NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA/18/10826

Date In: 27/8/18 - 15:28	Job description	Date & Time Completed	Done by
Ref No: NA/0/18/0155/1/24	SAS e-filing		
Veh No: GBG8J960	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 25/8/18 - 20:25	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: SKW6782L 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

NA/805/16

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) for Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
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:-			
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 witholding 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	27/08/2018 15:28
Date Of Accident	25/08/2018 20:05
Exact Location Of Accident	SLIP RD CLEMENTI AVE 6 TWDS COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8546D
Insured/Policyholder	
Name Of Registered Owner	XINPENG F&B
Co Reg No	53314485W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
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	WORKING
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
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700081763
Cover Note Number	
Driver	
Name of Driver	CHUA ENG SIM
NRIC No	S0178426I
Date Of Birth	17/09/1952
Occupation	OUTDOOR
Date Of Driving Pass	07/04/1970
Driving Experience	48 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86468829
Fax Number	
Contact Number	OFFICE-86468829
EMail Address	NOEMAIL

Address	BLK 154 WOODLANDS STREET 13 #03-503
Postcode	730154
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 - HEAD TO REAR
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	SKW6282L
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

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.

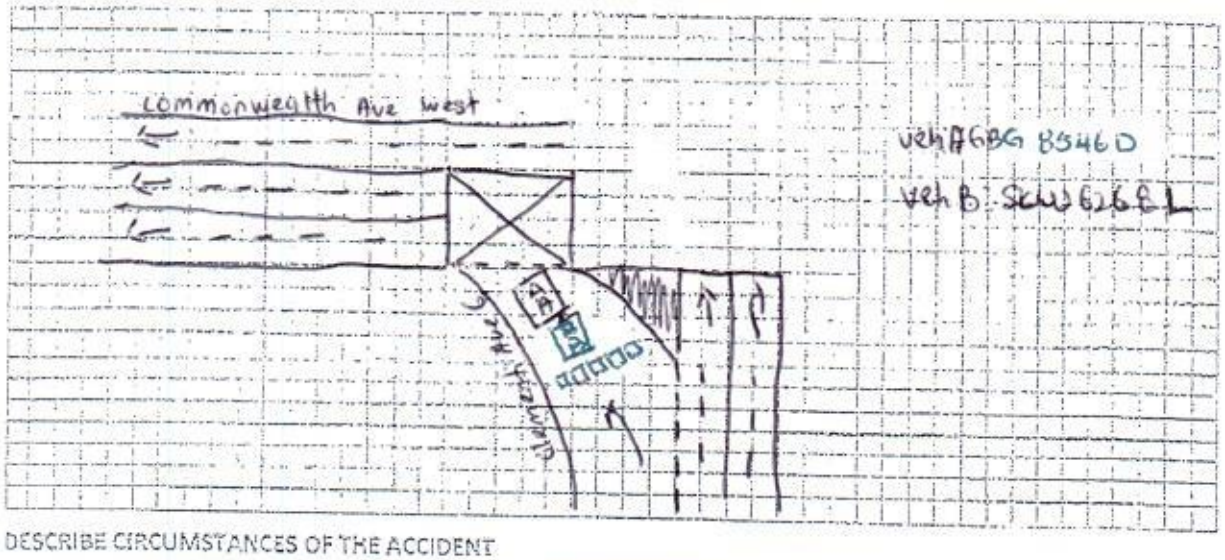
XINPENG F&B Reg No. 53314485W

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

On the stated date and time, I Veh "A" car plate Num GBG 8546D was travelling on Clementi Ave. I was waiting to turn left into Commonwealth Ave west, when I felt something collided into my vehicle rear portion. I alighted and found out that Veh "B" car plate num SKW 6282 L have fail to stop and collided into my vehicle rear portion.

DECLARATION

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

XIN FENG F&B Reg No. 53[illegible]

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.:

HICLE NO: GBG 8546 D	MAKE & MODEL : NISSAN NV200
E OF ACCIDENT	25 / 08 / 18
E OF ACCIDENT	20:05 AM / PM
ATION OF ACCIDENT	Clementi Ave 6 turning into Commonwealth Ave west
Purpose use during accident	
ME OF OWNER	Xinpeng F&B
P NO	
	NEN 53314485W
IM TYPE	OD / THIRD PARTY / Reporting Only
ATE HIRE	YES / NO ?
IRANCE CO.	AIG
E OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
CY NO.	1700081763
ME OF DRIVER	As above / If No: Chua Eng Sim
	S0784261 Any passengers: 0
E OF BIRTH	17 / 09 / 1952
UPATION	Outdoor / Indoor
E OF DRIVING PASS	/ /
DER	Male / Female
TAC NO.	8646 8829 Office: Home:
RESS	154 woodlands st 13 # 03-523 S(
ER HAVE ANY OWN Vehicle	NO / If yes : Reg No:
ATIONSHIP	Employee / If No:
THER CONDITION	Clear / Raining / Other :
D SURFACE	Dry / Wet / Other :
INJURIES	No / If yes : Who?
TAC NO.	
CE REPORT	No / If yes : Where?
CLE B NO.	Skw 6282L Any Passenger :
E	
TAC NO.	
CLE C NO.	Any Passenger :
CLE D NO.	Any Passenger :
CLE E NO.	Any Passenger :
CLE F NO.	Any Passenger :
WITNESS	
ESS CONTACT NO.	
you been approach by unknown person soliciting (s) / ng accident claims assistance?	YES / NO
ICULAR WORKSHOP	Autowerke Automotive P/L
NO	8 KAKI BUKIT AVE 4 #05-01/02 PREMIER BU
ACT PERSON	Annabelle Lim 8112 6485 SINGAPORE
NO	6282 4290
EMAIL :	Enquiry @ autowerke . com . sg

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that **CHUA ENG SIM**, NRIC **S0178426I**, has reported to the Police a non-injury traffic accident

which occurred at **Clementi Ave 6 Junction of Commonwealth Ave West (Slip Road)** on **25/08/2018** at **8.05**pm involving the following:

a) **GBG8546D, NISSAN NV 200, Red in colour**
Driver – Chua Eng Sim S0178426I Tel: 86468829

b) **SKW6282l, TOYOTA ALTIS, Dark Grey in colour**
Driver – Ng Kwee Huat, Alvin (Huang Gulfa, Alvin) Tel: 82227744

2 If this accident was reported to the Police within 24 hours of its occurrence,

Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

SN 085

Signature:

Singapore Police Force

Rank/Name of Issuing Officer: **SSgt Nur Imran**

Date: **26/08/2018** Time: **1343hrs**

ESD Ref: **37**

Police Post/Unit: **Sembawang NPC**

SEMBAWANG NPC
4 Sembawang Crescent
Singapore 757633
Tel: 1800-5549999
Fax: 68522499

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

Licence Number: S01784261

Name:

CHUA ENG SIM

Birth Date: 17 Sep 1952

Issue Date: 15 Mar 2004

001163764F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S01784261

Name

CHUA ENG SIM

Race

CHINESE

Date of Birth

17-09-1952

Sex

M

Country of Birth

SINGAPORE

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	07 Apr 1970

Licence No: S0178426I

NP 428A

2265736

NRIC No. S0178426I

Blood Group: B+

Date of issue: 12-08-1994

Address

APT BLK [illegible] WOODLANDS STREET 13
#03-503
SINGAPORE [illegible]73

CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder	: Xinpeng F&B	Vehicle No.	: GBG8546D
Period of Insurance	: 24 Nov 2017 To 23 Nov 2018	Policy No.	: 1700081763
Engine No.	: K9KC400D057840	Endorsement No.	:
Chassis No.	: VSKYBAM20Z0153535	Issued Date	: 12 Dec 2017

ABOUT THE COVER

Make/Model	: NISSAN NV 200				
Engine Capacity/Tonnage	: 0.6 Tonnage	Sum Insured	: Market Value	First Year of Registration	: 2017
Driver Restriction	: NA	Off Peak Car	: No	Insuring with COE/PARF	: Yes

Person or Classes of Persons Entitled to Drive* :

a) Any person who is driving on the Policyholder's order or with their permission.
b) 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*

1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle c) use for any purpose in connection with Motor Trade.

* 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 - $800 Theft - $0 Flood Cover - $0

Section 2
Property Damage - $0

Windscreen : $100

Named Driver and Excess (where applicable)

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

1.Tan Chong Motor Sales Add: 913 Bt Timah Road Singapore 589623 64694091 64694092 64694093
2.TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212
3.Tan Chong Motor Sales Add: 17 Lor 8 Toa Payoh Singapore 319254 63570753 63570754
4.Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
5.TC AutoClinic Add: 25 Lang Kee Road Singapore 159097 67038511 67038512 67038513

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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: ETHOZ Capital 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, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610544

TAN CHONG CREDIT PTE LTD - CHU
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