

NATIONAL Assessment Centre Services [APR 2003]

Date In: 28/12/2018 15:41	Job description	Date & Time Completed	Done by
Ref No: NA/ATG18023280/14	SAS e-filing		
Veh No: SLS 8386S	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/12/2018 12:40	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 Assgn Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SJT2468Y . 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%. F: 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 () / Towel-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks: (INC hotline: 67886616)	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

Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) 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) NI : Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
OD*				
*N5: Courtesy Car / Tp. 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 \$0				
	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 willful 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	28/12/2018 15:41
Date Of Accident	28/12/2018 12:40
Exact Location Of Accident	HOUANG AVE 1 TWDS INFR YU YING SECONDARY SCHOOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS8386S
Insured/Policyholder	
Name Of Registered Owner	EVERLYN PTE LTD
Co Reg No	201613598G
Email Address	DOMINICGOH@LIVE.COM
Mobile Phone No	(LOCAL) +65-83281023
Alternative Phone No	OFFICE-83281023

Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING HOURS
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	1700070275-01
Cover Note Number	

Driver

Name of Driver	GOH QING HAO, DOMINIC (WU QINGHAO, DOMINIC)
NRIC No	S8325561G
Date Of Birth	24/08/1983
Occupation	INDOOR
Date Of Driving Pass	19/06/2004
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83281023
Fax Number	
Contact Number	OTHERS-83281023
Email Address	DOMINICGOH@LIVE.COM

Address	BLK 52 LENGKOK BAHRU #08-289
Postcode	150052
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR OF CO.
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 (including own vehicle) involved in the accident	2
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?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT2468Y
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.:

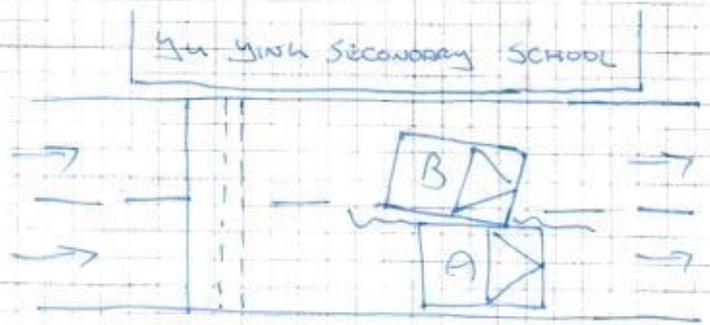
- 28/12/2018

SKETCH PLAN

HOUZHANG AVE 1 INFRONT YU YING SEC SCHOOL

VEHICLE A
- SLS 8386 S

VEHICLE B
- SJT 2468 Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT, ON THE RIGHT LANE OF HOUZHANG AVE 1.

WHILE SOMEWHERE INFRONT YU YING SECONDARY SCHOOL, WHILE PROCEEDING STRAIGHT AHEAD, SUDDENLY A VEHICLE ON MY LEFT SWERVED AND SHIFT INTO MY LANE AND HIT ONTO THE LEFT SIDE OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SJT 2468 Y) THAT COLLIDED TO THE LEFT SIDE OF MY VEHICLE.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA, WITH FRONT AND REAR VIEW.

VEHICLE A SLS 8386 S

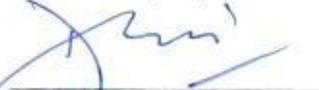
VEHICLE B SJT 2468 Y

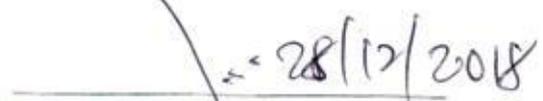
DECLARATION

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.:

Enquire Vehicle Registration Details

Particulars	
NRIC/Passport/Company Cert No.:	201613598G
Owner ID Type:	Company
Owner Name:	EVERLYN PTE. LTD.
Registered Address:	1 COMMONWEALTH LANE #09-12 ONE COMMONWEALTH SINGAPORE 149544
Mailing Address:	-
Birth Date:	-

Vehicle Particulars	
Vehicle No.:	SLS8386S
Previous Vehicle No.:	-
Effective Date of Ownership:	25 Oct 2017
Original Regn Date:	25 Oct 2017
Registration Date:	25 Oct 2017
Year of Manufacture:	2017
Vehicle Type:	Passenger (Co) Company Station Wagon (Single Rate)
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	NISSAN
Vehicle Model:	QASHQAI 1.2 DIG-T CVT
Primary Colour:	Black
Secondary Colour:	-
Passenger Capacity:	4
Chassis No.:	SJNFEAJ11U2030424
Engine No.:	HRA2491867A
Engine Capacity / Power Rating:	1197 cc / -
Maximum Power Output:	85.0 kW (113 bhp)
Propellant:	Petrol
Max Unladen Weight:	1325 kg
Maximum Laden Weight:	1790 kg
Open Market Value:	\$19,750.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Oct 2027
Minimum PARF Benefit:	\$7,375.00
No. of Transfers:	0
IU Label No.:	1127959287
COE No.:	2017110101000335Z
COE Expiry Date:	24 Oct 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Registration Category:	A - Car up to 1600cc & 97kW (130bhp)
Quota Premium (QP) / Prevailing Quota Premium:	\$41,761.00 / -
Actual QP Paid:	\$41,761.00
QP (Regn Cat):	\$41,761.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$41,761.00
Additional Registration Fee Rate:	First \$19,750.00 (100%)
Actual ARF Paid:	\$14,750.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	129.00 (g/km)
CEV/VES Rebate Utilised Amount:	\$5,000.00
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	To renew the COE, the Prevailing Quota Premium payable is that of Category A.

Vehicle No.	SLS 83865	Model / Make	NISSAN QASHQAI
Date of Accident	28/12/2014		
Time of Accident	1240	HRS	
Location of Accident	HOWHANG AVE 1 TOWARD DIRECTLY INFRONT SU YINH SEC		
Exact purpose use during accident	WORKING HOUR / PRIVATE USE	SCHOOL	
Name of Owner	BURLYN PTE LTD		
Telephone No.	H/P: 8328 1023	Home:	Office:
NRIC	201613598A		
Address	1 COMMONWEALTH LANE #09-12 ONE COMMONWEALTH		
Claim type	OD	THIRD PARTY	REPORTING ONLY S(149544)
Insurance Company	AIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	1700070275-01		
Name of Driver	As Above If No, GOH QING HAO, DOMINIC		
NRIC	S8325561G	Any Passengers: 1 (male)	
Date of birth	24 AUG 1983		
Occupation	Outdoor	/ <u>Indoor</u>	
Driving License Pass Date	19 JUN 2004		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 8328 1023	Home:	Office:
Address	BLK 52 LANAROK BAHEN #08-289 S(150052)		
Driver have any own vehicle	<u>No</u> If yes, Reg No.		
Relationship	Employee,	If no, state DIRECTOR OR CO.	
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	<u>No</u> If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No</u> If Yes, Where?		
Vehicle B No.	SJT 24684	Any Passengers:	
Name of Driver	Contact No.:		
Vehicle C No.	Any Passengers:		
Vehicle D No.	Any Passengers:		
Vehicle E no.	Any Passengers:		
Vehicle F No.	Any Passengers:		
Vehicle G No.	Any Passengers:		
Witness Name	Witness Contact:		
Accident Portion	LEFT SIDE OF VEHICLE		
Camera Recorder	<u>Yes</u> / No		
Email Address	dominicgoh@live.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?	Yes / No		
PARTICULAR WORKSHOP	TWINNER AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	JAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8325561G



Name
GOH QING HAO, DOMINIC
(WU QINGHAO, DOMINIC)
吴清豪

Race
CHINESE
Date of Birth
24-08-1983 M
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8325561G

Name:
GOH QING HAO, DOMINIC
(WU QINGHAO, DOMINIC)

Birth Date: 24 Aug 1983
Issue Date: 08 Aug 2011

001989557C



3130244



NRIC No. S8325561G

Blood Group: Date of issue
O+ 21-02-2000

Address
APT BLK 52 LENGKOK BAHRU
#08-289
SINGAPORE 150052

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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	07 Feb 2002
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	19 Jun 2004

428A





CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : EVERLYN PTE LTD
Period of Insurance : 25 Oct 2018 To 24 Oct 2019
Engine No. : HRA2491867A
Chassis No. : SJNFEAJ11U2030424

Vehicle No. : SLS8386S
Policy No. : 1700070275-01
Endorsement No. :
Issued Date : 17 Sep 2018

ABOUT THE COVER

Make/Model : NISSAN Qashqai 1.2 DIG-Turbo
Engine Capacity/Tonnage : 1,197.00 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* :

Any person who is driving on the Policyholder's order or with their 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 30 years old and above

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 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. TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 628099 62622212
2. Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
3. TC AutoClinic Add: 25 Lang 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 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: HL Bank

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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610537

TAN CHONG CREDIT PTE LTD - KCK
 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

SSPOSD