

NATIONAL Assessment Centre Services

Wef 1 Jan 05 M10118 157520

Date In: 5/12/18-12.11	Job description	Date & Time Completed	Done by
Ref No: NA/A1618021943/24	SAS e-filing		
Veh No: SMG455 E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 3/12/18 - 20:45	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: () Tel: () Fax: ()

TP Particulars: Vch No: BW8999B 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

NA1809967

Invoice Preparation Checklist

Ant (\$)
1st Bill

Ant (\$)
Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2 / 3:

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	05/12/2018 17:11
Date Of Accident	03/12/2018 20:45
Exact Location Of Accident	TIONG BAHRU RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG455E
Insured/Policyholder	
Name Of Registered Owner	LEE MENG JOO
NRIC No	S1362457G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96579957
Alternative Phone No	OFFICE-96579957

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT
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	
Cover Note Number	1800144332

Driver

Name of Driver	LEE MENG JOO
NRIC No	S1362457G
Date Of Birth	25/04/1959
Occupation	INDOOR
Date Of Driving Pass	25/03/1985
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96579957
Fax Number	
Contact Number	OFFICE-96579957
Email Address	NOEMAIL

Address	BLK 361 HOUGANG AVENUE 5
	#07-310
Postcode	530361
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : -
	GENDER: : FEMALE
Passenger 2	NAME: : -
	GENDER: : MALE

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	SJW8999B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN TIANG LIM
NRIC/Passport Number	S7834058D
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:

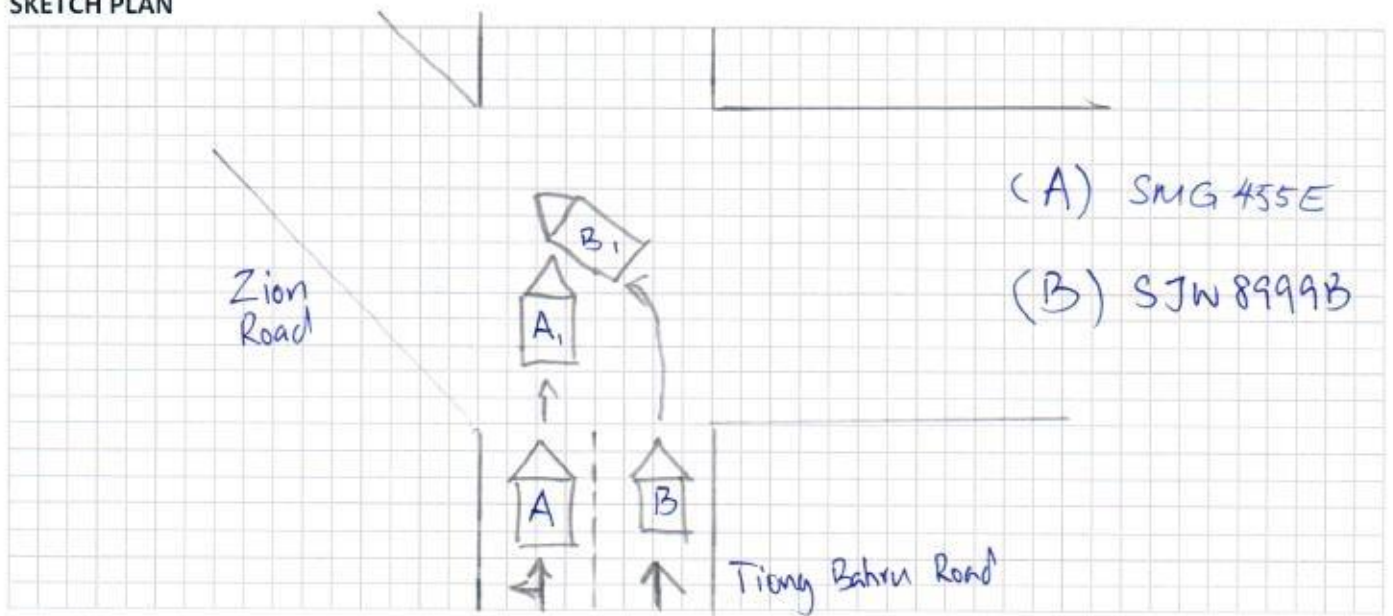
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting for the traffic light to turn green at the junction of Tiong Bahru Road and Zion Road. I was at lane 2 which is a straight or left turn lane while vehicle B was waiting on lane 2, straight only lane. When the traffic light turned green, I proceed straight. After I moved off, Vehicle B collided onto the front right of my vehicle when trying to make a left turn from my right.

DECLARATION

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

ti
Policyholder's Signature
Date & Time:

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

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

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 3/12/2018		TIME: 2045 Hrs	(hh:mm) 24 hrs Format
LOCATION: Tanjong Bahru Road			
VEHICLE NUMBER: SMG 455E			
INSURED NAME: Lee Meng Joo			
NRIC / FIN: S1362457G		CONTACT: 96579957	
MAKE: Nissan		MODEL: Qashqai 1.2	
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 Only			
INSURANCE COMPANY: AIG			
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER: 1800144332			
NAME DRIVER: Lee Meng Joo		(<input checked="" type="checkbox"/>) SAME AS INSURED	
NRIC / FIN: S1362457G		CONTACT:	
DATE OF BIRTH: 25/04/1959			
DRIVING PASS DATE: 25/02/1985			
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS:		(<input checked="" type="checkbox"/>) NO EMAIL	
ADDRESS OF DRIVER: Blk 361 Hougang Ave 5 #07-310 S(530361)			
Number Of Passenger Include Driver: 3 2 Male 1 Female			
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO			
If No, Relationship Of The Driver With The Insured			
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others			
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) 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 () Drizzling () 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 details :			
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO			
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO			
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party		Name / NRIC	Contact
Veh B	SJW 8999B	TAN TIANG LIM	S7834058D
Veh C			
Veh D			
Veh E			
Veh F			
Veh G			

I, Tan Tiang Lim of S7834058/p
vehicle no: SJW 8999 B knocked
into the ^{right} rear of vehicle no SNG 155E
on 3/12/2018. Pls. claim repair
under my insurance,



3/12/18

LEE MENG JOO
S1362457G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1362457G



Name

LEE MENG JOO



Race

CHINESE

Date of Birth

25-04-1959

Sex

M

Country of Birth

SINGAPORE



2456589



NRIC No. **S1362457G**



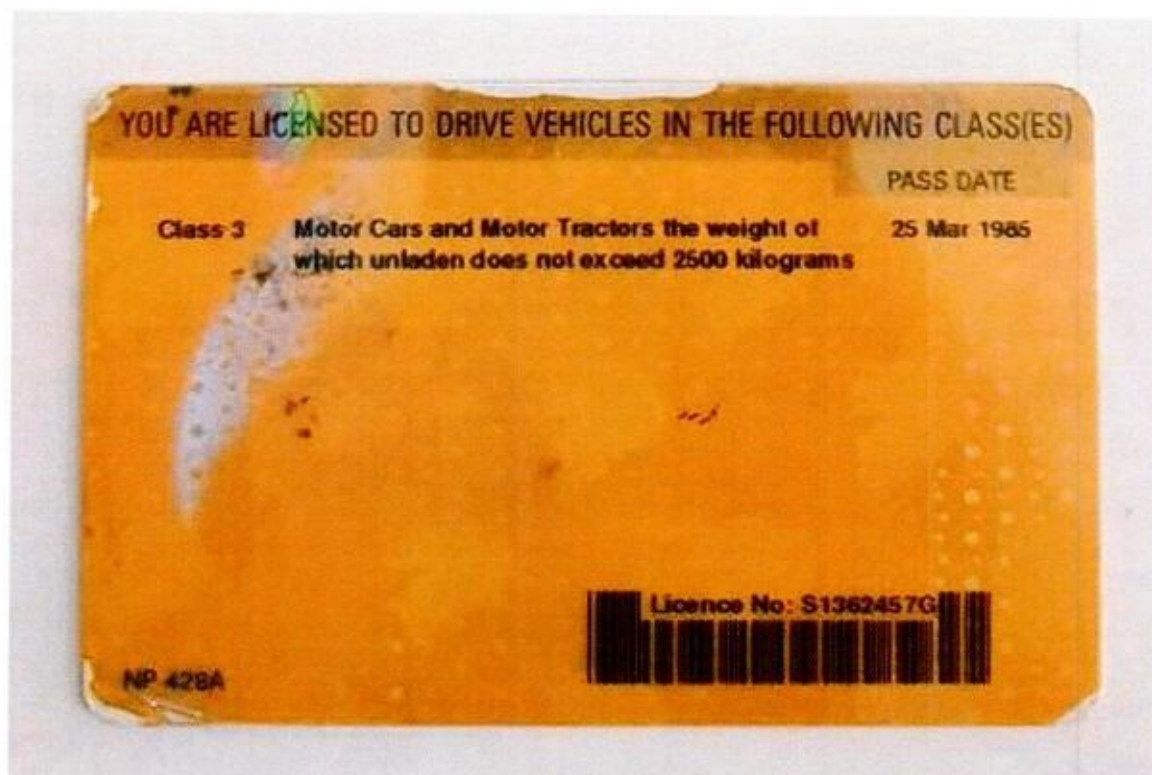
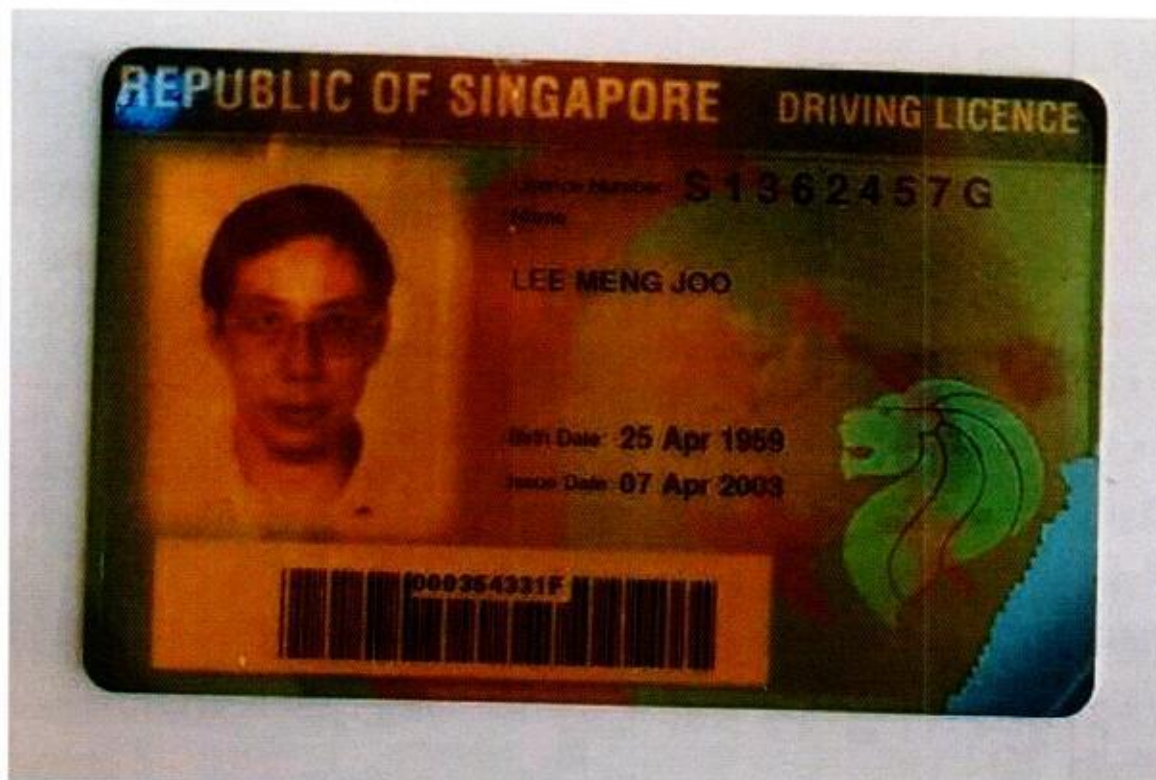
Blood Group Date of issue

B+

07-10-1994

Address

**APT BLK 361 HOUGANG AVENUE 5
#07-310
SINGAPORE 1953**





COVER NOTE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder	: Lee Meng Joo	Vehicle No.	:
Period of Insurance	: 30 Nov 2018 to 29 Nov 2019	Cover Note No.	: 1800144332
Engine No.	: HRA2690592A	Endorsement No.	:
Chasis No.	: SJNFEAJ11U2389805	Issued Date	: 29 Nov 2018

ABOUT THE COVER

Make/Model	: NISSAN Qashqai 1.2 DIG-Turbo	Sum Insured	: Market Value	First Year of Registration	: 2018
Engine Capacity/Tonnage	: 1,197.00 CC	Off Peak Car	: No	Insuring with COE/PAF	: Yes
Driver Restriction	: NA				

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 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 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

Windscreen : \$100

Named Driver and Excess (where applicable)
Lee Meng Joo - \$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 64694091 64694092 64694093
5. Tan Chong Motor Sales Add: 17 Loring 8 Toa Payoh Singapore 319254 63570753 63570754

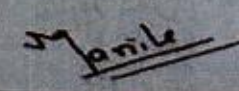
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.
 (We hereby certify that this Cover Note 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). For Corporate Policies, this Cover Note is valid for 90 days from the commencement date of the period of insurance.

0500610356
 TAN CHONG CREDIT PTE LTD-LTP
 911 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 Oak Chai Sylvia Lim