

# NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 24/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/A1418019301/13	SAS e-filing		
Veh No: SL57012C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/10/18 0720	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: (EMZ)	Tel:	Fax:
TP Particulars:	Veh No: 5432004	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

NA1806923

Claimant's Particulars:	Invoice Preparation Checklist	Net (\$)	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao 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: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Cal 1:			
Cal 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	24/10/2018 12:38
Date Of Accident	24/10/2018 07:20
Exact Location Of Accident	SLE(BKE)UPPER THOMSON FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS7012C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG SUAN CHOK
NRIC No	S1605259J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81883710
Alternative Phone No	OTHERS-91992591

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	1700059854-01
Cover Note Number	

### Driver

Name of Driver	JASON CHUA JIE SHENG
NRIC No	S9316050I
Date Of Birth	05/05/1993
Occupation	INDOOR
Date Of Driving Pass	19/08/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91992591
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	346 BALESTIER ROAD
	#04-01
Postcode	329776
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	CHAIN COLLISION
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

PLS REFER TO THE ATTACHED 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	SGB2200H
Vehicle Make/Model/Colour	MERCEDES BENZ
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJQ6491T
-----------------------------	----------

Vehicle Make/Model/Colour	KIA CERATO
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)	



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:

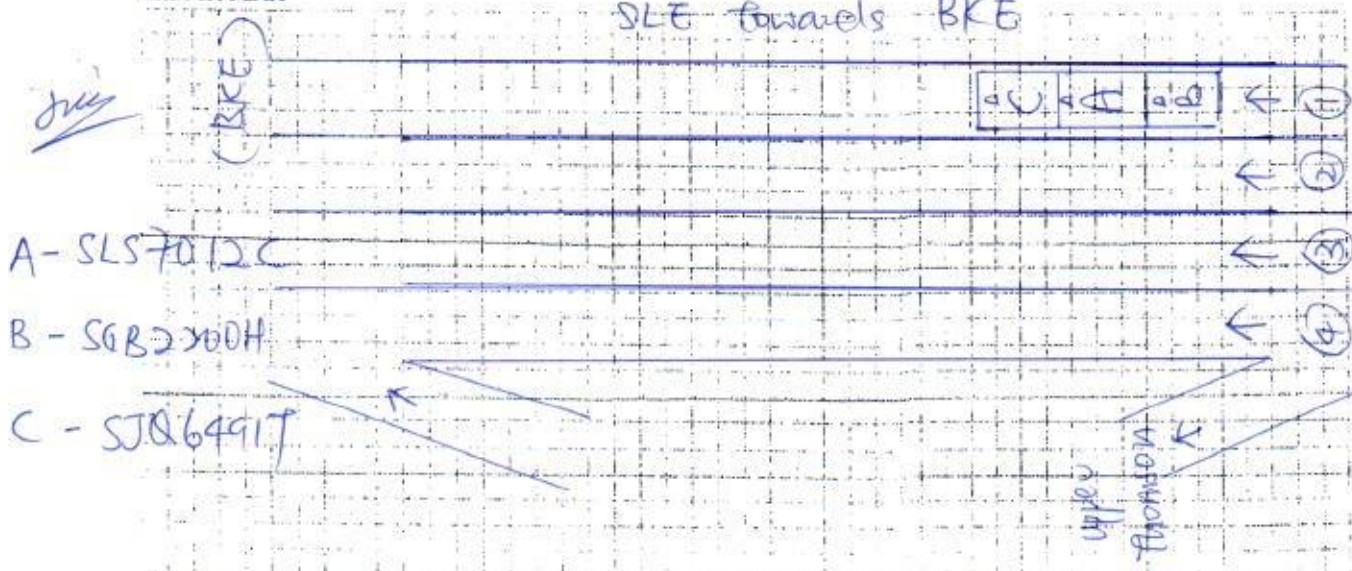
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 24/10/18  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN

SLE towards RKE



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along SLE towards RKE near Upper Thomson Flyover on lane 1. Due to the front vehicle slowed down to stopped, I follow suit, Suddenly vehicle B hit onto my vehicle rear portion and due to the sharp impact caused my vehicle to hit front vehicle C. Total 3 vehicles involved in this accident. *me*

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

*sgm 24/10/18*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Date of Accident : 24/10/18 Accident Time: 0720 (24-HR-FORMAT)  
Accident Place : SLE (BKE) Upper Thomson Flyover  
Vehicle Reg. No (Car plate No.) : SLS 7012C  
Vehicle Make/Model : Nissan Sylphy  
Insurance Company : AIG Policy No. \_\_\_\_\_  
Owner or Company Names /IC NO: Ang Swan Chok 51605259J  
Owner or Company Contact No. : 81883710 Owner's HP \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name & IC no. : Jason Chua Jie Sheng 59316050I  
DRIVER'S Date of Birth : 5/5/93 DRIVER'S License Pass Date 19/8/13  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 346 Balestier Rd #04-01 S'329776  
DRIVER'S Contact No./ Alt No. : 1) 91992591 2) \_\_\_\_\_  
DRIVER'S Occupation : Engineer  
INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins  
Number of Passengers (including Driver): 01  
Was the accident reported to the police? YES \ NO  
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

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: SGB2200H  
Vehicle Make/Model: Mer /Benz  
Name DRIVER: \_\_\_\_\_  
IC No. DRIVER: \_\_\_\_\_  
DRIVER'S Contact & add: \_\_\_\_\_

Vehicle Reg No: SJA 6491T  
Vehicle Make/Model: Kia Cerato  
Name DRIVER: \_\_\_\_\_  
IC NO. DRIVER: \_\_\_\_\_  
DRIVER'S Contact & add: \_\_\_\_\_







**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Licence Number: **S93160501**  
Name: **JASON CHUA JIE SHENG**  
Birth Date: **05 May 1993**  
Issue Date: **19 Aug 2013**

002214472E

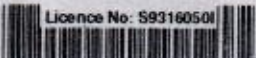


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

	<b>EFFECTIVE DATE</b>
<b>Class 3A</b> Motor cars without clutch pedals (Auto) $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals $\leq$ 2500kg	<b>19 Aug 2013</b>

NP 428A

Licence No: S93160501





# NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : ANG SUAN CHOK  
Period of Insurance : 29 Sep 2018 To 28 Sep 2019  
Engine No. : HR16912471C  
Chassis No. : MNTBBAB17Z0030033

Vehicle No. : SLS7012C  
Policy No. : 1700059854-01  
Endorsement No. :  
Issued Date : 20 Aug 2018

## ABOUT THE COVER

Make/Model : NISSAN SYLPHY 1.6 PREMIUM  
Engine Capacity/Tonnage : 1,598.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2017  
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 23 and/or has less than 3 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 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 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)

ANG SUAN CHOK - \$600 (Own Damage)

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

1. TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212
2. Autolion Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
3. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513
4. Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589623 54694091 64694092 64694093
5. Tan Chong Motor Sales Add: 17 Lorong 8 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](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

## IMPORTANT NOTES

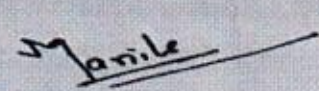
Hire Purchase Company/Employer's Loan: NA

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).

0500610583

TAN CHONG CREDIT PTE LTD-LKF  
911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE  
SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

  
AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE