

NATIONAL Assessment Centre Services (NAC) MNA 98053700

Date In: 23/04/2018 19:59	Job description	Date & Time Completed	Done by
Ref No: NBA/1805007024	QAS e-billing		
Veh No: SJF 8840P	E-mail (vehicle data, AICP, etc)		
D.O.A: 23/04/2018 10:00	Tractor Claim Form		
OD: (C) / Reporting Only	Motor V/O (Vehicle 100-200, 200-300)		
	Photo Uploaded		
	Assessment/Survey Report		
	Assl Report by Fax/Hand to Owner/VVWsp		

Preferred Wksp / INC Assign Wksp / OW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Yell No: 568 5580R	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () % (Note: B/L Status (WO): NI 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: ()	Date & Time Completed: ()	Done by: ()
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: ()

Other Tolls / Action: ()

NA1802591	Invoice Preparation Checklist
Vehicle Particulars:	1) AA: Accident Reporting (100)
Driver/Owner:	2) DA: Damage Assessment (100) INC (100)
Policy No:	3) TP: Towing Fee (100)
Assigned Portion:	4) PT: Follow Through Survey (100)
	5) XT: Follow Through Survey (Recovery) (100)
	6) TR: Bill of Materials (100)
	7) NT: (GVA + SMRT) Survey (100)
	8) NTUC Additional Survey (100)
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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	23/04/2018 19:59
Date Of Accident	23/04/2018 10:00
Exact Location Of Accident	CARPARK INFRONT OF BUKIT TIMAH SHOPPING CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF8840P
Insured/Policyholder	
Name Of Registered Owner	QUEK BAN SENG
NRIC No	S1761260C
Email Address	AQ97721567@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97721567
Alternative Phone No	OTHERS-97721567

Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	1700084644
Cover Note Number	

Driver

Name of Driver	QUEK BAN SENG
NRIC No	S1761260C
Date Of Birth	27/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	20/04/1985
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97721567
Fax Number	
Contact Number	OTHERS-97721567
EMail Address	AQ97721567@GMAIL.COM

Address	BLK 138 HILLVIEW AVENUE #07-07
Postcode	669955
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER 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

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	SGB5580R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LU QIANG
NRIC/Passport Number	S7187771Z
Contact Number	83018800
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

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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:

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

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

SKETCH PLAN

BT Timal Shopping Ctr



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/4/18, 10.00am. I parked my vehicle SJF 8840P in the carpark lot. The vehicle SGB 5580R reversed and scratched my behind bumper.

DECLARATION

I/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.:

23/04/2018
Rashid Wani

ACCIDENT STATEMENT

ACCIDENT DATE: 23/04/2018 (DD/MM/YYYY), TIME: 10:00 (HH:MM)

LOCATION: Parkpark in front of Bt Timah Shopping Centre

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJF 8840P
 b) INSURANCE COMPANY: ALG
 c) POLICY NUMBER: 1700884644
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN X-TRAIL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE car was parked
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Quok Bar Seng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 1761260C CONTACT: 97721567
 c) ADDRESS: 138, #07-07, Hillview Ave
S' 869455

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 27/06/1966 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 20/04/1985

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

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: GGB 5580R MODEL: _____
 e) DRIVER'S NAME: LU Qiong
 f) NRIC/FIN/PASSPORT: S71877112 CONTACT: 83018800

email = aq97721567@gnail.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1761260C



NAME
QUEK BAN SENG

郭万成

Race
CHINESE

Date of Birth
27-06-1966

Country of Birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1761260-C

NAME
QUEK BAN SENG

Birth Date 27 Jun 1966

Issue Date 11 Apr 2003




1845225



NRIC No. S1761260C



Blood Group Date of issue
B+ 31-03-1994

APT. BLK 138 HILLVIEW AVENUE #07-07
SINGAPORE 688598

NRIC No. S1761260C Date: 06-06-2006 No. 1845225

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
20 Apr 1986

NP 428A

Licence No: S1761260C



NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Quek Ban Seng
 Period of Insurance : 30 Nov 2017 To 29 Nov 2018
 Engine No. : MR2016847DC
 Chassis No. : JN1JANT32Z0010556

Vehicle No. : SJF8840P
 Policy No. : 1700084644
 Endorsement No. :
 Issued Date : 18 Dec 2017

ABOUT THE COVER

Make/Model : NISSAN X-TRAIL
 Engine Capacity/Tonnage : 1,997.00 CC
 Driver Restriction : NA

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2017
 Insuring with COE/PARF : 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 authorized 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 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.

Limits of Use 1500cc - 1600cc

* Limitations rendered imperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 185) 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 - \$500 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Quek Ban Seng - \$600 (Own Damage)

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

1. TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 626099 62622212
 2. Autoclinic Industrial Add: 18 Ubi Road 4 Singapore 408523 64803656
 3. TC AutoClinic Add: 28 Leng Kee Road Singapore 159087 67036511 67038512 67038513
 4. Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 580623 64664091 64694002 64694093
 5. Tan Chong Motor Sales Add: 17 Loring 8 Taa Payoh Singapore 318254 63570753 63570754

For other Approved Reporting Centres/AIG Authorized 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: NA

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. 185), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

050610422

TAN CHONG CREDIT PTE LTD-WTZ
 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 580622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

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