

NATIONAL Assessment Centre Services. part 1 Jan 2005 MNA119011406.

Date In: 24/11/19 09:31	Job description	Date & Time Completed	Done by
Ref No: MAL AIG 1900 1569 / h4	SAS e-filing		
Veh No: SLU 4235K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/11/19 23:30	I-Motor Claim Form		
OD: <input checked="" type="radio"/> 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		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars:	Veh No: SHA 8149C	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 repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	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

MNA1900709		Invoice Itemization Checklist		Am (\$)	Am (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors Comments:		For claiming against INC Only (wef 10 Jan 2005)			
Ref. 1:		6) TR: Re-inspection \$75			
Ref. 2/3:		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			
		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	24/01/2019 09:31
Date Of Accident	21/01/2019 23:30
Exact Location Of Accident	JUNC OF NEWTON RD & KHIANG GUAN AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU4235K
Insured/Policyholder	
Name Of Registered Owner	LEONG LIN YUAN (LIANG LINYUAN)
NRIC No	S7818241E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96386497
Alternative Phone No	OFFICE-96386497
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	1700084674-01
Cover Note Number	-
Driver	
Name of Driver	LEE JIA HAO
NRIC No	S9343713F
Date Of Birth	19/11/1993
Occupation	INDOOR
Date Of Driving Pass	23/04/2012
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88667171
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 405 CHOA CHU KANG AVE 3 #13-261
Postcode	680405
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	YES
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)	2
Passenger 1	NAME: : LEONG LIN YUAN
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

Details of Witness 1

Name	ZHI HAO
Phone Number	91183566
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8149C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver
NRIC/Passport Number
Contact Number 94899924
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEE JIA HAO
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLU4235K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2


Name LEONG LIN YUAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLU4235K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode


SKETCH PLAN

IMPORTANT NOTICE

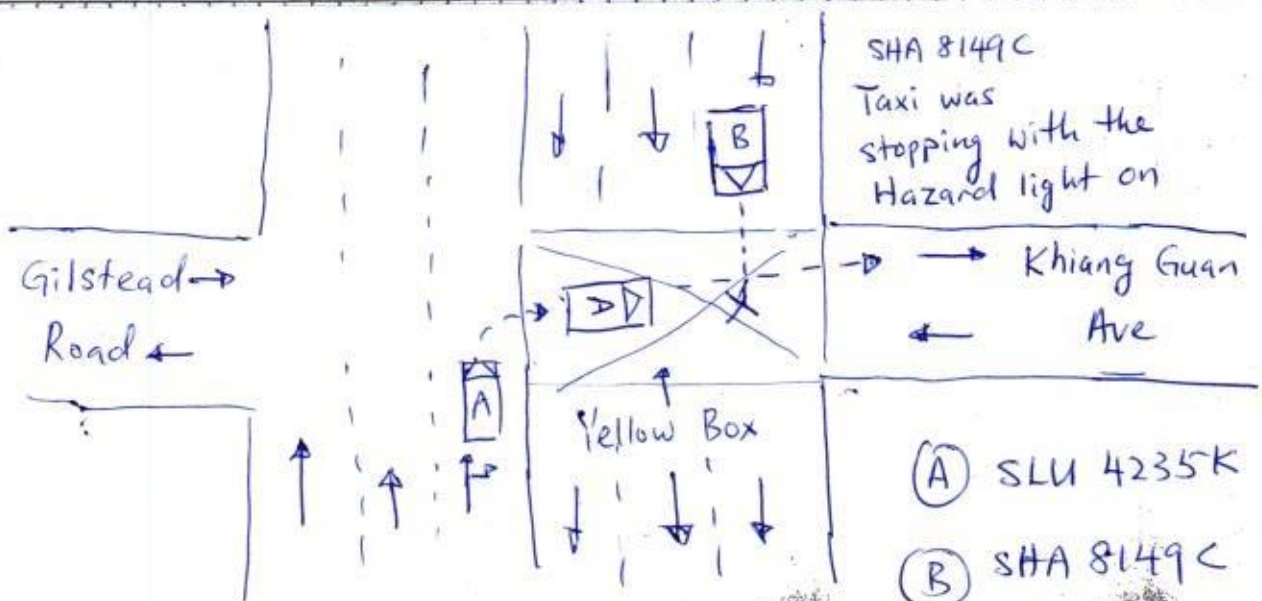
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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 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.
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.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

Refer To Police Report NO: J/20190123/7020

Declaration

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


Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 1 / 2014) (DD/MM/YYYY). TIME: (23 : 30) (HH:MM)

LOCATION: Junction of Newton Road and Kiang Guan Ave.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLU 4235 K
b) INSURANCE COMPANY: AIG Ins.
c) POLICY NUMBER: 1760084674-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN QASHQAI
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Pte Use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: Leong Lin Yuan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7818241-E CONTACT: 96386497
c) ADDRESS: B1K 31, Teban Gardens Road
#05-215 S 600031

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Lee Jia Hao (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9343713-F CONTACT: 88667171
c) ADDRESS: B1K 405, Choa Chy Kang Ave 3
#13-261, S 680405

*d) DATE OF BIRTH: (19 / 11 / 1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 23/4/2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Friend

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Leong Lin Yuan & Lee Jia Hao

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Orchard N.P.C.

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHA 8149C MODEL: Taxi

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT: 94899924

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

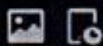
f) NRIC/FIN/PASSPORT: CONTACT:

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passenger
including
driver 2

passenger
including
driver 1



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SINGAPORE
POLICE

J_2019...

POLICE REPORT (NP25W)

Report No. 221901237020

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7910000

Date/Time Report Made 23/01/2019 13:55	Vide Report No.	Station Diary No.
Name Of Informant LEE JIA HAO	Address APT BLK 405 CHOA CHU KANG AVENUE 3 #13-261 SINGAPORE 680405	
ID Type / ID No. NRIC NO / S9343713F	Contact No. Home/Office: Mobile: 88667171	
Nationality SINGAPORE CITIZEN	Email Address jiaahao.lee@gmail.com	
Occupation Sales executive	Sex Male	Age 25
Institution/School Name	Date of Birth 19/11/1993	Race Chinese
Date/Time Of Incident 21/01/2019 23:30 - 21/01/2019 23:55	Location Of Incident APT BLK 405 CHOA CHU KANG AVENUE 3 #13-261 SINGAPORE 680405	

Brief details.

On 21/01/2019 around 1130pm, i was driving SLU4235K along newton road. I wanted to turn into Khiang Guan Avenue. As the junction is not controlled by any traffic lights, i inch out my car to check if there is any incoming traffic, as soon as the traffic was clear and in my favour, i turned into Khiang guan avenue. However, while my car was still in the yellow box of newton road, one yellow comfort taxi, SHA8149C which was previously stationary at the side of the road with hazard light on drove straight towards my direction. I stopped my car immediately however the driver continued to drive forward and collided into

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2019 13:55
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

SINGAPORE
POLICE FORCE

J/201901237020

2 of 2



Officer In-Charge Of Case:

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20190123/7020

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190123/7020

my car front portion. I wished to state that the driver was talking to a group of people who were standing at the pavement at the times when the taxi is at stationary.

There was an independent eye witness who came to assist and he is willing to be my witness for the whole incident. His name is Zhi Hao, Handphone number 91183566. I have an onboard camera installed in my car and the video footage captured the whole incident.

Subjects Involved			
Victim			
Person Name	LEE JIA HAO		
ID Type	NRIC NO	ID No	S9343713F
Gender	Male	Age	25
Race	Chinese	Language	English
Occupation	Sales executive	Address Type	
Address	APT BLK 405 CHOA CHU KANG AVENUE 3 #13-261 SINGAPORE 680405		Mobile No 88667171
Is Informant A Victim?	Yes		
Person Name	LEE JIA HAO (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
23/01/2019 13:55

Classification Of Case:

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REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9343713F

Name

LEE JIA HAO



李家豪

Race

CHINESE

Date of birth

19-11-1993

Sex

M

Country of birth

SINGAPORE



4312244



NRIC No. S9343713F



Date of Issue
24-11-2008

Address
APT BLK 405 CHOA CHU KANG AVENUE 3
#13-261
SINGAPORE 680405

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REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S 9343713 F

Name

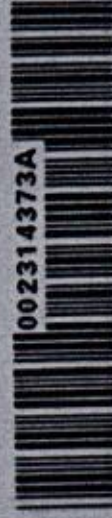
LEE JIA HAO

Birth Date: 19 Nov 1993

Issue Date: 12 Jun 2014



002314373A



to collect, use, disclose
provided by me or
information shall be
this accident relevant
more and any relating to
investigations relating to

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg, \leq 7 passengers, exclusive 23 Apr 2012
of the driver; and other vehicles \leq 2500kg

NP 428A

Licence No: S9343713F



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REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7818241E



Name

LEONG LIN YUAN
(LIANG LINYUAN)

梁林源

Race

CHINESE

Date of birth

29-06-1978

Sex

M

S7818241E

Country of birth

SINGAPORE



4288841

IDENT No. S7818241E



Date of issue
29-09-2008

Address

APT BLK 31 TEBAN GARDENS ROAD
#05-218
SINGAPORE 600031





CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder: Leong Lin Yuan (Liang Lin Yuan)
Period of Insurance: 30 Nov 2018 To 29 Nov 2019
Engine No.: HRA2322557A
Chassis No.: SUNFEAJ11U2105316

Vehicle No.: 6LU4235K
Policy No.: 17D30B4674-01
Endorsement No.:
Issued Date: 12 Oct 2018

ABOUT THE COVER

Make/Model: NISSAN Qashqai 1.2 DIG-Turbo
Engine Capacity/Tonnage: 1,197.00 CC
Driver Restriction: NA
Person or Classes of Persons Entitled to Drive:
Market Value: Sum Insured
Off Peak Cat: No
First Year of Registration: 2017
Insuring with COE/PARF: Yes

1. The insured must be at least 18 years old and hold a valid Singapore driving licence at the time of the loss.
2. The insured must be at least 40 years old and hold a valid Singapore driving licence at the time of the loss.
3. The insured must be at least 17 years old and hold a valid Singapore driving licence at the time of the loss.

1700084674-01

Age Condition: 40 years old and above

Limitation as to use:

1. This policy is not valid for use for hire or reward, driving school, racing, pace-making, roadblock trial or speed testing. The coverage of goods other than contents in connection with any trade or business is not for any purpose in connection with Motor Tugs.

Loss of Use 1500k - 1000k

1. Limitations imposed by Section 8 of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 180) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be exceeded under these conditions.

EXCESS

Section 1
Fire - \$0; Own Damage - \$400; Theft - \$0; Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Leong Lin Yuan (Liang Lin Yuan) - \$400 (Own Damage)

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

1. T1C AutoCare: Add No 1, Siah Loo Yang Road Singapore 620096 62522212
2. AutoCare Industries: Add 18, Ulu Road Singapore 408623 6490965
3. TC AutoCare: Add 25, Ulu Road Singapore 408623 67038513
4. Tan Chong Motor Sales: Add 913, Bukit Timah Road Singapore 580073 6494001 6494002 6494003
5. Tan Chong Motor Sales: Add 17, Loring 8, Top Payoh Singapore 319254 63670753 63670754

For other Approved Reporting Centres/AutoCare Repairs, 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. Search search and download "AIG SG" from iTunes or Google Play.

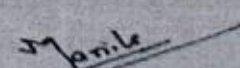
IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

Please verify that the policy to which this Certificate of Insurance refers is issued in accordance with the provisions of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 180) Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicle (Third Party Risk) Rules, 1959 (Malaysia).

1500810667

TAN CHONG CREDIT PTE LTD-HWS
911, 9001 TAMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 596022
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE