

# NATIONAL Assessment Centre Services

(wef 1 Jan 2015)

NA804962 02153

Date In: 07/08/2018 15:54	Job description	Date & Time Completed	Done by
Ref No: NA804962 02153	SAS e-filing		
Veh No: SLB 829Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/08/2018 16:40	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: XD 2121R	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

NA804962	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
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 2015)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N3: 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: Idno 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	07/08/2018 15:54
Date Of Accident	06/08/2018 16:40
Exact Location Of Accident	ALONG ADAM ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB829Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN KWON YOI
NRIC No	S8714879C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96813228
Alternative Phone No	OTHERS-96813228

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T CVT ABS 2WD 5DR (A)
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	1800048719
Cover Note Number	

### Driver

Name of Driver	QEIJ HUI ENG
NRIC No	S1180467E
Date Of Birth	21/06/1956
Occupation	INDOOR
Date Of Driving Pass	22/03/1978
Driving Experience	40 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96813228
Fax Number	
Contact Number	OTHERS-96813228
Email Address	NOEMAIL

Address: 1 TAI KENG AVENUE  
 Postcode: 535485  
 Was driver an employee of the Insured's Company: NO  
 If No, Relationship of the Driver with the Insured: PARENT  
 Vehicle Registration Number of Driver's Own Vehicle: -  
 Insurance Company of Driver's Own Vehicle: -

#### General Information of the Accident

Type Of Accident: SIDE SWIPE  
 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): 2  
 Passenger 1: NAME: : PASSENGER  
 GENDER: : FEMALE

#### 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? YES  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number: XD2121R  
 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)



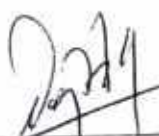
## IMPORTANT NOTICE


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:

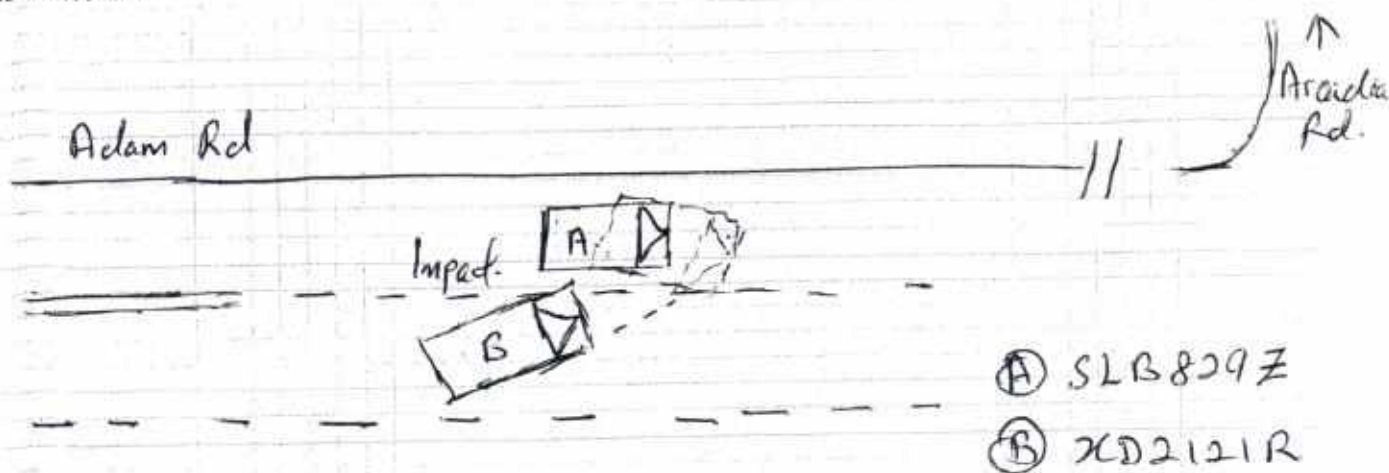
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Kohli  
NRIC/FIN No. U12345678

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was travelling along Adam Rd on the left most lane with my sister heading to Arradia Rd. Suddenly I feel an impact from the right and push the rear portion of my vehicle towards left as shown in my dash cam video footage which collided by a truck (VehB).

I wish to state that before the collision takes place, I did notice the truck (VehB) with left indicator on.

### 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 : 6/8/2018 Accident Time: 4:40p (24-HR-FORMAT)  
Accident Place : Adam Road.  
Vehicle Reg. No (Car plate No.) : S2B 829 Z.  
Vehicle Make/Model : Nissan Qashqai 1.2 D16-Turbo  
Insurance Company : A-I-G. Policy No. \_\_\_\_\_  
Owner or Company Names /IC NO: Chan Kwoon Yoi / S2714879C  
Owner or Company Contact No. : \_\_\_\_\_ Owner's HP \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name & IC no. : Deij Hui Eng / S1180467E  
DRIVER'S Date of Birth : 21/06/36 DRIVER'S License Pass Date 22/03/78  
Relationship bet. Owner & Driver : Spouse ☒ Parents ☒ Children ☐ Sibling ☐ Employee ☐ Others: \_\_\_\_\_  
DRIVER'S Address : 1, Tai Keng Ave S (533485)  
DRIVER'S Contact No./ Alt No. : 1) 96813228 2) \_\_\_\_\_  
DRIVER'S Occupation : ☒ INDOOR ☐ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : ☒ CLEAR & DRY ☐ RAINING & WET ☐ AFTER RAIN & WET  
Reporting Type : Reporting Only ☐ Claim Other Party ☒ Claim Own Ins  
Number of Passengers (including Driver): 2 Female.  
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 Particulars (if any)**

Vehicle Reg No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

Vehicle Reg No: XD2121R.

Vehicle Make/Model: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

IC NO. DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_



3014011



NRIC No: S1180467E

Blood Group: O+ Date of issue: 29-06-1998

Address:  
1 TAI KENG AVENUE  
SINGAPORE 535485  
NRIC No: S1180467E

Date: 10-03-2006 No: 53 03 106

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

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

PASS DATE  
22 Mar 1978

NP 428A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1180467E

Name

OEIJ HUI ENG



黄蕙瑛

Race

CHINESE

Date of Birth

21-06-1956

Country of Birth

SINGAPORE

Sex

F

1104011

REPUBLIC OF SINGAPORE DRIVING LICENCE

S1180467E

OEIJ HUI ENG



Birth Date 21 Jun 1956

Issue Date 13 May 2008





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : CHAN KWON YOI  
Period of Insurance : 09 May 2018 To 08 May 2019  
Engine No. : HRA2270075A  
Chassis No. : SJNFEAJ11U1645476

Vehicle No. : SLB829Z  
Policy No. : 1800048719  
Endorsement No. :  
Issued Date : 05 May 2018

### ABOUT THE COVER

Make/Model : NISSAN Qashqai 1.2 DIG-Turbo  
Engine Capacity/Tonnage : 1,197.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2016  
Insuring with COE/PAFF : 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 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\*

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 - 1800cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) 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 - \$2000 Theft - \$0 Flood Cover - \$0

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CHAN KWON YOI - \$2000 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://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. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500656000

COWELL INSURANCE (AGENCY) P L  
8 BURN ROAD #09-09 TRIVEX  
SINGAPORE 369977 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manik*

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

T&A 200 LTH



Transaction ref 20160509133319684880

The owner and vehicle particulars for Vehicle No. SLB829Z as at 09 May 2016 are as follows:

1.	Name	: CHAN KWON YOI (CHEN GUANRUI)
2.	Identification No. Type	: Singapore NRIC
3.	Identification No.	: S8714879C
4.	Place Of Passport Issue	: -
5.	Registered Address	: 1 TAI KENG AVENUE SINGAPORE 535485
6.	Mailing Address	: -
7.	Vehicle No.	: SLB829Z
8.	Effective Date of Ownership	: 09 May 2016
9.	Original Registration Date	: 09 May 2016
10.	First Registration Date	: 09 May 2016
11.	Vehicle Type	: P11 - Passenger Station Wagon/Jeep/Land Rover
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: NISSAN
17.	Vehicle Model	: QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
18.	Year of Manufacture	: 2016
19.	Primary Colour	: Purple
20.	Secondary Colour	: -
21.	Passenger Capacity	: 4
22.	Chassis/Trailer Chassis No.	: SJNFEAJ11U1645476 / -
23.	Propellant/Emission Standard	: Petrol / Euro V
24.	Engine No./Motor No.	: HRA2270075A / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 1197 / -
26.	Maximum Power Output(kW/bhp)	: 85.0 / 113
27.	Unladen Weight(kg)	: 1285
28.	Maximum Laden Weight(kg)	: 1880
29.	Open Market Value	: \$18,974.00
30.	PARF Eligibility	: Yes
31.	PARF Eligibility Expiry Date	: 08 May 2026
32.	Minimum PARF Benefit	: \$6,987.00
33.	IU Label No.	: -
34.	COE No.	: 2016040101003428D
35.	COE Expiry Date	: 08 May 2026
36.	COE Category	: A - Car (up to 1600cc & 97kW (130bhp))
37.	Quota Premium/Prevailing Quota Premium	: \$45,504.00
38.	Actual Quota Premium/PQP Paid	: \$45,504.00
39.	Actual ARF Paid	: \$13,974.00
40.	CO2 Emission(g/km)	: 129.00
41.	Actual CEVS Rebate Utilised	: \$5,000.00
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: \$232.00
46.	Road Tax Start Date	: 09 May 2016
47.	Road Tax End Date	: 08 Nov 2016
48.	Remarks	: This vehicle is eligible for PARF. To renew the COE, the Prevailing Quota Premium payable is that of Category A.