

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 22/06/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/AIG18011343/13 | SAS e-filing | | |
| Veh No: SLA5379C | E-mail (within 8hrs, AIC 2hrs) | | |
| DOA: 20/06/18 1630 | 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: YL4150P | 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 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | | | |
|----------------------------------|--|---|--|-------------|----------|
| NA1803906 | | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
| | | | | 1st Bill | 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) RT: Follow-Through Survey (Resurvey) \$30 | | | |
| Auditors' Comments :- | | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Cat 1: | | 6) TR: Re-inspection \$75 | | | |
| Cat 2 / 3: | | 7) N1: Idac DA + SMRT Survey \$160 | | | |
| | | 8) NTUC Additional Services:- | | | |
| | | OD* | | | |
| | | *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 \$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 | 22/06/2018 11:04 |
| Date Of Accident | 20/06/2018 16:30 |
| Exact Location Of Accident | TPE->SLE B4 PASIR RIS DR 12 L/P 194 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SLA5379C |
| Insured/Policyholder | |
| Name Of Registered Owner | LEE THIAM ANN(LI TIAN'AN) |
| NRIC No | S7137556J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97661494 |
| Alternative Phone No | OTHERS-97661494 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | NISSAN |
| Model | QASHQAI |
| 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 | 2100454979-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | LEE THIAM ANN(LI TIAN'AN) |
| NRIC No | S7137556J |
| Date Of Birth | 21/10/1971 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/08/2005 |
| Driving Experience | 12 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97661494 |
| Fax Number | |
| Contact Number | OTHERS-97661494 |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 470A FERNVALE LINK #25-402 |
| Postcode | 791470 |
| 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 | CHAIN COLLISION |
| Weather Conditions | RAINING |
| Road Surface | WET |

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) | 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

PLS REFER TO THE ATTACHED 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 | YL4150P |
| 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 OTHER VEHICLE PROPERTY 2

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJL2657K |
|-----------------------------|----------|

SKETCH PLAN

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 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:

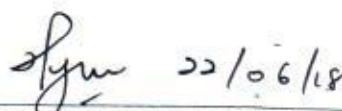
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:



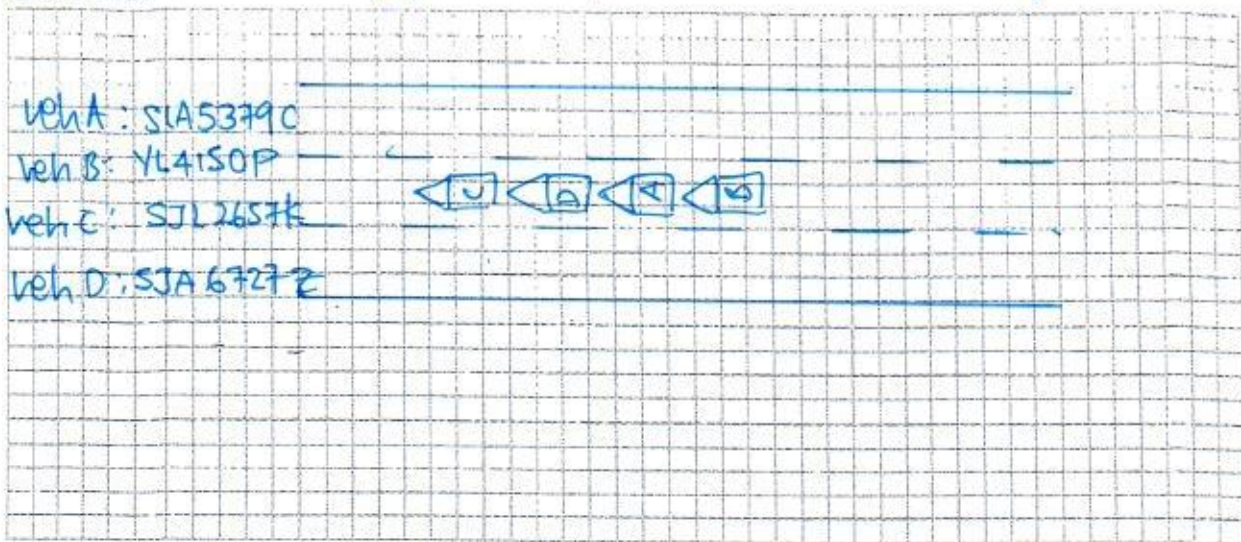
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

TPF) SLE Before pasirris date 12 (camp post 194)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the Stated date and time, I vehicle A was travelling on started venue. As the front vehicle stop, I stop as well. Suddenly I felt an impact from the back and realise vehicle B has hit onto my rear portion causing my vehicle to propel forward hitting onto vehicle D. When I alight from my vehicle I then realise I was involve in a 4 car chain collision.

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:

 22/06/18

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

Date of Accident : 20 JUNE 2018 Accident Time: 16:30 (24-HR-Format)
Accident Place : TPE > SLE before parkiris drive 12 (Lamp post 194)
Vehicle No. (Car Plate No.) : SLA5379C Make/Model: QASHQAI
Insurance Company : AI G Policy No: _____
Owner or Company Name / IC No. : LEE THIAM ANN (LITIAN 'AN) S7137556J
Owner or Company Contact No. : 97661494 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : As Above
DRIVER'S Date Of Birth : 21 OCT 1971 DRIVER'S License Pass Date 30 Aug 2005
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : BLK 470A Fernvale link road #25-402 S (791470)
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): 01
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): _____

veh D: SJA6727Z

veh B: YL4150P

Other Party Driver's Particular (if any)

veh C: SJL2657K

Vehicle No: _____

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:

3529903



NRIC No. S7137556J



Date of issue

12-10-2004

APT BLK 470A FERNVALE LINK #25-402
SINGAPORE 781470

NRIC No: S7137556J

Date: 28/10/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DA

Class 3A Motor cars without clutch pedals $\leq 3000\text{kg}$
with ≤ 7 passengers, exclusive of the driver;
and motor tractors/vehicles without clutch
pedals $\leq 2500\text{ kg}$

30

30.08.2005



Licence No: 57137556J

NP 428A

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7137556J**
Name:
LEE THIAM ANN
(LI TIAN'AN)

Birth Date: **21 Oct 1971**
Issue Date: **30 Aug 2005**



 001365435F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7137556J



Name

**LEE THIAM ANN
(LI TIAN'AN)**

李添安

Race

CHINESE

Date of birth

21-10-1971

Sex

M

Country of birth

SINGAPORE



NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lee Thiam Ann (Li Tian'an)
 Period of Insurance : 03 Mar 2018 To 02 Mar 2019
 Engine No. : HRA2233352A
 Chassis No. : SJNFEAJ11U1584858

Vehicle No. : SLA5379C
 Policy No. : 2100454979-02
 Endorsement No. : 00000000176793
 Issued Date : 26 Jan 2018

ABOUT THE COVER

Make/Model : NISSAN QASHQAI 1.2 DIG-TURBO
 Engine Capacity/Tonnage : 1,197.00 CC Sum Insured : Market Value First Year of Registration : 2016
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive^a:

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 authorised 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 Authorised 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^a:

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 - 1600cc

^a Limitations rendered inoperative 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)

Lee Thiam Ann (Li Tian'an) - \$600 (Own Damage)

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

1. TC AutoClinic Add: No. 1, Sixth Lk Yang Road Singapore 628099 62622212
2. Autolusion Industrial Add: 19 Ubi Road 4 Singapore 408623 64906666
3. TC AutoClinic Add: 25 Leng Kee Road Singapore 159067 67038511 67038512 67038513
4. Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 569823 64694091 64694092 64694093
5. Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 318254 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.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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

0500610376

TAN CHONG CREDIT PTE LTD-OPH
 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 589622 ANSP-MOTOR
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPOCC