

NATIONAL Assessment Centre Services.

[wef 1 Jan 05]

MAA/19018097

Date In: 09/01/2009 13:32
Ref No: NA/AG/9002308/Y
Veh No: SJZ 2975T
D.O.A: 02/02/2009 14:10

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (w/da 8hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

OD: TP Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SJZ 536S

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) (w/da 6hrs, AIC 1hr)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

NA/1901058

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref:

Page 1/3

Invoice Details: (w/da 6hrs, AIC 1hr)

| | |
|---|------------|
| 1) AR: Accident Reporting (\$30) | |
| 2) DA: Damage Assessment (\$100) | INC (\$80) |
| 3) TP: 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 / Tpl Allowance | \$5 |
| *N6: Repair Co-ordination | \$10 |
| *N7: Post Repair Inspection | \$25 |
| *N8: DV / Collect Excess Coordination | \$5 |
| TP (N11): TP (N-in INC) against INC | \$20 |
| 9) N12: Idao Mobile | \$0 |
| Invoice dated | |
| Invoice dated | |

Fee Charged

Fee Charged

MAA/1901058

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 | 09/02/2019 13:32 |
| Date Of Accident | 02/02/2019 14:10 |
| Exact Location Of Accident | ALONG BEDOK NORTH AVENUE 3 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJZ2975T |
| Insured/Policyholder | |
| Name Of Registered Owner | ZHANG CHENGHUI |
| NRIC No | S7881504C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93384705 |
| Alternative Phone No | OTHERS-98578380 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | VIOS |
| 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 | 2100236025-08 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------|
| Name of Driver | KANG SEOK ENG (JIANG SHUYING) |
| NRIC No | S8231848H |
| Date Of Birth | 27/09/1982 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/11/2002 |
| Driving Experience | 16 YEARS AND 2 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-98578380 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

Address BLK 715 TAMPINES STREET 71
#9-174

Postcode 520715

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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 (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) 3

Passenger 1 NAME: : ZHANG YIXIN
GENDER: : MALE

Passenger 2 NAME: : CHUA MUI HUA
GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

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 SJB536S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver SUGENDRAN S/O KRISHNAN

NRIC/Passport Number

Contact Number 91459500

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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:

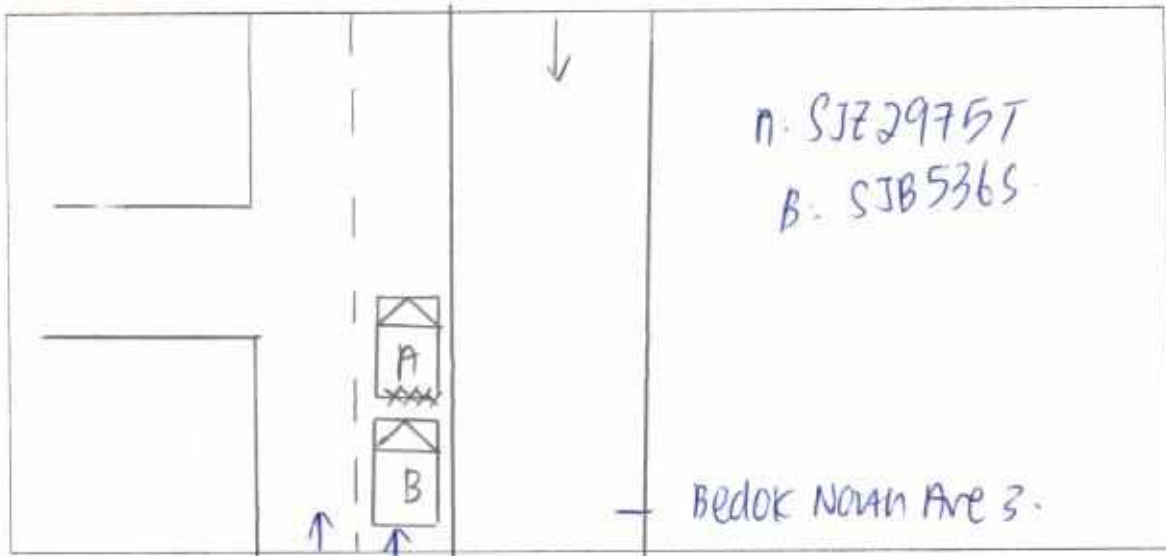
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: *Rashid Hussain*
NRUC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight on the extreme right lane out of two lanes along Bedok North Ave 3.

Traffic was heavy. Vehicle in front of me slowed and stopped. I followed and stopped.

But suddenly, I felt a hard impact and realised that vehicle "B" had hit onto the rear portion of my vehicle and caused damages.

[Signature]

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

[Signature]
Driver's signature
(if driver is not the policyholder)
Date & Time:

[Signature] 09/02/2019
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

| | | | | | |
|----------------------|--------------------------------------|--|-----------------------------------|--|--|
| VEHICLE NO: | SJZ2975T | | MAKE & MODEL: | TOYOTA VIOS | |
| DATE OF ACCIDENT | 02 / 02 / 2019 | | TIME OF ACCIDENT | 14:10 AM/PM | |
| LOCATION OF ACCIDENT | Bedok North Ave 3 | | EXACT PURPOSE USE DURING ACCIDENT | | |
| NAME OF OWNER | Zhang Chenghui | | TEL NO | 9338 4705 | |
| NRIC | S7881504C | | CLAIM TYPE | OD / <u>THIRD PARTY</u> / REPORTING ONLY | |
| INSURANCE CO | AIG | | TYPE OF COVERAGE | Comprehensive / Third Party / Third Party Fire & Theft | |
| POLICY NO. | 2100236025-08 | | NAME OF DRIVER | As Above / If No: Kang Seok Eng | |
| NRIC | S8231848H | | Any Passengers: | 02 | |
| DATE OF BIRTH | 27 / 09 / 1982 | | DATE OF DRIVING PASS | 18 / 11 / 2002 | |
| OCCUPATION | Outdoor / <u>Indoor</u> | | GENDER | Male / <u>Female</u> | |
| CONTACT NO. | 98578380 | | CONTACT NO. | Office: Home: | |
| ADDRESS | 715 Tampines St 71 #09-174S (520715) | | DRIVER HAVE ANY OWN VEHICLE | NO / If yes: Reg No: | |
| RELATIONSHIP | Employee / If No: <u>Spouse</u> | | WEATHER CONDITION | <u>Clear</u> / Raining / Other: | |
| ROAD SURFACE | <u>Dry</u> / Wet / Other: | | ANY INJURIES | <u>No</u> / If yes: Who? | |
| POLICE REPORT | <u>No</u> / If yes: Where? | | VEHICLE B NO. | SJ85365 | |
| NAME | Sugendran s/o Krishnan | | Any Passenger: | Unaware | |
| CONTACT NO. | 91459500 | | VEHICLE C NO. | Any Passenger: | |
| VEHICLE D NO. | Any Passenger: | | VEHICLE E NO. | Any Passenger: | |
| VEHICLE F NO. | Any Passenger: | | ANY WITNESS | | |
| WITNESS CONTACT NO. | | | OWNER/DRIVER EMAIL | | |
| PARTICULAR WORKSHOP | NEW HOCK TECK MOTOR PTE. LTD. | | | 1 Kaki Bukit Ave 6, Blk C #01-43 | |
| | Autobay@Kaki Bukit Singapore 417883 | | | TEL: 6747 9241 | |
| CONTACT PERSON | Reena / Sukyi | | | FAX: 6741 7276 | |
| FAX NO. | reena@nhtmotor.com | | | admin@nhtmotor.com | |
| EMAIL | | | | | |

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8231848H



Name

KANG SEOK ENG
(JIANG SHUYING)

江淑瑛

Race

CHINESE

Date of birth

27-09-1982

Sex

F

S8231848H

Country/Place of birth

SINGAPORE



5223942



NRIC No. S8231848H



Date of issue

27-09-2013

APT BLK 715 TAMPINES STREET 71 #09-174
SINGAPORE 520715

NRIC No: S8231848H

Date: 17/05/2015

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 8 2 3 1 8 4 8 H**

Name:

**KANG SEOK ENG
(JIANG SHUYING)**

Birth Date: **27 Sep 1982**

Issue Date: **15 Oct 2003**



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

**Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms**

PASS DATE

18 Nov 2002

NP 428A





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Zhang Chenghui
Period of Insurance : 11 Nov 2018 To 10 Nov 2019
Engine No. : 1NZY108308
Chassis No. : MR053HY9305170305

Vehicle No. : SJZ2975T
Policy No. : 2100236025-08
Endorsement No. :
Issued Date : 24 Sep 2018

ABOUT THE COVER

Make/Model : TOYOTA VIOS
Engine Capacity/Tonnage : 1,497.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2010
Insuring with COE/PARF : Yes

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 Optional

* 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)

Zhang Chenghui - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

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: HONG LEONG FINANCE LTD

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, 1950 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL
78 SHENTON WAY #07-16 AIG BUILDING
SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. J. Tan

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

38FD00

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7881504C



Name

ZHANG CHENGHUI

張程暉

Race

CHINESE

Date of birth

10-01-1978

Sex

M

S7881504C

Country of birth

CHINA

4847650



NRIC No. S7881504C

Date of issue

09-03-2012

Address

APT BLK 715 TAMPINES STREET 71
#09-174
SINGAPORE 520715