

NATIONAL Assessment Centre Services (M1) (1/1/2009)

NAAC18032651

Date In: 08/03/2008 15:29	Job description	Date & Time Completed	Done by
Ref No: NBAR/1804530/Y	SAS e-illing		
Veh No: 8KG 6U9K	E-mall (with 3 hrs, 1/1/2009)		
P.O.A: 08/03/2008 07:50	1-Motor Claim Form		
TP Insure:	1-Motor W/O (with 3 hrs, 1/1/2009)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tell	Fax
TP Particulars: Yell No: SFV 6969M INC () / Non-INC ()		
Owner / Driver: ()	Tell	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by: ()	Date	Time
Insured/Driver Liability: () % (Note: B/L Stand (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: Customers information strictly Confidential & strictly NO refer of repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks: NBAR/1804530/Y	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	Action

NAAC1804559	Invoice Preparation Checklist	Bill	Ad. Bill
Driver/Owner:	1) A/R: Accident Reporting (300)		
Contact No:	2) DA: Damage Assessment (500) INC (40)		
Assigned Person:	3) TP: Towing Fee \$100		
	4) PT: Follow-Through Survey \$100		
	5) PT: Follow-Through Survey (Resurvey) \$100		
	6) TR: Repair Coordination \$100		
	7) NI: (DA + SMAT) Survey \$100		
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance \$100		
	10) NI: Repair Coordination \$100		
	11) NI: Post Repair Inspection \$100		
	12) NI: BY / Collateral Coordination \$100		
	13) NI: (TP) (Non-INC) against INC \$100		
	14) NI: (DA) Mobile \$100		
	Invoice dated: (Not Charged)		
	Invoice period: (Not 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 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	08/03/2018 15:29
Date Of Accident	08/03/2018 07:50
Exact Location Of Accident	PIE TOWARDS TUAS A/F DUNEARN ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG6119K
Insured/Policyholder	
Name Of Registered Owner	XU DADONG
NRIC No	S6978723A
Email Address	SICHUAN@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-91394536
Alternative Phone No	OTHERS-91394536
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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?	YES
If No, Please state action to be taken	
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	2100315557-05
Cover Note Number	
Driver	
Name of Driver	XU DADONG
NRIC No	S6978723A
Date Of Birth	25/04/1969
Occupation	INDOOR
Date Of Driving Pass	02/04/2007
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91394536
Fax Number	
Contact Number	OTHERS-91394536
Email Address	SICHUAN@HOTMAIL.SG

Address	59 ANG MO KIO AVENUE 5 #28-05
Postcode	567752
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	2
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

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	SFY6969M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TANG POH KIM, THERESA
NRIC/Passport Number	S11720911
Contact Number	90886969
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

8/3/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

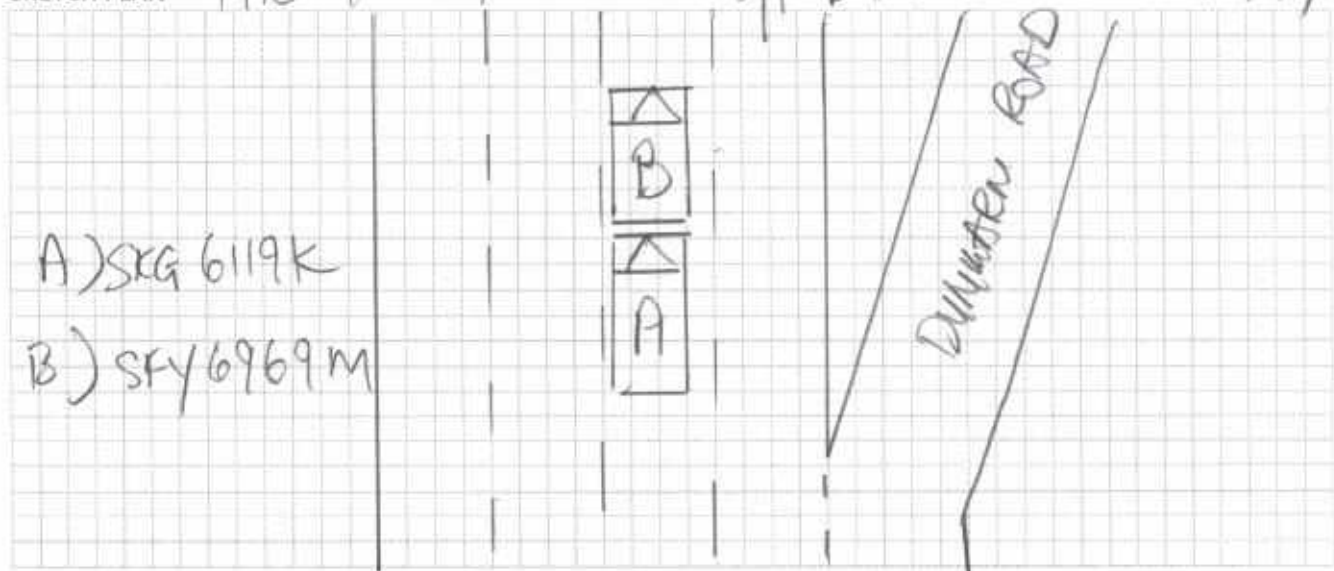
Name:

NRIC/FIN No:

28/03/2018
Ferdinand Mathias

SKETCH PLAN

PIE TOWARDS TUAS A/F DUNNAN RD EXIT



A) SKG 6119K

B) SFY 6969M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This morning around 7:50am, I drove from PIE towards Tuas and bumped into the car in front of my car at the location of 25.4 km. After the accident, I tried to check immediately if there was any injury of the other car driver and passengers and took photo, but the other car driver pull her car to the road side, then I also followed her and parked my car at road side behind hers. then I confirmed with the driver, Ms Tang Poh Kim, Theresa, that there was no any injury for her, then we ~~took~~ exchanged the mobile phone number, and I took the photos of the car plate and damage situation for both cars.

DECLARATION

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

Policyholder's Signature

Date & Time:

8/3/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

08/03/2018
Paul Mathias

ANSWER FROM CUSTOMER JAS CERTIFICATE

ACCIDENT STATEMENT

ACCIDENT DATE: 08/03/2018 (DD/MM/YYYY), TIME: 07:50 (HH:MM)

LOCATION: PIE towards Tuas at 25.4 km.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKG 6119K
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes C180
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: XU DADONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6978723A CONTACT: 91394536
 c) ADDRESS: 59 Ang Mo Kio Ave 8
#28-05, Centre Residences, S'567752

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

- DRIVER
 a) NAME: Same as above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 25/04/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 02/04/2007

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

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

No of passenger
(including driver)
(1)

- a) VEHICLE NUMBER: SFY 6969M MODEL: _____
 b) DRIVER'S NAME: Tang Poh Kim, Theresa
 c) NRIC/FIN/PASSPORT: S11720911 CONTACT: 90886969

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

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

Email: sichuan@hotmail.sg

Fax: _____

V1010

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6978723A



Name

XU DADONG

徐 大 东

Race

CHINESE

Date of Birth

25-04-1969

Sex

M

Country of Birth

CHINA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6978723A

Name

XU DADONG

Birth Date 25 Apr 1969

Issue Date 02 Apr 2007



001490096K

3081478



NRIC No. S6978723A



Blood Group

A+

Date of Issue

26-05-1999

59 ANG MO KIO AVENUE 8 #2B-05
SINGAPORE 607762

NRIC No: S6978723A

Date: 06/04/2014

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

PASS DATE

Class 3 Motor Cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500 kg 02 Apr 2007



Licence No: S6978723A

NP 42BA



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Xu Dading
 Period of Insurance : 24 Sep 2017 To 23 Sep 2018
 Engine No. : 2749 1030018512
 Chassis No. : WDD2040312A774200

Vehicle No. : SKG6119K
 Policy No. : 2100315557-05
 Endorsement No. : 000000500165534
 Issued Date : 14 Dec 2017

ABOUT THE COVER

Make/Model : MERCEDES BENZ C160 CGI BE 1.6
 Engine Capacity/Tonnage : 1,595.00 CC
 Sum Insured : Market Value
 Driver Restriction : NA
 Off Peak Car : No
 First Year of Registration : 2012
 Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive* :

All Full Policyholders
 All Full Policyholders who are fully licensed drivers with a valid licence
 The Policyholder hereby authorizes any person authorized driver only if he/she meets the specified age condition.
 You have to pay an additional sum of \$7,500 as "New Licensee Restricted Driver Excess" (NDRDE) if you are or your Authorized Driver granted a license under the age of 22 and/or has less than 2 years driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Not only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving to work, driving for business, transporting, including but not limited to, the carriage of goods or for hire purposes in connection with any kind of business or for any purpose in connection with Motor Trade.

Use of Use (MCOE - \$5000 Onwards)

* Excludes vehicles registered by Section 8 (Other Motor Vehicles (Third-Party Risk and Compensation Act (Cap. 103)) and Section 25 of the Road Transport Act, 1967 (Road Transport Act) (Cap. 103)) and/or for hire purposes.

EXCESS

Section 1:

Fire - \$0, Own Damage - \$500, Theft - \$0, Flood Cover - \$0

Section 2:

Robbery - \$0

Windscreen - \$100

Named Driver and Excess (unless specified)

Xu Dading - \$0 (Own Damage)

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

Approved Reporting Centres (ARC) / Authorized Repairers (for claims related repairs)
 Any Worked repairs to the Vehicle must be carried out by one of our Authorized Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the vehicle repaired at any of our ARC / Authorized Repairers.
 For your Approved Repairer (ARC) / Authorized Repairers, please contact our 24-hour available helpline at 65 6330 8000. Alternatively, You may email to AIG.motor@sg.aig.com or AIG 24/7 Helpline. Email: aig.motor@sg.aig.com, AIG 24/7 Helpline: 65 6330 8000.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby certify that this is a true and correct copy of the Certificate of Insurance issued by us to you in accordance with the provisions of the Motor Vehicle Third-Party Risk and Compensation Act (Cap. 103), Part 2 of the Road Transport Act, 1967 (Malaysia) and Motor Vehicle Third-Party Risk and Compensation Act (Cap. 103) (Singapore).

20181000

XU DING YU

Y11 ALEXANDRA ROAD #04-03 AIA ALEXANDRA

SINGAPORE 119943 SINGAPORE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE