

NATIONAL Assessment Centre Services. (wef 1 Jan 05) M NA118065700

Date In: 21/5/18-12:01	Job description	Date & Time Completed	Done by
Ref No: NA/A/618009232/24	SAS e-filing		
Veh No: SLC9592R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/5/18-12:00	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: 618065700	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: (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

NA 1803180	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) 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)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) 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	21/05/2018 12:01
Date Of Accident	18/05/2018 17:00
Exact Location Of Accident	ALONG PIE BEFORE CORPORATION RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC9592R
Insured/Policyholder	
Name Of Registered Owner	LI WEI XIONG JOSEPH
NRIC No	S8040312G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83227995
Alternative Phone No	OFFICE-83227995
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
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	2100468903-01000
Cover Note Number	

Driver

Name of Driver	LI WEI XIONG JOSEPH
NRIC No	S8040312G
Date Of Birth	07/12/1980
Occupation	INDOOR
Date Of Driving Pass	20/05/1999
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83227995
Fax Number	
Contact Number	OFFICE-83227995
Email Address	NOEMAIL

Address	8 TAO CHING ROAD #05-18
Postcode	618724
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	RAINING
Road Surface	WET

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?	YES
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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD8698P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LI WEI XIONG JOSEPH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLC9592R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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 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.:

PIE Before Corporation Road.

B A


A = SLC9592R
B = GBD8898P


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE. I stop my vehicle as the vehicle in front stop. Suddenly veh. B from behind hit into the rear portion of my vehicle. whole accident was captured by my vehicle built-in video recorder.

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.:

Date of Accident : 18/5/18 Accident Time: 5.00pm (24-HR-Format)
Accident Place : PIE before Corporation Road
Vehicle Reg. No. (Car Plate No.) : SLC 9592R
Vehicle Make/Model : NISSAN QASHQAI
Insurance Company : AIG Policy No. 2100488903-01000
Owner or Company Name / IC No. : LI WEI XIONG JOSEPH / S80403126
Owner or Company Contact No. : 83227975 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : As Owner
DRIVER'S Date Of Birth : 07 Dec 1980 DRIVER'S License Pass Date 20 May 1799
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : 8 TAO CHING ROAD #05-18 CS 618724
DRIVER'S Contact No / Alt No. : 1) 83227975 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): 1 Driver Only
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

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>(B) GBD8698P</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

- Injured Person (1) Driver: Li Wei Xiong, Joseph
NRIC: S80403126

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8040312G
Name:

LI WEI XIONG JOSEPH

Birth Date: 07 Dec 1980

Issue Date: 19 Sep 2008



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8040312G



Name

LI WEI XIONG JOSEPH



李 伟 雄

Race

CHINESE

Date of birth

07-12-1980

Sex

M

Country of birth

SINGAPORE



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

Class 2B

Class 2A

Class 2

Class 3

Motorcycles ≤ 200 cc

Motorcycles between 201 cc and 400 cc

Motorcycles > 400 cc

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

PASS DATE

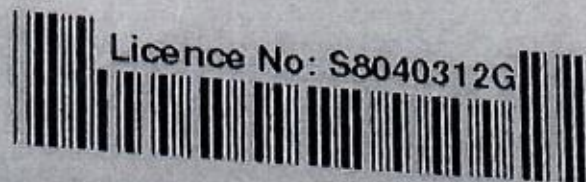
01 Oct 2007

01 Oct 2007

01 Oct 2007

20 May 1999

NP 428A



Licence No: S8040312G

4658559



NRIC No. S8040312G



Date of Issue

14-12-2010

8 TAO CHING ROAD #05-18
SINGAPORE 618724

NRIC No: S8040312G

Date: 04/12/2017



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.I

NISSAN AUTO PROTECTOR

OWN DAMAGE EXCESS SS600.00 (1)
WINDSCREEN EXCESS SS100.00

(for policies with effect from 1st November 2002)

CERTIFICATE NO. 2100468903-01000

SUM INSURED Market Value
INSURING WITH COE/PAF Yes

- 1) VEHICLE REGISTRATION NO. SLC9592R
- 2) NAME OF INSURED Li Wei Xiong Joseph
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 30 May 2017
- 4) DATE OF EXPIRY OF INSURANCE 29 May 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 B Timah Rd (T: 64694091) 2. 3) Tan Chong Mtr - 17 Lor 8 Toa Payoh (T: 63570753) 4)
3. JC 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. Eihaz - 30 Bukit Batok Cres (T: 66547777) 9. Glass-Fix - 52 Ubi Ave 3 (T: 62780887) - For windscreen only
10. Kon Fook Sing Motor - 61 Defu Lane 12 (T: 67479560) 11. Lai Hui (Meng 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 - 3 Kaki Bukit Ave 6 Bld D (T: 67476106)

LOSS OF USE Loss of Use 10 Days (1500 + 1600ee) - 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 17 Apr 2017

AIG Asia Pacific Insurance Pte. Ltd.

506610-375

AUTHORISED REPRESENTATIVE

ORIGINAL

SAP/AT

AIG Building, 78 Shenton Way, #07-16 Singapore 079120

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