

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA118068620

Date In: 26/5/18-14:24	Job description	Date & Time Completed	Done by
Ref No: NA/ A118009591/24	SAS e-filing		
Veh No: 6BF293R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 25/5/18-12:40	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: SLU3846D	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

MNA1803322	<b>Invoice Preparation Checklist</b>	Amt (\$) Est 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		
	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:-		
QC Checked by (Engr-In-Charge):	9) QP*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	26/05/2018 14:24
Date Of Accident	25/05/2018 12:40
Exact Location Of Accident	HAIG RD TWDS AMBER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF293R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TIEN HUP CHAN
Co Reg No	06467000K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63843608
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100469210-01000
Cover Note Number	
<b>Driver</b>	
Name of Driver	NAH YONG CHOON
NRIC No	S1063612D
Date Of Birth	31/01/1937
Occupation	INDOOR
Date Of Driving Pass	08/02/1960
Driving Experience	58 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91320160
Fax Number	
Contact Number	OFFICE-91320160
Email Address	NOEMAIL

Address	BLK 434 ANG MO KIO AVENUE 10 #07-1421
Postcode	560434
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	
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	SLU3846D
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	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

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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.

天合棧  
TIEN HUP  
7H CRANE ROAD  
SINGAPORE 1542

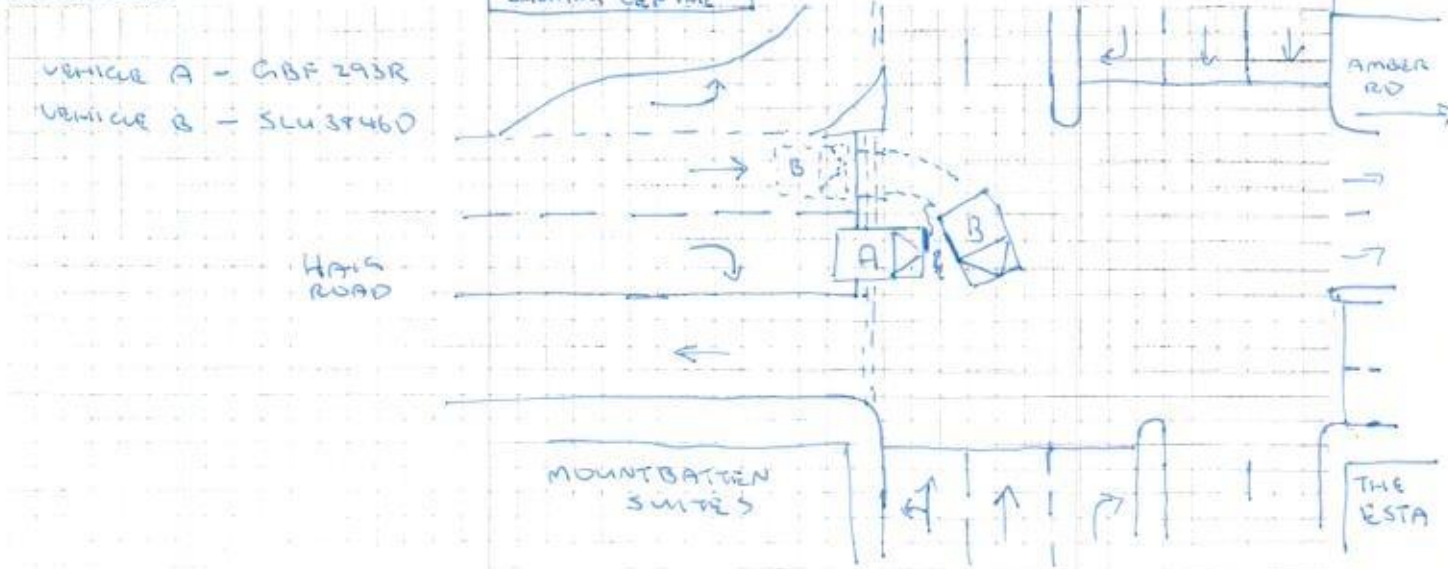
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG HAIG RD ON THE RIGHT LANE TOWARDS AMBER ROAD.
WHEN COME TO A CROSS JUNCTION OF (HAIG ROAD / MOUNTBATTEN RD / AMBER ROAD) I PROCEED TO DRIVE ON AS IT WAS MY RIGHT OF WAY (GREEN RIGHT TURN ARROW) I PROCEED ON, TO TURN TO MOUNTBATTEN ROAD. SUDDENLY A VEHICLE ON THE LEFT SIDE OF MY VEHICLE ALSO MADE A RIGHT TURN AND CUT DIRECTLY ONTO THE FRONT OF MY VEHICLE AND HIT ONTO THE FRONT LEFT PORTION OF MY VEHICLE.
ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE BEHIND (SLU 3846D) WAS MAKING A RIGHT TURN FROM (GOING STRAIGHT ONLY LANE) WHICH CAUSES THE COLLISION TO MY VEHICLE.
VEHICLE A - GBF 293R
VEHICLE B - SLU 3846D

## DECLARATION

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

**TIEN HUP CHAN**  
7H CRANE ROAD  
SINGAPORE 1542

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.:



<b>Vehicle No.</b>	GBF 293R	Model / Make	NISSAN NU 200
Date of Accident	25/5/2018		
Time of Accident	1240	HRS	
Location of Accident	HAIG ROAD TOWARDS AMBER		
Exact purpose use during accident	PRIVATE USE		
<b>Name of Owner</b>	TIEN HUP CHAN		
Telephone No.	H/P :	Home :	Office : 6348 3608
NRIC	B06467000 K		
Address	7 H CREAM RD S (429356)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	2100469210 - 01000		
<b>Name of Driver</b>	As Above If No, NAH YONG CHUAN		
NRIC	S10636127	Any Passengers :	NIL
Date of birth	31/01/1937		
Occupation	Outdoor / Indoor		
Driving License Pass Date	08 FEB 1960		
Gender	Male / Female		
Contact No.	H/P : 91320160	Home :	Office :
Address	BLK 424 ANG MO KIO AVE 10 #07-1421 S (560434)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
<b>Vehicle B No.</b>	SLN 38460	Any Passengers :	
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
<b>Accident Portion</b>	FRONT LEFT PORTION		
<b>Camera Recorder</b>	Yes / (No)		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	TIANCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1063612D



Name

NAH YONG CHOON

Race

CHINESE

Date of Birth

31-01-1937

Sex

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Police Number: S1063612D

Name

NAH YONG CHOON

Birth Date: 31 Jan 1937

Issue Date: 13 Jan 2003



000110898A

50465



2137925

NRIC No. S1063612D



Blood Group

B+

Date of issue

16-06-1994

APT BLK 434 ANG MO KIO AVENUE 10 #07-1421  
SINGAPORE 560434

S1063612D

13/05/2013 (R)

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

PASS DATE

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

08 Feb 1960



Licence No. S1063612D

NP 428A





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.Z.300

NISSAN COMMERCIAL AUTO PROTECTOR

CERTIFICATE NO. 2100469210-01000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$800.00 (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.

GBF293R

2) NAME OF INSURED

Tien Hup Chan

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

31 May 2017

4) DATE OF EXPIRY OF INSURANCE

30 May 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

Any person provided he is in the Insured's employ and is driving on their order or with their permission.  
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\*

- 1) Use in connection with the Insured's business.
  - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
  - 3) Use for social, domestic or pleasure purposes.
- The Policy does not cover: a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.  
b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

#### APPROVED REPORTING CENTRES / NISSAN AUTHORISED REPAIRERS

1. Tan Chong Mtr Sales - 913 Bt Timah Rd (Tel: 64694091/2/3)
2. Tan Chong Mtr Sales - 17 Lor 8 Toa Payoh (Tel: 63570753/4)
3. TC AutoClinic - No 1 Sixth Lok Yang Rd (Tel: 62622212)
4. Autolition Industrial - 19 Ubi Rd 4 (Tel: 64909666)
5. TC AutoClinic - 25 Leng Kee Rd (Tel: 67038511/2/3)

LOSS OF USE Loss of Use 7 Days (Up to 1.7 tons) - Refer to policy wordings for details

\* NAMED DRIVER NA

HIRE PURCHASE COMPANY TAN CHONG CREDIT PTE LTD  
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 18 Apr 2017

AIG Asia Pacific Insurance Pte. Ltd.

500610-516  
TAN CHONG CREDIT PTE LTD  
911 BUKIT TIMAH ROAD  
TAN CHONG MOTOR CENTRE  
SINGAPORE 589622  
ANSP-MOTOR



AUTHORISED REPRESENTATIVE

ORIGINAL

TCKKHC