

NATIONAL Assessment Centre Services			
Date In: 01/10/2018 17:46	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NDA/19160/77654	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SCH 4964H	i-Motor Claim Form		
D.O.A: 28/09/2018 02:15	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> P Reporting Only	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: SGD 738B	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

XIA1806231	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) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) NI : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1:			
	* 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		

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	01/10/2018 17:46
Date Of Accident	28/09/2018 02:15
Exact Location Of Accident	WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH4964H
Insured/Policyholder	
Name Of Registered Owner	TAN BOON TIN
NRIC No	S1721833F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97947902
Alternative Phone No	OTHERS-97947902

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T (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	2100489172-01
Cover Note Number	

Driver

Name of Driver	LEE WEI GUANG, JOHN
NRIC No	S9106170H
Date Of Birth	20/02/1991
Occupation	INDOOR
Date Of Driving Pass	05/08/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97947902
Fax Number	
Contact Number	OTHERS-97947902
Email Address	NOEMAIL

Address	24 CANBERRA DRIVE #16-09
Postcode	768427
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	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	
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 (TYPE OF COLLISION IS T/P REVERSE AND HIT INSURED)

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	SGD738B
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:

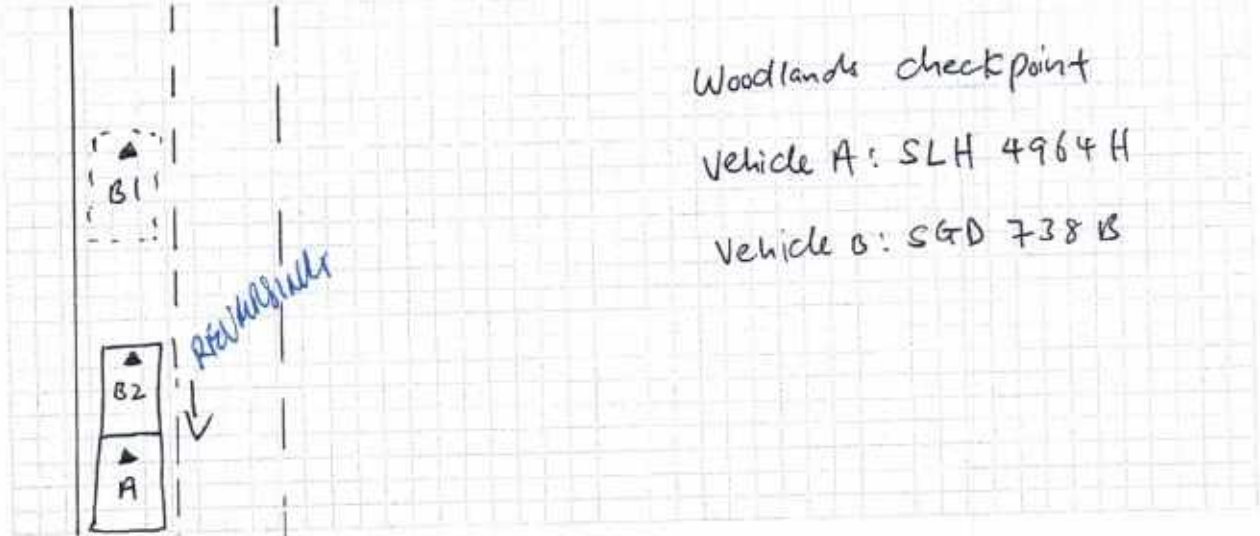
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

On the stated date and time, I vehicle A was stationary.

Suddenly vehicle B reversed and hit onto my stationary

Vehicle 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.:

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 28/9/2018 (dd/mm/yy) Time of Accident: 02:15 (24-HR-FORMAT)
Vehicle No.: SLH 4964 H Vehicle Make & Model: Nissan Qashqai
Exact location of Accident: Woodlands Checkpoint
Policyholder's Name / IC No.: Tan Boon Tin S1721833F
Driver's Name / IC No.: Lee Wei Guang, John S9106170H (As Above) ☐
Driver's Contact No.: 9794 7902 Company Contact No.:
Driver's Address: 24 Canberra Drive #16-09 S(768427)
Insurance Company: AIG Email address (if any):

Relationship between Owner & Driver: Children or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name :
Passenger Name :

Gender :
Gender :

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: SGD 738 B

Driver's Contact No: Insurance Company (If any):

2. Driver's Name / IC No: Vehicle No:

Driver's Contact No: Insurance Company (If any):

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9106170H



Name

LEE WEI GUANG, JOHN

李 伟 光

Race

CHINESE

Date of birth
20-02-1991

Sex
M

Country of birth
SINGAPORE

S9106170H

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity No. S9106170H

LEE WEI GUANG, JOHN

Issue Date: 20 Feb 1991

Valid Until: 05 Aug 2009



9848107



NRIC No. S9106170H

Date of Issue
28-02-2008

Address
24 CANBERRA DRIVE
#15-09
SINGAPORE 768427

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg 05 Aug 2009



NP 423A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1721833F



Name

TAN BOON TIN

陈文珍

Race

CHINESE

Date of birth

05-06-1965

Sex

F

Country of birth

SINGAPORE

S1721833F



2388483



NRIC No. S1721833F

Blood Group

A+

Date of issue

12-09-1994

24 CANBERRA DRIVE #18-09
SINGAPORE 768427

NRIC No.

S1721833F

Date:

03-12-2002

No: 4414611



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan Boon Tin
Period of Insurance : 07 Nov 2017 To 06 Nov 2018
Engine No. : HRA2331266A
Chassis No. : SJNFEEAJ11U1764970

Vehicle No. : SLH4964H
Policy No. : 2100489172-01
Endorsement No. :
Issued Date : 26 Oct 2017

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/PARF : 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 21 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

* 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)

Tan Boon Tin - \$600 (Own Damage)

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

1 TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 628009 62622212

2 Autolubon Industrial Add: 19 Ubi Road 4 Singapore 408023 64909666

3 TC AutoClinic Add: 25 Long Kee Road Singapore 159097 67038511 67038512 67038513

4 Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589623 64694091 64694092 64694093

5 Tan Chong Motor Sales Add: 17 Lorong 6 Toa Payoh Singapore 319254 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, 1990 (Malaysia).

0500810353

TAN CHONG CREDIT PTE LTD-LSL

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589622 ANSP-MOTOR

AIG Asia Pacific Insurance Pte. Ltd.

1000511264/AC4

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: M4000177350 Vehicle Registration No: SU449649
Name (as shown in NRIC): LEE WAH GUAN, John NRIC/FIN/Passport No: S9106170H
(Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 97947902
Email Address: _____
Date of Accident: 28/09/2018 Time of Accident: 02:15
Place of Accident: WOODLANDS CHECKPOINT
Insurance Company: AIR

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT DATE TO 28/09/2018

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rishi Lim
NRIC/FIN No.:
Date: 01/10/2018