

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MNA118059965-01

Date In: 8/5/18-15:10	Job description	Date & Time Completed	Done by
Ref No: NA/AIG 8008445/24	SAS e-filing		
Veh No: SCD162P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/5/18-08:20	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: SHC2730C	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%. P: 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

NA1802903	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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:-		
	ON:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	08/05/2018 15:10
Date Of Accident	08/05/2018 08:20
Exact Location Of Accident	PSA EXIT TWDS PASIR PANJANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1612P
Insured/Policyholder	
Name Of Registered Owner	LAI ENG KEAT
NRIC No	S1477666D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96730759
Alternative Phone No	OFFICE-96730759

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA 2.0 XL CVT
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	2100469580-01000
Cover Note Number	

Driver

Name of Driver	OW PEAK FOONG
NRIC No	S2632404A
Date Of Birth	06/09/1967
Occupation	INDOOR
Date Of Driving Pass	15/09/2005
Driving Experience	12 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96543982
Fax Number	
Contact Number	OFFICE-96543982
Email Address	NOEMAIL

Address	30 TANAH MERAH KECHIL ROAD #07-09
Postcode	465558
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	
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

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	SHC2730C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH LOON KOON
NRIC/Passport Number	
Contact Number	96583235
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1


SKETCH PLAN


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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.

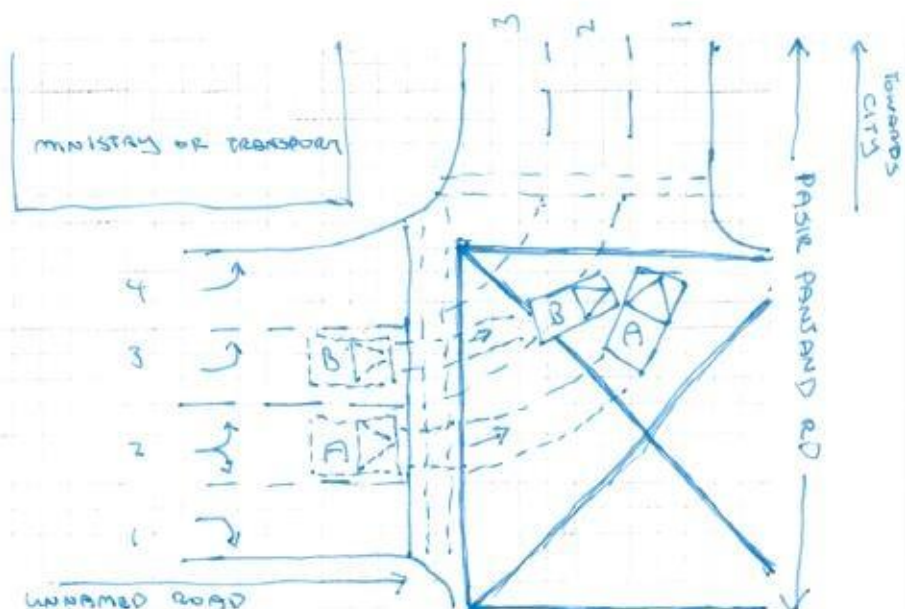

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

VEHICLE A - SLD 1612P
VEHICLE B - SHC 2730C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TURNING OUT FROM A UNNAMED ROAD (IN-BETWEEN OF
MINISTRY OF TRANSPORT BUILDING AND MARKET BUSINESS CITY).
I WAS AT THE SECOND LANE (A ABLE TO LEFT/RIGHT TURN)
AND I WAS TURNING LEFT GOING TOWARDS CITY DIRECTION.
WHILE HALF WAY TURNING OUT INTO THE LANE 1, SUDDENLY I
FELT A GREAT IMPACT FROM THE LEFT SIDE OF MY VEHICLE.
ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE
BEARING (SHC 2730C) THAT COLLIDED TO THE LEFT SIDE OF MY
VEHICLE, WHEN HE WAS TOO MAKING A LEFT TURN BUT CUTTED INTO
MY LANE WHICH CAUSE THE COLLISION TO THE LEFT SIDE OF
MY VEHICLE.
VEHICLE A - SLD 1612P
VEHICLE B - SHC 2730C

DECLARATION

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

②

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Vehicle No.	SLD 1612P		Model / Make	Nissan Terrano 2.0
Date of Accident	08/05/2018			
Time of Accident	8.20 am HRS			
Location of Accident	PSA EXIT Toward Pasir Puting Rd			
Exact purpose use during accident	Private Use <small>(UNNAMED ROAD IN-BETWEEN MANARIS CITY / MINISTRY OF TRANSPORT)</small> BUSINESS			
Name of Owner	MR. Lai Eng Keat			
Telephone No.	H/P: 96920759		Home:	Office:
NRIC	S1477666D			
Address	30, Tanah Merah Kedil Rd #07-09 S'465558			
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY			
Insurance Company	AIG Asia Pacific Ins Pte Ltd			
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft			
Policy No.	2100469580-01000			
Name of Driver	As Above If No, OW Park Foong			
NRIC	S2632404A		Any Passengers: 0	
Date of birth	06/09/1967			
Occupation	Outdoor / <u>Indoor</u>			
Driving License Pass Date	15 Sept 2005			
Gender	Male / <u>Female</u>			
Contact No.	H/P: 96543982		Home:	Office:
Address	30, Tanah Merah Kedil Rd #07-09 S'465558			
Driver have any own vehicle	<u>No</u> If yes, Reg No.			
Relationship	Employee, If no, state <u>Husband</u>			
Weather condition	<u>Clear</u> Raining Other			
Road Surface	<u>Dry</u> Wet Other			
Any Injuries	<u>No</u> If Yes, Who?			
Name And Contact No.				
Name And Contact No.				
Police Report	<u>No</u> If Yes, Where?			
Vehicle B No.	SHC 2730C		Any Passengers: 0	
Name of Driver	Goh Leon Koon		Contact No.: 96583235	
Vehicle C No.			Any Passengers:	
Vehicle D No.			Any Passengers:	
Vehicle E no.			Any Passengers:	
Vehicle F No.			Any Passengers:	
Vehicle G No.			Any Passengers:	
Witness Name			Witness Contact:	
Accident Portion				
Camera Recorder	<u>Yes</u> / No			
Email Address	engkeat.lai@gmail.com			
PARTICULAR WORKSHOP	V-S1 Automotive pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON				
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@vsi.com.sg			

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118059965 Vehicle Registration No: SLD1612P
Name(as shown in NRIC) : OW Peale Fong NRIC/FIN/Passport No : S2632404A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 30 Tanah Merah Kechil Road #07-09 Singapore (46558)
Contact (Tel) : _____ Mobile No. : 96543982
Email Address : _____
Date of Accident : 8/5/18 Time of Accident : 08:20
Place of Accident : PSA Exit towards Pasir Panjang Rd
Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend name of Registered owner (Lai, Eng Keat)

Policyholder / Driver's Signature
Date:

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2632404A**

Name: **OW PEAK FOONG**

Birth Date: **06 Sep 1967**

Issue Date: **15 Sep 2005**

001369151D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S2632404A**

Name: **OW PEAK FOONG**

区碧芳

Race: **CHINESE**

Date of Birth: **06-09-1967** Sex: **F**

Country of Birth: **MALAYSIA**




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

PASS DATE

Class 3A Motor cars without clutch pedals =< 3000kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals =< 2500 kg

15 Sep 2005

NP 428A



Licence No: S2632404A

8164843

NRIC No: **S2632404A**



Nationality: **MALAYSIAN**

Blood Group: **B+** Date of issue: **15-07-1995**

Address: **30 TANAH MERAH KECIL ROAD #07-09 SINGAPORE 465558**

NRIC No: **S2632404A** Date: **07-05-2003** No: **4685659**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1477666D



Name
LAI ENG KEAT

Race
CHINESE

Date of birth
12-07-1961

Sex
M

Country/Place of birth
SINGAPORE



S1477666D

S1477666D

Jenny (SALLY)

5251160



NRIC No. S1477666D



Date of issue
27-12-2013

Address
30 TANAH MERAH KECIL ROAD
#07-09
SINGAPORE 465558



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

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. 2100469580-01000

(The below excess is subject to GST)

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/PARF Yes

1) VEHICLE REGISTRATION NO.

SLD1612P

2) NAME OF INSURED

Lai Eng Keat

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

3 Jun 2017

4) DATE OF EXPIRY OF INSURANCE

2 Jun 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 Bi 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: 64908866)
5. TC AutoClinic - 25 Leng Kee Rd (T: 67038511/2/3)

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

6. ComfortDelgro Engng - 206 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 Defu Lane 12 (T: 67479580)
11. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (T: 64538110)
12. Move 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 Bld 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 United Overseas Bank Limited
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 in Singapore 25 May 2017

AIG Asia Pacific Insurance Pte. Ltd.

500610-427
TAN CHONG CREDIT PTE LTD-LSE
911 BUKIT TIMAH ROAD
SINGAPORE 589622
ANSP-MOTOR

AUTHORISED REPRESENTATIVE

ORIGINAL

TCCGJS