

NATIONAL Assessment Centre Services (Ref: 14 003)

Date In 10/03/18	Job description	Date & Time Completed	Done by
Ref No NA/1618004598/13	SAS e-filing		
Veh No SLJ2517T	E-mail (within 8hrs, A/C 2hrs)		
D.O.A 09/05/18 1820	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: (**ETHICAR2**) Tel: Fax:)

TP Particulars: Veh No: **SLE889J** 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 Registrat: () 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

NA1801565	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*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 \$0		
	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 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	10/03/2018 11:27
Date Of Accident	09/03/2018 18:20
Exact Location Of Accident	PARLIMENT PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2517T
Insured/Policyholder	
Name Of Registered Owner	TAN CHAR KIANG
NRIC No	S1193156A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91838428
Alternative Phone No	OTHERS-91838428

Vehicle Particulars

Manufacturer	NISSAN
Model	NOTE
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	2100492420-01
Cover Note Number	

Driver

Name of Driver	TAN CHAR KIANG
NRIC No	S1193156A
Date Of Birth	31/08/1955
Occupation	INDOOR
Date Of Driving Pass	07/02/1975
Driving Experience	43 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91838428
Fax Number	
Contact Number	OTHERS-91838428
EMail Address	NOEMAIL

Address	BLK 121 PAYA LEBAR WAY #10-2843
Postcode	381121
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)	2
Passenger 1	NAME: : LIM XIU ZHI GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE889J
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	

SKETCH PLAN

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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.

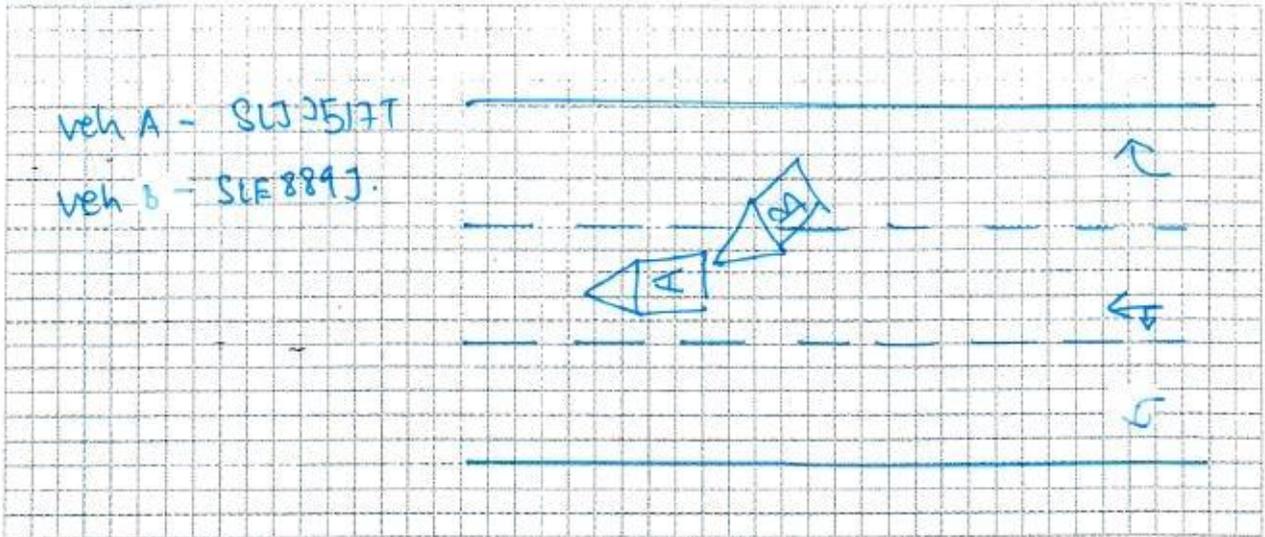
Policyholder's Signature
Date & Time:

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

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

Partiment place.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling on stated lane. Suddenly I felt an impact and realize vehicle B has hit onto my right rear portion.

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] 10/03/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of Accident : 9/3/2018 Accident Time: 1820 (24-HR-Format)

Accident Place : Parliament Place

Vehicle No. (Car Plate No.) : SLJ2517T Make/Model: NISSAN NOTE

Insurance Company : AIG Policy No: _____

Owner or Company Name /IC No. : TAN CHAR KIANG S1193156A

Owner or Company Contact No. : 9183 8928 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : _____

DRIVER'S Date Of Birth : 31/8/1955 DRIVER'S License Pass Date 02/JUNE/2008

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address : BLK 121 Paya Lebar way #10-2843 S(381121)

DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : _____

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 02

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>SLE 889J</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

LIM XIU ZHI (F)



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1193156A

Name



TAN CHAR KIANG

陈 矜 鄞

Race

CHINESE

Date of Birth

31-08-1955

Sex

F

Country of Birth

SINGAPORE



3018778



NRIC No. **S1193156A**



Blood Group **O+** Date of issue **08-04-1998**

Address

**APT BLK 121 PAYA LEBAR WAY
#10-2843
SINGAPORE 381121**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 1 1 9 3 1 5 6 A**

Name:

TAN CHAR KIANG

Birth Date: **31 Aug 1955**

Issue Date: **02 Jun 2008**



001609277H

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

Class 3

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

PASS DATE

07 Feb 1975

Licence No: S1193156A



NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8523297E



Name

LIM XIU ZHI



林秀芝

Race

CHINESE

Date of birth

21-08-1985

Country/Place of birth

SINGAPORE

Sex

F

S8523297E



5636928



NRIC No. **S8523297E**



Date of issue

18-08-2016

Address

**APT BLK 121 PAYA LEBAR WAY
#10-2843
SINGAPORE 381121**



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan Char Kiang
 Period of Insurance : 30 Nov 2017 To 29 Nov 2018
 Engine No. : HR122145438
 Chassis No. : JN1TBAE1220982881

Vehicle No. : 9LJ2517T
 Policy No. : 2100492420-01
 Endorsement No. :
 Issued Date : 09 Nov 2017

ABOUT THE COVER

Make/Model : NISSAN NOTE 1.2 (SUPERCHARGED/NON-SUPERCHARGED)
 Engine Capacity/Tonnage : 1,198.00 CC Sum Insured : Market Value
 Driver Restriction : NA Off Peak Car : No First Year of Registration : 2016
 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

at The Policyholder

to Any other persons who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional rate of \$2,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorized 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 - 1800cc

* Limitations required irrespective by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 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)

Tan Char Kiang - \$600 (Own Damage)

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

1. TC AutoClinic Add: No. 1, Sixth Link Yang Road Singapore 628099 62622212
2. Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64906666
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 63570753 63570754

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.

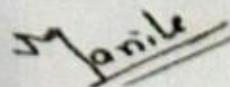
FINANCIAL INSTITUTIONS

Auto Finance Company/Employer's Loan: MayBank

This Certificate of Insurance and the Policy, and any other documents relating to this insurance policy are issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) and the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610034

TAN CHONG MOTOR SALES (P) LTD
 011 BUKIT TIMAH ROAD SINGAPORE 589623
 SINGAPORE 589623
 Insured/Insured by: AIG Asia Pacific Insurance Pte. Ltd.



AIG Asia Pacific Insurance
AUTHORISED REPRESENTATIVE

AIG Asia Pacific