05
Exact Location Of Accident	BLK 19 TECK WHYE LN EXIT TO TECK WHYE LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1876Y
Insured/Policyholder	
Name Of Registered Owner	CHUA KOK HWEE
NRIC No	S6918757I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98554341
Alternative Phone No	OFFICE-98554341

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
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	2100504660-00000
Cover Note Number	-

Driver

Name of Driver	CHUA KOK HWEE
NRIC No	S6918757I
Date Of Birth	19/05/1969
Occupation	OUTDOOR
Date Of Driving Pass	24/09/1994
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98554341
Fax Number	
Contact Number	OFFICE-98554341
Email Address	NOEMAIL

Address	BLK 341 CHOA CHU KANG AVE 3 #04-23
Postcode	689874
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 involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 STOP BESIDE THE BLK 19 TECK WHYE LN TO CHECK ON THE MAIN ROAD (TECK WHYE LANE) TRAFFIC. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO GU3790P) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GU3790P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JAYRAM S/O MUTTU KRISHNA
NRIC/Passport Number	S6923692H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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:

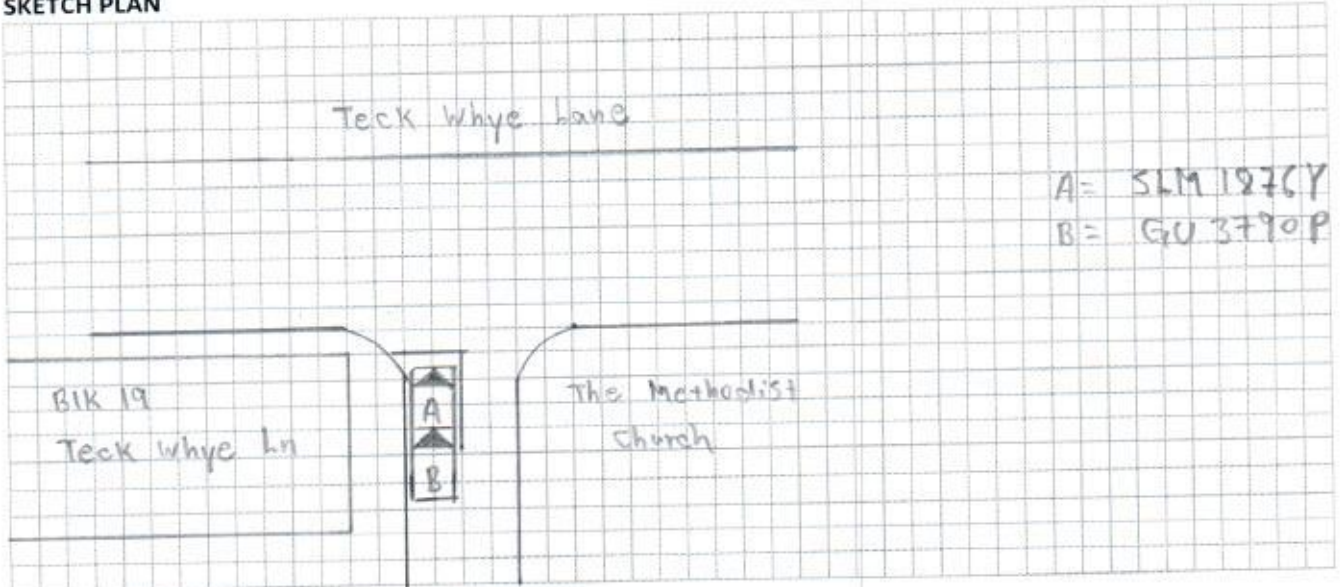
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Please Refer to statement

DECLARATION

I/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:


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

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S69187571**
 Name **CHUA KOK HWEE**
 Birth Date **19 May 1969**
 Issue Date **10 Jun 2010**

001864308K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S69187571



Name **CHUA KOK HWEE**
蔡国辉
 Race **CHINESE**
 Date of birth **19-05-1969** Sex **M**
 Country of birth **SINGAPORE**

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	25 Apr 1992
Class 2A	Motorcycles between 201 cc and 400 cc	15 Jun 1993
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	24 Sep 1994

NP 428A

Licence No: S69187571

4592918



NRIC No: **S69187571**



Date of issue **10-06-2010**
 Signature
APT BLK 341 CHOA CHU KANG AVENUE 3 #04-23
SINGAPORE 688874
 NRIC No: **S69187571** Date: **30/04/2015**



HOTLINE TEL (65)
FAX (65)

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1988
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1988 (MALAYSIA)

NISSAN AUTO PROTECTOR

CERTIFICATE NO. 2100504660-00000

OWN DAMAGE EXCESS S\$600.00
WINDSCREEN EXCESS S\$100.00
(for policies with effect from 1st November 2002)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes
SLM1876Y

- 1) VEHICLE REGISTRATION NO.
- 2) NAME OF INSURED
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT
- 4) DATE OF EXPIRY OF INSURANCE
- 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 21 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 has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in the 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. Comfort/Dogro Engrg - 205 Braddell Rd (T: 63837118) 7. DPS Body & Paint Workshop - 209 Pandan Gardens (T: 65684501)

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

10. Kan Fook Sing Motor - 61 Delfi Lane 12 (T: 67479560) 11. Lai Hui (Mong 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 Bldg 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 Part IV of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicle Risks and Compensation Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 31 Mar 2017

AIG Asia Pacific Insurance Pte.

X0610-393
AN CHONG CREDIT PTE LTD TCM
11 BUKIT TIMAH ROAD TAN CHONG MOTOR
CENTRE SINGAPORE 599622 ANSP-MOTOR

AUTHORISED REPRESENTATIVE