

NATIONAL Assessment Centre Services. [ver 1 Jan'09] MMA 119022872

Date In: 18/2/19 19:31	Job description	Date & Time Completed	Done by
Ref No: MA/ AIG 19003017/h4.	SAS e-filing		
Veh No: SLR 1566 R.	E-mail (within 3hrs, AIC 2hrs)		
DDA: 18/2/19 13:45.	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: G2 441B.	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 repolier.

() 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	Action

<p>WA 1901235</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Bug-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref: 11</p> <p>Ref: 2/3</p>	<p>Invoice: Repatriation Checklist</p> <table border="1"> <tr> <th>Item</th> <th>Amount (\$)</th> <th>Amount (\$)</th> <th>Amount (\$)</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> <td>30.00</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$80)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4) PT: Follow-Through Survey \$120</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">For claiming against INC Only (ver 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7) N1: Idao DA + SMRT Survey \$160</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OD:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance \$5</td> <td></td> <td></td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination \$10</td> <td></td> <td></td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection \$25</td> <td></td> <td></td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination \$5</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TP (N11): TP (N-on INC) against INC \$20</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile \$0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> <td></td> </tr> </table>	Item	Amount (\$)	Amount (\$)	Amount (\$)	1) AR: Accident Reporting (\$30);		30.00		2) DA: Damage Assessment (\$100); INC (\$80)				3) TP: Towing Fee \$40/\$45				4) PT: Follow-Through Survey \$120				5) PT: Follow-Through Survey (Resurvey) \$30				For claiming against INC Only (ver 10 Jan 2005)				6) TR: Re-inspection \$75				7) N1: 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 (N-on INC) against INC \$20				9) N12: Idao Mobile \$0				Invoice dated	Fee Charged			Invoice dated	Fee Charged		
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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	18/02/2019 19:31
Date Of Accident	18/02/2019 13:45
Exact Location Of Accident	SLE TWDS TUAS NEAR MANDAI LAKE FLYOVER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR1566R
Insured/Policyholder	
Name Of Registered Owner	QIAN XUEJIA
NRIC No	S8372742Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81188846
Alternative Phone No	OFFICE-81188846
Vehicle Particulars	
Manufacturer	NISSAN
Model	X-TRAIL
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	1700034291-01
Cover Note Number	-
Driver	
Name of Driver	SI MING
NRIC No	S7876169E
Date Of Birth	04/11/1978
Occupation	INDOOR
Date Of Driving Pass	25/02/2003
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96990685
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	51 TAMPINES AVE 1 #06-02
Postcode	529771
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	CHAIN COLLISION
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	3
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)	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

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	GZ4411B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF1246X
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SI MING

Approximate Age

Injuries Sustain

NECK N BACK PAIN

Injured person in which vehicle?

SLR1566R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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 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:

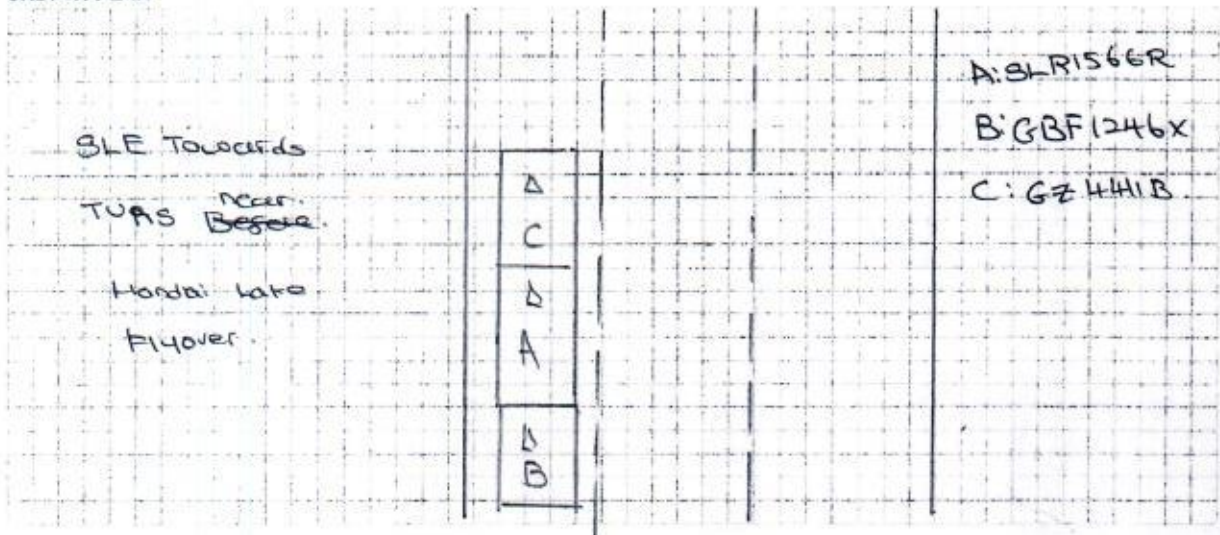
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

On 18/02/2019 at about 13:45PM I was travelling along SLE Towards Tunis near to Honda Lake Flyover. I was stationary due to front traffic suddenly. I felt an impact from the rear. My vehicle was pushed forward to hit the front car. I was involved in a three vehicle chain collision.

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.:

2nd.
Date of Accident : 18/02/19 Accident Time: 13:45 (24-HR-Format)
Accident Place : BLE Towards Tues. Near to Mandai Lake Flower
Vehicle. No. (Car Plate No.) : 8 SLR156R Make/Model: Nissan X-Trail
Insurance Company : AIG. Policy No: 1700034291-01
Owner or Company Name /IC No. : Qian Xue Jia 583727428
Owner or Company Contact No. : Owner's Hp 81188846 Company Tel
DRIVER'S Name / IC No. : Si Ming 37876169E
DRIVER'S Date Of Birth : 04/11/1978 DRIVER'S License Pass Date 25/02/05
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : 51 Tampines Ave 1 #06-02 5529-77
DRIVER'S Contact No./ Alt No. : 1) 9649 0685 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): Driver only.
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Injury Driver: Neck Back Pain.

Other Party Driver's Particular (if any)

1st Vehicle. No: GZ4411B (NTUC)	3rd Vehicle. No: GBF1246X
Vehicle Make/Model:	Vehicle Make/Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:

Cong

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

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

PASS DATE 25 Feb 2003

NP 428A

License No. S7876169E

3800078

NPIC No. S7876169E

Date of Issue 05-12-2005

51 TAMARINES AVENUE 1 #06-02
SINGAPORE 629271

NRIC No. S7876169E Date: 30/12/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE

SI MING3

Expiry Date: 04 Nov 1978

Issue Date: 25 Feb 2003

SI MING3

NPIC No. S7876169E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7876169E

SI MING

司明

Chinese

CHINESE

Date of birth 04-11-1978

Sex M

Country of birth CHINA

SI MING3



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Qian XueJia
Period of Insurance : 01 Aug 2018 To 31 Jul 2019
Engine No. : MR20909805B
Chassis No. : JN1JANT32Z0002724

Vehicle No. : SLR1566R
Policy No. : 1700034291-01
Endorsement No. :
Issued Date : 06 Jul 2018

ABOUT THE COVER

Make/Model : NISSAN X-TRAIL
Engine Capacity/Tonnage : 1,997.00 CC
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2017
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive* :

Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify any authorised driver other than the Policyholder 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 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)

Si Ming - \$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.Autobolton 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 64894091 64894092 64894093
- 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 8338 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: Standard Chartered Bank (Singapore) Limited

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).

0500610426

TAN CHONG CREDIT PTE LTD-YKM
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

SSPSHA