

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MNA11717034**

| | | | |
|----------------------------------|--|-----------------------|---------|
| Date In: 29/12/17 - 17:45 | Job description | Date & Time Completed | Done by |
| Ref No: NA/NA1704735/24 | SAS e-filing | | |
| Veh No: 5FR5500A | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A : 28/12/17 - 17:50 | 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: SLC1386Y | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|--|---|----------------------|-----------------------|
| NA1708044 | Invoice Preparation Checklist | Am't (\$) In Bill | Am't (\$) Add Bill |
| Claimant's Particulars :- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 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: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| QC Checked by (Engr-In-Charge): | ON* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| Auditors' Comments :- | TP (N11): TP (Non INC) against INC \$20 | | |
| Dat. 1: | 9) N12: Idac Mobile \$0 | | |
| Dat. 2 / 3: | 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 29/12/2017 17:45
 Date Of Accident 28/12/2017 17:50
 Exact Location Of Accident SLIP RD CTE TWDS BALESTIER RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFR5500A

Insured/Policyholder

Name Of Registered Owner WAN CHENG YIN (WEN ZHENGYUN)
 NRIC No S7190001J
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-96286711
 Alternative Phone No OFFICE-96286711

Vehicle Particulars

Manufacturer NISSAN
 Model SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
 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 2100397272-03
 Cover Note Number

Driver

Name of Driver LIM CHEE YONG
 NRIC No S7114607C
 Date Of Birth 28/04/1971
 Occupation INDOOR
 Date Of Driving Pass 25/04/2003
 Driving Experience 14 YEARS AND 8 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97578877
 Fax Number
 Contact Number OFFICE-97578877
 Email Address NOEMAIL

| | |
|---|--------------------------------|
| Address | BLK 23 JALAN MEMBINA #22-74 |
| Postcode | 163023 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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 | 2 |
| 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) | 3 |
| Passenger 1 | NAME: : - GENDER: : MALE |
| Passenger 2 | NAME: : - GENDER: : MALE |

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

REFER TO STATEMENT.

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 | SLC1386Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN


IMPORTANT NOTICE

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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:

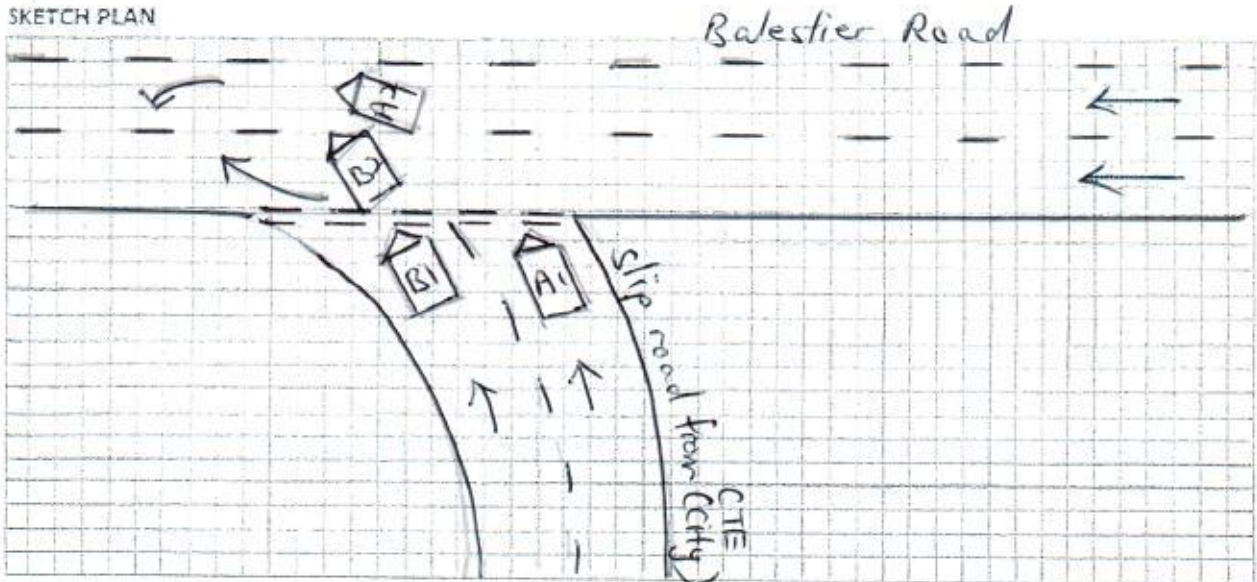
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

On 28/12/2017 at about 1750 hrs at slip road from CTE (CITY) towards Balestier Road. I was travelling on the extreme Right lane on the above mentioned slip road and came to a stop while giving way to the main traffic along Balestier Road. When the traffic was cleared, I proceed to turn Left onto the outer most merging lane. Suddenly I heard a loud bang from the left side and when I alighted, I realised that it was vehicle (B) who hit onto my left portion of my vehicle (A) causing damages to my vehicle. I have two passengers inside my vehicle.

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:


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

SINGAPORE ACCIDENT STATEMENT

| | | |
|---|--------------------------|----------------------|
| Accident Date: 28/12/2017 | Time: 1750 hrs | (hh:mm) 24 hr format |
| Location At Slip Road from (TE (ing) towards Balestier Road. | | |
| Vehicle Number SPR 5500A | | |
| Insured Name WAN CHENG YIM | | |
| NRIC / FIN 57190001J | Contact Number 9628 6711 | |
| Make Nissan | Model Sylphy | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | |
| () Yes If No, Pls select: (/) Third Party () Reporting | | |
| Insurance Company AIG | | |
| Type of Policy (/) Comprehensive () Third Party Fire & Theft | () TP Only | |
| Policy Number 2100397272-03 | | |
| Name of Driver LIM CHEE YONG | () Same as Insured | |
| | | |
| NRIC / FIN S 711 4607 C | Contact Number 9757 8877 | |
| Date of Birth 28 Apr 1971 | | |
| Driving Pass Date 25 Apr 2003 | | |
| Occupation (/) Indoor () Outdoor | | |
| Gender (/) Male () Female | | |
| Email Address cheeyong 71@gmail.com | () NO EMAIL | |
| Address of Driver Blk 23 Jalan Membina #22-74 S(163023) | | |
| | | |
| Was driver an employee of the Insured's Company? () Yes (/) No | | |
| If No, Relationship of the Driver with the Insured | | |
| () Owner (/) Spouse () Friend () Relative () Children () Sibling | | |
| Does the Driver Own Any Other Vehicle? () Yes (/) No | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | |
| Insurance Company of Driver's Own Vehicle | | |
| Weather Conditions (/) Clear () Raining () Others | | |
| Road Surface (/) Dry () Wet () Others | | |
| Was any foreign vehicle involved in this accident? () Yes (/) No | | |
| Was anybody injured in the accident? () Yes (/) No | | |
| If yes, injured detail | | |
| Was there any video captured by Car Camera? () Yes (/) No | | |
| Was the Accident reported to the Police? () Yes (/) No If yes attach police report | | |
| DETAILS OF 3 rd party | Name / Nric | Contact |
| Veh B SLC 1386 Y | | |
| Veh C | | |
| Veh D | | |
| Veh E | | |
| Veh F | | |

3 persons including driver

OWNER
SFR 5500A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7190001J



Name



WAN CHENG YIN
(WEN ZHENGYUN)

温振云

Race

CHINESE

Date of Birth

08-09-1971

Sex

F

Country of Birth

JOHORE



1878540

NRIC No. S7190001J



Blood Group Date of issue

A+

09-04-1994

APT BLK 120 BUKIT BATOK CENTRAL #08-359
SINGAPORE 650120

NRIC No: S7190001J


Date: 25-01-2005

No: 5117415

driver
JFR 5506 A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7114607C




 Name
LIM CHEE YONG
林志勇

Race
CHINESE

Date of birth
28-04-1971

Sex
M

Country/Place of birth
SINGAPORE



S7114607C

5426996



NRIC No. S7114607C



Date of issue
23-02-2015

Address
APT BLK 23 JALAN MEMBINA
#22-74
SINGAPORE 163023


driver
SFR 5500A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7114607C**
Name
LIM CHEE YONG

Birth Date: 28 Apr 1971
Issue Date: 25 Apr 2003

000416452F




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
25 Apr 2003

NP 428A

Licence No: S7114607C





CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Wan Cheng Yin (Wen Zhengyun)
 Period of Insurance : 26 Dec 2017 To 25 Dec 2018
 Engine No. : HR16956605B
 Chassis No. : MNTBBAB17Z0022279

Vehicle No. : SFR5500A
 Policy No. : 2100397272-03
 Endorsement No. :
 Issued Date : 23 Nov 2017

ABOUT THE COVER

Make/Model : NISSAN SYLPHY 1.6 PREMIUM
 Engine Capacity/Tonnage : 1,598.00 CC Sum Insured : Market Value First Year of Registration : 2014
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : 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 \$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. 169) and Section 65 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)

Wan Cheng Yin (Wen Zhengyun) - \$600 (Own Damage)

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

1. TD AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 626099 62622212
2. Autoclone Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
3. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513
4. Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589623 64694091 64694092 64694093
5. Tan Chong Motor Sales Add: 17 Lorong 6 Toa Payoh Singapore 319254 63570763 63570764

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: MayBank

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia).

0500610505

TAN CHONG CREDIT PTE LTD - LSF

911, BUKIT-TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Signature

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

100058174/AC1

12/01/17