

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MHA11812461**

Date In: 12/9/12 - 15:00	Job description	Date & Time Completed	Done by
Ref No: NA/118180/6935/24	SAS e-filing		
Veh No: JL5518 24	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/9/12 - 21:45	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: **SE640697**

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

NA1805920

Invoice Preparation Checklist

Am (\$)

Am (\$)

Int Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

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:-	
QD*	
*N5: Courtesy Car / Tpl 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	17/09/2018 15:02
Date Of Accident	15/09/2018 21:45
Exact Location Of Accident	BLK 105 CLEMENTI ST 12 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS5182H
Insured/Policyholder	
Name Of Registered Owner	CHAN JUN XIONG (ZENG JUNXIONG)
NRIC No	S8828409G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98777210
Alternative Phone No	OFFICE-98777210

Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3 1.6A
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	1700055516
Cover Note Number	

Driver

Name of Driver	CHAN JUN XIONG (ZENG JUNXIONG)
NRIC No	S8828409G
Date Of Birth	05/08/1988
Occupation	INDOOR
Date Of Driving Pass	21/04/2009
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98777210
Fax Number	
Contact Number	OFFICE-98777210
EMail Address	NOEMAIL

Address	BLK 208B CLEMENTI AVENUE 6 #31-127
Postcode	122208
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	SKG4069J
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

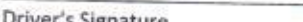
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

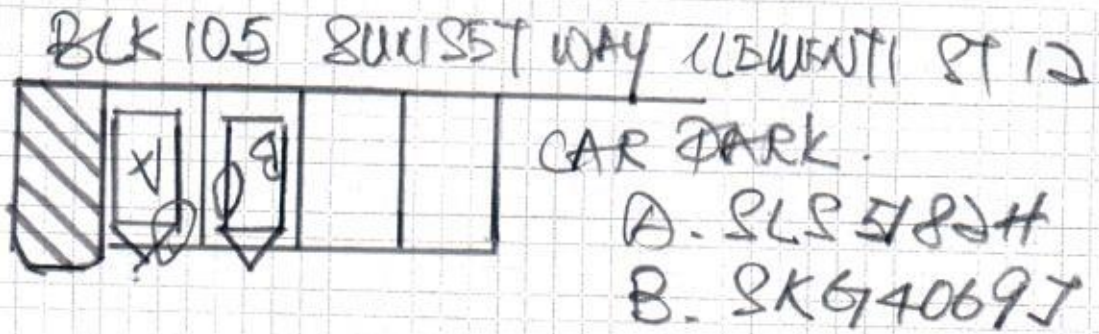
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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

AS I APPROACHED MY CAR, I SAW A NOTE LEFT ON MY WINDSCREEN BY A KIND WITNESS - WHO WITNESS THE ACCIDENT, THAT HAPPENED - SKG 4069J HAD REVERSED TO PARK NEXT TO MY CAR BUT HIT ONTO MY CAR'S LH FRONT PORTION.

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.:



HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: SL85182H

MAKE/MODEL: KIA K3

DATE OF ACCIDENT 15/07/2018
DAY/MONTH/YEAR

TIME 21 HR 45 MIN AM PM

LOCATION OF ACCIDENT SUNSET WAY. BCK 105 CAR PARK.

EXACT PURPOSE USE DURING ACCIDENT PARKED

CAR OWNER

NAME OF CAR OWNER CHAI JIAN XIONG

CONTACT NO 98777210

NRIC S88284096

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY AIG

TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO 170005516-01

ACCIDENT DRIVER

NAME OF DRIVER CHAI JIAN XIONG

NRIC S88284096

DATE OF BIRTH 05-08-1988

OCCUPATION

DATE OF DRIVING PASS 21 APR 2009

GENDER

CONTACT NO 98777210

ADDRESS BLK 208B CLOUWIT/A26 #31-27(S) 12208

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/ IF NOT: OWNER

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: _____

ROAD SURFACE ☒ DRY ☐ WET OTHER: _____

ANY INJURIES NO/ IF YES- NAME: _____

CONTACT NO _____

POLICE REPORT NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE NO/ YES _____

3RD PARTY INFO

VEHICLE B NO 8K614069J NO OF PASSENGER/S unknown

NAME _____

CONTACT NO _____

VEHICLE C NO _____ NO OF PASSENGER/S _____

VEHICLE D NO _____ NO OF PASSENGER/S _____

VEHICLE E NO _____ NO OF PASSENGER/S _____

VEHICLE F NO _____ NO OF PASSENGER/S _____

ANY WITNESS _____

WITNESS CONTACT NO _____

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8828409G

Name:

CHAN JUN XIONG
(ZENG JUNXIONG)

Birth Date: 05 Aug 1988

Issue Date: 21 Apr 2009

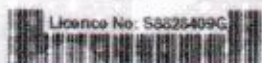


001733211C

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

PASS DATE

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$ 21 Apr 2009



Licence No: S8828409G

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8828409G



Name



CHAN JUN XIONG
(ZENG JUNXIONG)

曾俊雄

Race:

CHINESE

Date of Birth

Sex

05-08-1988

M

Country of Birth

SINGAPORE



3385095



NRIC No: S8828409G

Blood Group

Date of issue

15-08-2003

APT BLK 208B CLEMENTI AVENUE 6 #31-127
SINGAPORE 122208

NRIC No: S8828409G

Date: 28/02/2018

AIG**CERTIFICATE OF INSURANCE****KIA AUTO PROTECTOR PRIVATE VEHICLE**

Name of Policyholder : Chan Jun Xiong(Zeng Junxiong)
Period of Insurance : 27 Sep 2017 To 26 Sep 2018
Engine No. : G4FGGH873249
Chassis No. : KNAFX411MJ5728928

Vehicle No. : SL55182H
Policy No. : 1700055516
Endorsement No. : 000000000184297
Issued Date : 05 Dec 2017

ABOUT THE COVER

Make/Model : KIA Cerato K3 1.6 EX

Engine Capacity/Tonnage : 1,591.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PAIF : 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" ("YIOR") if You are or Your Authorised Driver (named or unnamed) is under the age of 20 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, rallyability 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

* 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Chan Jun Xiong(Zeng Junxiong) - \$600 (Own Damages)

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

- 1.Cycle & Carriage Body & Paint Centre: Add: 209 Pandan Gardens Singapore 609339 65684511
 2.Cycle & Carriage Customer Service Centre (For Windscreen claim only): Add: 241 Alexandra Road Singapore 159631 64278800
 3.Cycle & Carriage Customer Service Centre (For windscreen claim only): Add: 230 Ubi Rd 3 Singapore 408650 67461006

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 1200. 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. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500710050

C&C FULCO-CORP SALES

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSUSA