

NATIONAL Assessment Centre Services

part 1 Jan 03

MMA 118014917

Date In: 19/11/18 09:38	Job description	Date & Time Completed	Done by
Ref No: NA1A18020839164	SAS e-filing		
Veh No: SLZ 1800 Y	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/11/18 15:55	I-Motor Claim Form		
OD: (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Professed Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: G06 9003Y	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

<p>MA1807582</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref 1:</p> <p>Ref 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2003)</p> <p>6) TR: Re-Inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$3</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p> <p>Invoice dated</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Fee Charged</p>	<p>Am (\$)</p> <p>30.00</p>	<p>Res. Amt (\$)</p> <p>Add bill</p>
---	--	-----------------------------	--------------------------------------

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	19/11/2018 09:38
Date Of Accident	16/11/2018 15:55
Exact Location Of Accident	AMK AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1800Y
Insured/Policyholder	
Name Of Registered Owner	TAN PHECK LAN JEANNIE (CHEN BILAN)
NRIC No	S7127495J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98233691
Alternative Phone No	OFFICE-98233691

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
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	1800031185
Cover Note Number	-

Driver

Name of Driver	TAN BENG CHIANG
NRIC No	S0045905D
Date Of Birth	10/07/1939
Occupation	INDOOR
Date Of Driving Pass	18/12/1957
Driving Experience	60 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96211551
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	33 PEMIMPIN PLACE
Postcode	576030
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	
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: : TEH ANG LYE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO 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	GBG9003Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TEO BOON WEE
NRIC/Passport Number	S7872284C
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.

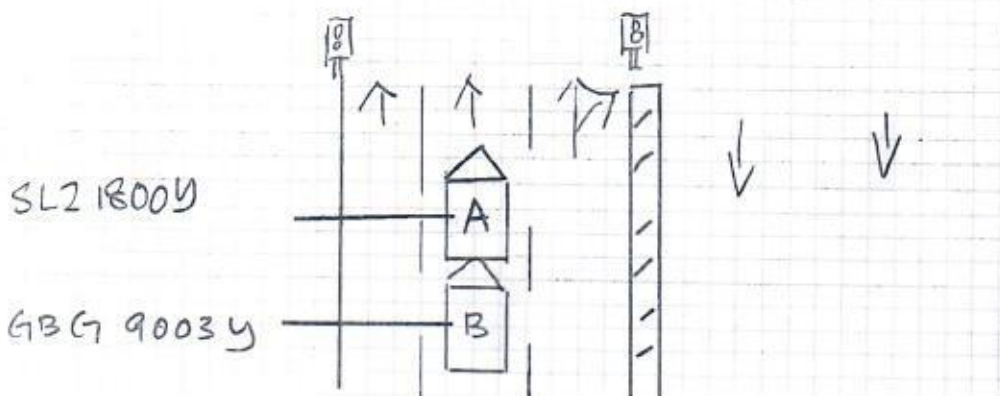
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Ang Mo Kio Ave 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police Report S/D Ref :
ESD 142

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:

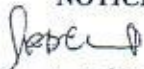
Reporting Centre Personnel's Signature



Name:

NRIC/FIN No.:

Annex D

NOTICE OF REPORTING


This is to confirm that Tan Beng Chiang NRIC/FIN: S0045905D, HP: 96211551 has reported to the Police a non-injury traffic accident which occurred along Ang Mo Kio Avenue 1 on 16/11/2018 at about 1555hrs involving the following vehicles:

 SLZ 1800Y 
V1) SBZ1800Y (Complainant's vehicle) 20 BISHAN STREET 2
V2) GBG9003Y (Other party's vehicle) 579757

BISHAN NPC
20 BISHAN STREET 2
SINGAPORE 579757
TEL: 1800-5529099

On the above stated date, time and location, I stopped my car (SBZ1800Y) behind two other cars in the middle lane when the traffic light was red at Li Hwan Drive traffic light junction towards CTE. As I was waiting to move off, a Toyota van (GBG9003Y) suddenly collided on to the back of my vehicle.

After collision, we exchanged our particulars and proceeded on with our journey. I wish to state that no one sustained any injuries. I am lodging this report for insurance claims.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT (2) Daron Ho
Date: 16/11/2018 Time: 2119hrs
S/D Ref: eSD 142
Police Post/Unit: Bishan NPC

BISHAN NPC
20 BISHAN STREET 2
SINGAPORE 579757
TEL: 1800-5529099

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

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 : MNA 118149117 Vehicle Registration No: SL2 18004
Name (as shown in NRIC) : Tan Phock Can Jeannine NRIC/FIN/Passport No : 57127495J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 33 Pemimpin Place Singapore 576030
Contact (Tel) : _____ Mobile No. : 98233691
Email Address : _____
Date of Accident : 16.11.2018 Time of Accident : 15:55
Place of Accident : AMK Ave 1
Insurance Company : AIG

(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:

1. Police report detail incorrect - upload correct police report.



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 20/11/18.

Date of Accident : 16.11.2018 Accident Time: 3.55pm (24-HR-Format)

Accident Place : Ang Mo Kio Ave 1

Vehicle No. (Car Plate No.) : SLZ 1800Y Make/Model: NISSAN QASHQAI

Insurance Company : AIG Policy No: 1800031185

Owner or Company Name /IC N : TAN PHECK LAN JEANNIE S7127495J

Owner or Company Contact No. : 98233691 Owner's Hp: Company Tel:

DRIVER'S Name / IC No. : Tan Beng Chuan S0045905D

DRIVER'S Date Of Birth : 10.07.1939 DRIVER'S License Pass Date : 18.12.1957

Relationship of Owner & Driver : Spouse Parents Children Sibling Employee Others:

DRIVER'S Address : 33 PEMIMPIN PLACE SINGAPORE 576030

DRIVER'S Contact No./ Alt No : 1) 96211551 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) 2

Was there any video Captured by car camera: YES

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: GBG 9003Y ERGO

Vehicle Make/Model -

Name Driver: Teo Boon Wei

IC No. Driver/Contact: S7872289C

* NEW - Passenger's name & gender:

1 TEH ANGLYE (F)

Teo

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S0045905D**

Name **TAN BENG CHIANG**

Birth Date **10 Jul 1930**

Valid Until **28 Apr 2009**

000459057E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0045905D**

Name **TAN BENG CHIANG**

陈明昌

Race **CHINESE**

Date of Birth **10-07-1930** Sex **M**

Country of Birth **SINGAPORE**





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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Dec 1967

NP 429A

NPIC No: S0045905D



0312954

NPIC No: **S0045905D**

0+


Date of issue **16-04-1992**

33 PEMIMPIN PLACE
SINGAPORE 576030


NPIC No: **S0045905D** Date: **04/06/2012** No: **7184657**




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7127495J



Name
TAN PHECK LAN JEANNIE
(CHEN BILAN)
陈碧兰
Race
CHINESE
Date of birth
15-08-1971
Sex
F
Country of origin
SINGAPORE



4432593



NRIC No. S7127495J



Date of issue
17-07-2009

33 PEMIMPIN PLACE
SINGAPORE 576030

NRIC No: S7127495J Date: 16/09/2010 No: 0453772



Name of Policyholder : Tan Pheok Lan Jeannie (Chen BiLan)
Period of Insurance : 27 Mar 2018 To 26 Mar 2019
Engine No. : HRA2585765A
Chassis No. : SJNFEAJ11U2218282

Vehicle No. : SLZ1800Y
Policy No. : 1800031185
Endorsement No. :
Issued Date : 18 Apr 2018

Make/Model : NISSAN Qashqai 1.2 DIG-Turbo

Engine Capacity/Tonnage : 1.197.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

a) The Folcyholder

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 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

only for social, domestic and pleasure purposes and for the Policyholder's business

10. 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.

1.294 of Use 1500cc + 1600cc

* Limitations rendered inoperative by Section 6 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

Windscreens = \$100

Named Driver and Excess (where applicable)

Jan Brock Lan Jeannie (Chen BiLan) - \$620 (Own Damage)

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

1. IC AutoClinic, Add. No.1, Sixth Lok Yang Road Singapore 628099 62622212

Automation Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666

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

4. Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 588823 64694091 64694092 64694093

A. 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 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

I/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. 168), Part IV of Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

020610376

N CHONG CREDIT PTE LTD-OPH

1. BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

TEMPORE 589622 ANSP-MOTOR

rewritten by AIG Asia Pacific Insurance Pte. Ltd.

Manila

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

RECEIVED

herton Way #07-16 AIG Building S079120 | T:+65 6419 3000 | F:+65 6415 3723 | www.aig.com.sg

Allstate Pacific Insurance Co., Ltd.



AIG Asia Pacific Insurance Pte. Ltd.
AIG Building
78 Shenton Way
#07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Tan Beng Chuan
VEHICLE NUMBER : SLZ 1800 V
DATE/TIME OF ACCIDENT : 3.55 pm
PLACE OF ACCIDENT : Ang Mo Kio Ave 1
THIRD PARTY VEHICLE (IF ANY) : GBG 9003 V

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED
DESTINATION BEFORE THE ACCIDENT?

Ang Mo Kio Ave 1

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF
THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-
ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES
TO ALL VEHICLES INVOLVED?

Head to Rear

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL?
WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO injured

Police report : Bishan NPC

Heel
Name:

I Affirmed The Above Information Is Given To My Best Knowledge.