

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MWA 118133045

Date In: 13/10/18 - 13:09

Ref No: NA/ALH 18018600/24

Veh No: JL 9699E

D.O.A: 11/10/18 - 09:45

OD: (TP) Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 8hrs, AIC 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: 16J31053

Tel:

Fax:

Owner / Driver: (

INC () / Non-INC ()

Policy No: (

Period: (

Tel:

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 repaiier.
() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC hotline: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time

Actions

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Inc Bill

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:

Q1:

*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

Invoice dated

Fee Charged

Fee Charged

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

at 1:

at 2/3:

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 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. 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	13/10/2018 13:09
Date Of Accident	11/10/2018 09:45
Exact Location Of Accident	JUNG UPP CHANGI RD EAST & XILIN AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9699E
Insured/Policyholder	
Name Of Registered Owner	ANG KOK HWEE
NRIC No	S0998643Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97466106
Alternative Phone No	OFFICE-97466106

Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR
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	2100496171-01
Cover Note Number	

Driver

Name of Driver	ANG KHAY BOON (WANG JIAWEN)
NRIC No	S8841567A
Date Of Birth	20/10/1988
Occupation	INDOOR
Date Of Driving Pass	13/09/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93216469
Fax Number	
Contact Number	OFFICE-93216469
Email Address	NOEMAIL

Address	BLK 162 BEDOK SOUTH ROAD #01-392
Postcode	460162
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	RAINING
Road Surface	WET

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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGS3105D
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


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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

Upper Changi Rd East

Xilin Ave

A: SL19699E

B: BGS3105D

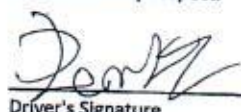
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/10/2018 at about 9:45pm. I was travelling along Upper Changi Rd East. I was stationary due to the front traffic. Suddenly vehicle B hit the rear of my vehicle.

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 : 11/10/2018 . Accident Time: 9:45 pm. (24-HR-Format)
 Accident Place : Junc of upper changi Rd east E X 1110 Ave. Rd.
 Vehicle. No. (Car Plate No.) : SLJ 9699E . Make/Model: X-Trail
 Insurance Company : Big . Policy No: 2100996171-01
 Owner or Company Name /IC No. : 309986432 . Any Kok Hwee.
 Owner or Company Contact No. : 9697466106 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Ang Khay Boon 38841567A .
 DRIVER'S Date Of Birth : 20/10/1988 . DRIVER'S License Pass Date 13/09/07
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : Blk 162 Bedok South Rd #01-342
 DRIVER'S Contact No./ Alt No. : 9321 6464 . 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): Driver only .
 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
 Any Injury (If YES, Pls state): No .

Other Party Driver's Particular (if any)

Vehicle. No: <u>SGS 3105D</u> .	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

Periz

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8841567A**
 Name: **ANG KHAY BOON**
 (WANG JIAWEN)
 Birth Date: **20 Oct 1988**
 Issue Date: **13 Sep 2007**



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8841567A



Name: **ANG KHAY BOON**
 (WANG JIAWEN)
 汪家文
 Race: **CHINESE**
 Date of birth: **20-10-1988** Sex: **M**
 Country of birth: **SINGAPORE**



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

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

PASS DATE: **13 Sep 2007**

Licence No: **S8841567A**

NP 428A

3418350



NRIC No: **S8841567A**



Date of issue: **23-10-2003**

Address:
APT BLK 162 BEDOK SOUTH ROAD
#01-392
SINGAPORE 460182



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Ang Kok Hwee
Period of Insurance : 30 Dec 2017 To 29 Dec 2018
Engine No. : MR20009752B
Chassis No. : JN1JANT3220002728

Vehicle No. : SLJ8699E
Policy No. : Z100465171-01
Endorsement No. :
Issued Date : 12 Dec 2017

ABOUT THE COVER

Make/Model : NISSAN X-TRAIL
Engine Capacity/Tonnage : 1,997.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

a) The Insured
b) Any other person who is driving with the Policyholder's order or with tacit permission
This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

*You have to pay an additional sum of S\$200 as "Young Driver Surcharge and Driver Excess" (YDSR) if you are a Young Authorized Driver (defined as a person under the age of 25 and has been 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 for hire, driving for reward, racing, pace-making, mobility, test 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.

Limit of Use : 1500cc - 1800cc

*Conditions rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 190) and Section 95 of the Road Transport Act, 1987 (Singapore), are not to be attached 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)

Ang Kok Hwee - \$100 (Own Damage)

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

1. LG AutoCare, 404, No. 1, South East Asia Road Singapore 109959 62522272
2. AutoCare, 404, No. 1, South East Asia Road Singapore 109959 62522272
3. LG AutoCare, 404, No. 1, South East Asia Road Singapore 109959 62522272
4. Tan Chong Motor Sales, 404, No. 1, South East Asia Road Singapore 109959 62522272
5. Tan Chong Motor Sales, 404, No. 1, South East Asia Road Singapore 109959 62522272

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at 452 8338 8200. Alternatively, you may refer to AIG website www.aig.com.sg for more details.

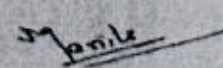
IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

This Certificate is only valid for the purpose of insuring the vehicle against third-party risks and compensation. It is not valid for the purpose of insuring the vehicle against fire, theft, flood, windstorm and other perils (Third-Party Risks and Compensation Act (Cap. 190) and Road Transport Act, 1987 (Singapore)).

010000000

YAN CHONG CREDIT PTE LTD
311 WEST FRANK ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 120822
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORIZED REPRESENTATIVE