

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05] MNA 119033427

Date In: 12/1/14 - 18:14	Job description	Date & Time Completed	Done by
Ref No: NA/119004509/24	SAS e-filing		
Veh No: 630843P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 1/1/14 - 07:45	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:

Veh No: 630843P

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

NA 1190334

## Invoice Preparation Checklist

Amt (\$)  
Est Bill

Amt (\$)  
Add Bill

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Lat 1:

Lat 2 / 3:

- 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) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- ON\*
- \*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: Idac 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	12/03/2019 18:14
Date Of Accident	11/03/2019 07:45
Exact Location Of Accident	JUNC SENJA RD & SENJA WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD843P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AMJAY MARKETING
Co Reg No	52994738B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67379220

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100376366-04
Cover Note Number	

### Driver

Name of Driver	NG YING KIT(WU YINGJIE)
NRIC No	S7429086H
Date Of Birth	06/09/1974
Occupation	INDOOR
Date Of Driving Pass	22/02/1995
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93392597
Fax Number	
Contact Number	OFFICE-93392597
EMail Address	NOEMAIL

Address	BLK 621 SENJA ROAD #10-128
Postcode	670621
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	
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

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	GBD1930P
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)	



## SKETCH PLAN

### 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. 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:

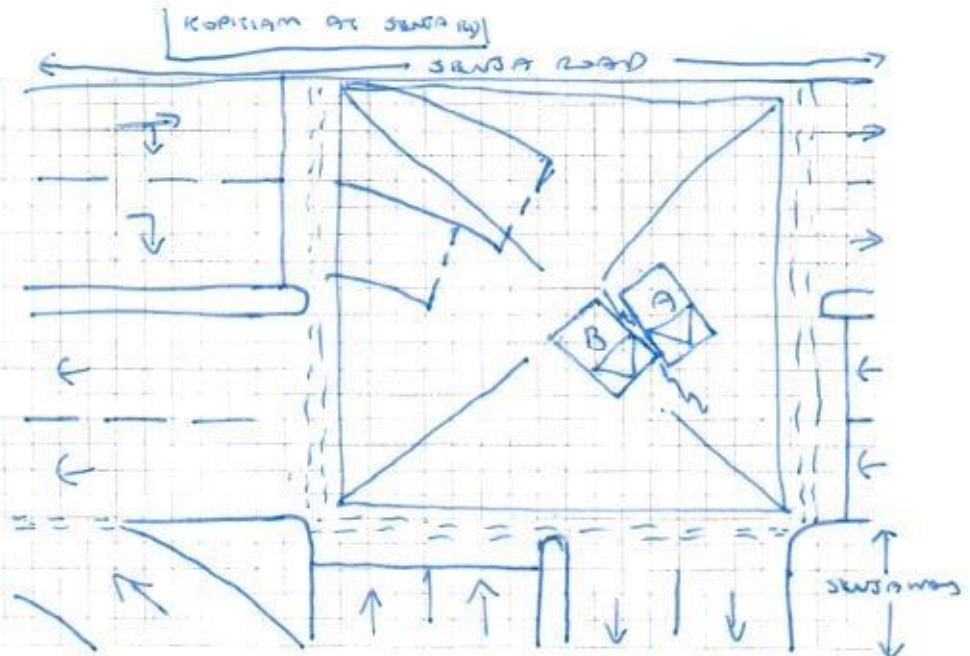
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN

VEHICLE A  
- GBD 843P

VEHICLE B  
- GBD 1930P



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS MAKING A RIGHT TURN FROM SANTA ROAD INTO
SANTA WAY, I WAS ON THE LEFT LANE.
WHILE AT THE JUNCTION, I NOTICED A VEHICLE ON
MY RIGHT WAS TOO MAKING A RIGHT TURN TO SANTA WAY.
SO I SLOW DOWN AND MAKE A WIDER TURN.
BUT NEVERTHELESS WITH MY EFFORT OF MAKING WIDER TURN
THE VEHICLE ON MY RIGHT CAME INTO MY LANE AND
HIT OVER THE RIGHT SIDE OF MY VEHICLE.
ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A
VEHICLE WITH LICENSE PLATE NUMBER (GBD 1930P)
THAT COLLIDED TO THE RIGHT SIDE OF MY VEHICLE.
VEHICLE A
- GBD 843P
VEHICLE B
- GBD 1930P

## 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.:



<b>Vehicle No.</b>	G83 843P	Model / Make	NISSAN NV 350
Date of Accident	11/03/2019		
Time of Accident	0745	HRS	
Location of Accident	T JUNCTION OF SENJA ROAD / SENJA WAD		
Exact purpose use during accident	PRIVATE USE / COMMUTE WORK		
<b>Name of Owner</b>	AMJAN MARUTHIN		
Telephone No.	H/P :	Home :	Office : 6737 9220
NRIC	S299473813		
Address	5 PEREIRA ROAD #03-03 ASIAWIDE IND BLDG S(368025)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	2100376366-04 VI		
<b>Name of Driver</b>	As Above If NO, NG WITH KIT		
NRIC	S7429086H	Any Passengers : NIL	
Date of birth	06 SEP 1974		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	22 FEB 1995		
Gender	Male / Female		
Contact No.	H/P : 93392597	Home :	Office :
Address	BLK 621 SENJA ROAD #10-128 S(670621)		
Driver have any own vehicle	NO, If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	NO, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	NO, If Yes, Where?		
<b>Vehicle B No.</b>	G83 1930P	Any Passengers :	
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
<b>Accident Portion</b>	RIGHT SIDE OF VEHICLE		
Camera Recorder	Yes / NO		
Email Address			
<b>PARTICULAR WORKSHOP</b>	TUNJAN AUTO MOTORS PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7429086H



Name

NG YING KIT  
(WU YINGJIE)

伍英杰

Race  
CHINESE

Date of birth 06-09-1974 Sex M

Country of birth  
SINGAPORE

S7429086H

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7429086H

Name

NG YING KIT (WU YINGJIE)

Birth Date 06 Sep 1974

Issue Date 11 Feb 2003



000223510F



NRIC No. S7429086H

Date of issue  
20-09-2004

Address

APT BLK 621 SENJA ROAD  
#10-128  
SINGAPORE 570621

(2615103)

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

22 Feb 1995

NP 428A



Licence No: S7429086H





# CERTIFICATE OF INSURANCE

## NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Amjay Marketing  
Period of Insurance : 16 Jun 2018 To 15 Jun 2019  
Engine No. : YD25350130A  
Chassis No. : JN1MC2E26Z0002174

Vehicle No. : GBD843P  
Policy No. : 2100376366-04  
Endorsement No. :  
Issued Date : 15 May 2018

### ABOUT THE COVER

Make/Model : NISSAN NV350 PANEL VAN  
Engine Capacity/Tonnage : 1.5 Tonnage Sum Insured : Market Value First Year of Registration : 2014  
Driver Restriction : NA Off Peak Car : No Insuring with COE/PAFF : Yes

#### Person or Classes of Persons Entitled to Drive\* :

- a) Any person who is driving on the Policyholder's order or with their permission.  
b) 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\* :

- 1) Use in connection with the Policyholder's business.  
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.  
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle.c) use for any purpose in connection with Motor Trade.

\* 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 - \$800 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. Tan Chong Motor Sales Add: 913 Bl Timah Road Singapore 589623 64694091 64694092 64694093  
2. TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 628099 62622212  
3. Tan Chong Motor Sales Add: 17 Lor 8 Toa Payoh Singapore 319254 63570753 63570754  
4. Autoklon Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666  
5. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

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](http://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: NA

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).

0500610487

TAN CHONG CREDIT PTE LTD - CCH  
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

Call: VV TSM