

NATIONAL Assessment Centre Services

(Ref: JAS-005)

Date In: 12/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/AIG18002741/13	SAS e-filing		
Veh No: 5LE34939	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/02/18 1600	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (HUP 500M)	Tel:	Fax:
TP Particulars:	Veh No: 5GK47195	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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 (\$) 1st Bill	Amt (\$) Add Bill
NA1800902	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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:-		
	ON*		
	*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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 2/3:			

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 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	12/02/2018 09:34
Date Of Accident	09/02/2018 16:00
Exact Location Of Accident	RWS CARPARK RUNWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE3493Y
Insured/Policyholder	
Name Of Registered Owner	KOH KIM CHOON
NRIC No	S1830645Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96739987
Alternative Phone No	OTHERS-96739987

Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	2100475428-01000
Cover Note Number	

Driver

Name of Driver	KOH KIM CHOON
NRIC No	S1830645Z
Date Of Birth	15/11/1967
Occupation	INDOOR
Date Of Driving Pass	06/12/1989
Driving Experience	28 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96739987
Fax Number	
Contact Number	OTHERS-96739987
EMail Address	NOEMAIL

Address	6 HILLVIEW RISE #09-18
Postcode	667980
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	SIDE SWIPE
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

PLS REFER TO THE ATTACHED 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	SGK4719T
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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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)**

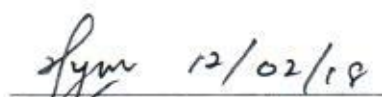
I understand, acknowledge, agree and consent that:

- (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:



12/02/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

RWS CARDARK RUN WAY.

A-8LE34934
B-861K47194

REFER TO POLICE REPORT

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

Date & Time:

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

NOTICE OF REPORTING

This is to confirm that Koh Kim Choon, NRIC/FIN S1830645Z, has reported to the Police a traffic accident. The traffic accident does not consist of the below following criteria:

- i) Involvement with foreign vehicle
- ii) Involvement with Pedestrian/Cyclist
- iii) Involving parties obtained more than 3 days of Medical Leave
- iv) Government property damage
- v) Hit and Run Accident

Incident happened on 09/02/2018 at about 1600hrs, along Resort World Sentosa, along the service road heading out to the exit. Complainant was driving on the right lane of a two lane road. Whilst Complainant was driving. Suddenly she felt an impact from the left side of her vehicle. Complainant noticed that the other vehicle was still driving and thus she horned at the other driver who eventually stopped. They then exchanged particulars and took photos of the damaged of the car. Complainant's vehicle Left front portion damaged & Right rear side portion were damaged. There is scratches marks from the right front portion to the middle. No one was injured. There is no Traffic Police at scene.

Involving the following vehicles:

V1) SLE3493Y (Red Nissan Qashqai), Koh Kim Choon, S1830645Z
(HP: 96739987)

V2) SGK4719T (Grey Toyota Wish), Mah Chee Kheong, S7038463I
(H/P: 96344350)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt Chris Wong

Date: 09/02/2018 Time: hrs

Koh Kim Choon


BUKIT BATOK NPC
NO. 21 BUKIT BATOK EAST AVE 9
SINGAPORE 659840
TEL : 66659999



HS AUTOMOTIVE SERVICES

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: 8CE34934 MAKE/MODEL: NISSAN

DATE OF ACCIDENT: 09/02/2018 TIME: 16 HR 00 MIN AM PM

LOCATION OF ACCIDENT: RWS CARPARK RUMAY

EXACT PURPOSE USE DURING ACCIDENT: WORKING

CAR OWNER

NAME OF CAR OWNER: KOH KIM CHON

CONTACT NO: 96739987

NRIC: 81830645Z

CLAIM TYPE: ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY: AIG

TYPE OF COVERAGE: ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO: _____

ACCIDENT DRIVER

NAME OF DRIVER: KOH KIM CHON

NRIC: 81830645Z NO OF PASSENGER/S: 0

DATE OF BIRTH: 15-11-1967

OCCUPATION: _____ ☐ OUTDOOR ☒ INDOOR

DATE OF DRIVING PASS: 06 DEC 1988

GENDER: ☐ MALE ☒ FEMALE

CONTACT NO: 96739987

ADDRESS: NO-6 HILLVIEW RISE #07-18 (P) 867980

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO _____

RELATIONSHIP EMPLOYEE/ IF NOT: ☒ CLEAR ☐ RAINING ☐ OTHER: _____

WEATHER CONDITION ☒ DRY ☐ WET ☐ OTHER: _____

ROAD SURFACE _____

ANY INJURIES NO/ IF YES- NAME: _____

CONTACT NO _____

POLICE REPORT NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE NO/ YES _____

3RD PARTY INFO

VEHICLE B NO: SGK4719T NO OF PASSENGER/S: 0

NAME: MAH CHIE KHEONG 87038463Z

CONTACT NO: _____

VEHICLE C NO: _____ NO OF PASSENGER/S: _____

VEHICLE D NO: _____ NO OF PASSENGER/S: _____

VEHICLE E NO: _____ NO OF PASSENGER/S: _____

VEHICLE F NO: _____ NO OF PASSENGER/S: _____

ANY WITNESS _____

WITNESS CONTACT NO: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensee Name: **S1830645Z**

Name: **KOH KIM CHOON**

Birth Date: **15 Nov 1967**

Issue Date: **13 Dec 2010**

001919789F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1830645Z**

Name: **KOH KIM CHOON**

Race: **CHINESE**

Date of Birth: **15-11-1967**

Sex: **F**

Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE: **06 Dec 1989**

for Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

NP 428A

License No: **S1830645Z**

1599281

NRIC No: **S1830645Z**

8 HILLVIEW RISE #09-18
SINGAPORE 667980

NRIC No: **S1830645Z**

Date: **10/01/2017**



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

CERTIFICATE NO. 2100475428-01000

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

(for policies with effect from 1st November 2002)

SUM INSURED Market Value
INSURING WITH COE/PAF Yes
SLE3493Y

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Koh Kim Choon

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

19 Jul 2017

4) DATE OF EXPIRY OF INSURANCE

18 Jul 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. Ethox - 30 Bukit Batok Cres (T: 66547777)
9. Glass-Fix - 52 Ubi Ave 3 (T: 62780887) - For windscreen only
10. Kan Fook Sing Motor - 61 Defu Lane 12 (T: 67479560)
11. Lai Huat (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 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 MayBank
/ EMPLOYER'S LOAN

* 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 5 Jun 2017

AIG Asia Pacific Insurance Pte. Ltd.

500610-479
TAN CHONG CREDIT PTE LTD - GYZ
911 BUKIT TIMAH ROAD
TAN CHONG MOTOR CENTRE
SINGAPORE 589622
ANSP-MOTOR

AUTHORISED REPRESENTATIVE