

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MNAI18134720**

Date In: 17/10/18-11:41	Job description	Date & Time Completed	Done by
Ref No: NA/16/10/18861/24	SAS e-filing		
Veh No: 60H1484P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/10/18-07:25	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: 2W 79502	INC () / Non-INC ()
Owner / Driver: (
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)

1) Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time Actions

NA806660

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Sat. 1:

Sat. 2 / 3:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Est 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
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 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 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	17/10/2018 11:41
Date Of Accident	17/10/2018 07:25
Exact Location Of Accident	BLK 828 TAMPINES ST 81 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1484P
Insured/Policyholder	
Name Of Registered Owner	OVERSEAS CONTINENTAL TRADING PTE LTD
Co Reg No	198803997W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62456987

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT
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	1800010709
Cover Note Number	

Driver

Name of Driver	LEE SIN LUEN (LU XINLUN)
NRIC No	S7110791D
Date Of Birth	24/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	19/11/1999
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96309371
Fax Number	
Contact Number	OFFICE-96309371
Email Address	NOEMAIL

Address	BLK 828 TAMPINES STREET 81 #04-256
Postcode	520828
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	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?	
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)	2
Passenger 1	NAME: : LEE BEE YEN GENDER: : FEMALE

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	SLW7950Z
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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5. Any false reporting may be referred to the Police for investigation.
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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.

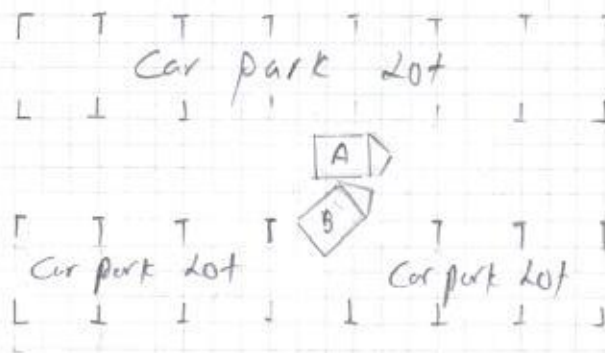


Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A = GBH1484P

B = SLW7950Z

Blk 828

Tampines street 81

Open Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

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



Alan

[Signature]

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.:

On 17.10.18 at about 07:25 hours at BLK 828 Tampines Street 81 Open Carpark. I was travelling straight on my lane, suddenly vehicle (B) coming out from a parking lot (on my right) without checking the oncoming traffic and collided onto right hand side portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): GBH 1484P

Vehicle (B): SLW 7950Z

Alan



SINGAPORE ACCIDENT STATEMENT

Accident Date:	17/10/2018	Time:	07:25	(hh:mm) 24 hr format
Location	BLK B28 Tampines Street B1 open carpark			
Vehicle Number	GBH1484P			
Insured Name	Overseas Continental Trading Pte Ltd			
NRIC / FIN	198803997W	Contact Number	62456997.	
Make	Nissan	Model	NV200	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting				
Insurance Company	AIG			
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	1800010709			
Name of Driver	Lee Sin Luen	() Same as Insured		
NRIC / FIN	57110791D	Contact Number	9630 9371	
Date of Birth	24/03/1971			
Driving Pass Date	18/11/1999			
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor				
Gender (<input checked="" type="checkbox"/>) Male () Female				
Email Address	(<input checked="" type="checkbox"/>) NO EMAIL			
Address of Driver	Blk B28 Tampines Street B1 # 04-256 Singapore 520828.			
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) Yes () No				
If No, Relationship of the Driver with the Insured				
() Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes () No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others				
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No				
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No				
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report				
DETAILS OF 3 rd party Name / Nric Contact				
Veh B	SLW 7950Z			
Veh C				
Veh D				
Veh E				
Veh F				

Driver + 1 passenger

Passenger = Lee Bee Yen (F).

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7110791D



Name
LEE SIN LUEN
(LU XINLUN)

Race
CHINESE

Date of Birth
24-03-1971

Country of Birth
SINGAPORE



S7110791D

GBH/48+P

driver

1563684



NRIC No. S7110791D

LEE SIN LUEN


APT BLK 828 #04-256
TAMPINES STREET 81

Date of Birth
04-01-1994

Address
APT BLK 828 #04-256
TAMPINES STREET 81

NRIC No. S7110791D Date: 20-01-1994 No: 2087422

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S7110791D**
 Name: **LEE SIN LUEN (LU XINLUN)**
 Birth Date: **24 Mar 1971**
 Issue Date: **13 Nov 2003**

1000994210C

GBH 1484P
driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Nov 2003

C/o: Overseas Continental
 GBH 1484P
 96309371
 MR. LEE

NP 428A

Licence No: S7110791D

Pass Date: 18/11/1999



NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Vehicle No. : G8GH1484P
Policy No. : 1800010709
Endorsement No. :
Issued Date : 12 Feb 2018

ABOUT THE COVER

Make/Model	NISSAN NV 200	Sum Insured	Market Value	First Year of Registration	2018
Engine Capacity/Tonnage	0.6 Tonnage	Off Peak Car	No	Insuring with COE/PARE	Yes
Color/Registration	NA				

Number of Classes of Persons Entitled to Drive*

All Age Condition

Limitation as to use*

Limitation as to Use

- Use in connection with the Policyholder's business
- Use for the carriage of passenger other than for hire or reward in connection with the Policyholder's business
- 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 to use at all times towing a trailer except the towing of anyone disabled using a mechanically propelled vehicle c) use for any purpose in connection with Motor Trade

* Licences 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)

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

1 Tan Chong Motor Sales, Add: 913 Bt Timah Road Singapore 589623 64894091 64894092 64894093
2 TC AutoClinic, Add: No 1, Sixth Lok Yang Road Singapore 628099 62622212
3 Tan Chong Motor Sales, Add: 17 Lot 8 Toa Payoh Singapore 319254 63570750 63570754
4 Autolubric Industrial, Add: 19 Ulu Road 4 Singapore 408623 64909668
5 TC AutoClinic, Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

4. Automobile Insurance Add: 19 Ubi Road 4 Singapore 408022 67038511 67038512 67038513
 5. T-C AutoCare Add: 25 Ueng 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 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: NA

Hire Purchase Company/Employer's Loan: NA

0500610530

TAN CHONG CREDIT PTE LTD - SMY

811 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

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AIG Asia Pacific Insurance Pte. Ltd.