

NATIONAL Assessment Centre Services

(Ref: JAN03)

MAA418109345

Date In: 23/08/2008 17:07	Job description	Date & Time Completed	Done by
Ref No: NBA/016200/53827	SAS e-filing		
Veh No: SLL 5536 G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/08/2008 15:15	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: SLL 5536 G

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	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

Claimant's Particulars:-	Invoice Preparation Checklist		Amt (\$) Est Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30			
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 2/3:	6) TR: Re-inspection \$75			
	7) N1: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	*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: 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	23/08/2018 17:07
Date Of Accident	23/08/2018 15:15
Exact Location Of Accident	ALONG WOODSVILLE FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL5538G
Insured/Policyholder	
Name Of Registered Owner	CHEW JUAN NGOH JANET
NRIC No	S1323108G
Email Address	NELSON.ZHANG.SA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90408692
Alternative Phone No	OTHERS-90408692

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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	REPORTING ONLY
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	2100175622-08
Cover Note Number	

Driver

Name of Driver	CHEONG SHENG AN, NELSON (ZHANG SHENG'AN)
NRIC No	S8629847C
Date Of Birth	27/10/1986
Occupation	INDOOR
Date Of Driving Pass	02/02/2011
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90408692
Fax Number	
Contact Number	OTHERS-90408692
Email Address	NELSON.ZHANG.SA@GMAIL.COM

Address	BLK 452 JURONG WEST STREET 42 #08-160
Postcode	640452
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	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

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	SLK897D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD ADAM BIN KAMSANI
NRIC/Passport Number	S9237868C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLANVehicle No: _____
DOA: _____**IMPORTANT NOTICE**

- 1) Please report correctly the details of the accident to speed up the claims process.
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- 3) Information provided must be truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4) The issue & 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA):** I understand, acknowledge, agree and consent that:-
 - a) My insurer, my workshop & 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 & 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 & 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 & any necessary investigations relating to the claims;
 - (II) 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) involved in this accident and the Insurers' 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.

PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY._____
Policyholder's Signature
Date & Time_____
Driver's Signature (Date & Time)
(If driver is not the policyholder)_____
Witnessed by Reporting Center
Personnel**Sketch Plan**

Describe Circumstances of the Accident

I was travelling along PZE (woodsville flyover) when vehicle (B) cut into my lane and hit my car (A) front left portion.

Declaration

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



Policyholder's Signature
Date & Time



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



23/08/2018

Witnessed by Reporting Centre
Personnel

PERSONAL PARTICULARS

Date of Accident: 23/8/2018

Time of Accident: 3:15 (24Hrs) pm

Vehicle No: SJL 5536 G.

Vehicle Make/Model: Honda

Exact Location of Accident: Woodsville Flyover

Owner's Name/NRIC: Chew Juan Ngoh Janet I/C No: S1323108/G.

Driver's Name/NRIC: Cheong Sheng An Nelson I/C No: S8629847/C.

Driver's Contact: 90408692 Insurance Co & Policy No: AlG Ins: 2100175622-08.

Driver's Email Address: nelson.sheng.sa@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Son

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: Muhammad Adam Bin Kamsoni I/C No: S9237868/C. Vehicle No: SLK 897 D

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____

Contact: _____

Preferred Workshop (If Any): _____

Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8629847C



Name

CHEONG SHENG AN, NELSON
(ZHANG SHENG'AN)

张盛安

Race

CHINESE

Date of birth

27-10-1988

Sex

M

Country/Place of birth

SINGAPORE

40529847C

3782859



NRIC No. S8629847C



Date of issue

11-08-2017

Address

APT BLK 452 JURONG WEST STREET 42
#08-150
SINGAPORE 640452

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

EFFECTIVE DATE

Class 3 **Motor Cars**=< 3000kg with =<7 passengers, exclusive 02 Feb 2011
of the driver; and other motor vehicles =< 2500kg

NP 428A



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 8 6 2 9 8 4 7 C**

Name:

**CHEONG SHENG AN, NELSON
(ZHANG SHENG'AN)**



Birth Date: **27 Oct 1986**

Issue Date: **02 Feb 2011**



001934424K

90264698

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1323108G**
 Name: **CHEW JUAN NGOH JANET**
 Birth Date: **23 Sep 1958**
 Issue Date: **06 Sep 2003**

000894543G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1323108G**



CHEW JUAN NGOH JANET
 周月娥
 CHINESE
 Date of Birth: **23-09-1958** Sex: **F**
 Country of Birth: **SINGAPORE**

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

Class	Description	Valid Until
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Oct 1985

NP 425A



2524088



S1323108G
 Blood Group: **O+** Date of Issue: **11-11-1994**
 Address:
APT BLK 452 JURONG WEST STREET 42
#08-160
SINGAPORE 2264



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Chew Juan Ngoh Janet
Period of Insurance : 01 Dec 2017 To 30 Nov 2018
Engine No. : L13A55001380
Chassis No. : JHMGD18508S217953

Vehicle No. : SJL5536G
Policy No. : 2100175622-08
Endorsement No. : 000000000207224
Issued Date : 12 Jun 2018

ABOUT THE COVER

Make/Model : HONDA JAZZ 1.4 [Sedan]
Engine Capacity/Tonnage : 1,339.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2008
Insuring with COE/PAF : 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 - 1600cc Optional

* 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, 1967 (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)

Chew Juan Ngoh Janet - \$600 (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 6336 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: OCBC Bank Ltd

I/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, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0207008000

CHEW JUAN NGOH JANET

371 ALEXANDRA ROAD #10-15 AIA ALEXANDRA

SINGAPORE 159963 SP-FS VISION

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSCSAN