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NATIONAL Assessment Centre S	ervices. put 1 January.	MM14 41 70 388.00	<u></u>
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4200	Assessment/Survey Report	7-81	
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	The state of the s
Profested Wksp / INC Assign Wksp / QW: (		Tol: f	faxt +)
TP Panticulars: Veh No:	97572 . INC	( . )/Non-INC( ).	
Owner / Driver: (	N. C.	Tel:	
Policy No: ( ) Period	1: (	Cover Type: (	1
Confirmed by 1 (	· Datet,	Thnei	)
Insured/Driver Liability: ( %) [No	te-Est Status (WO): N: 0	-20%; P: 21-79%. F: 80-	100%]
Year of Registration: ( ) Wa	manty: YES ( )/NO (	)	
Excess: (\$ ) Londing: \$1,000	( )/\$2,000( )		THE CONTRACTOR
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( ) Walk-In Customer : Customer's Inform	ation strictly Confidential &	Strictly NO rafer of repairer	
( ) Total Loss Case : to e-mail Insurer		1 11 1 12	
Drive-In ( )/ Towed-In ( ); Invoice:	/ES( )/NO( )	Towing Co: (	
			Sire Sillione by .
1) Apply for Transport Allowance ( )/ Cou	rtesy Car ( )		
2) QC Check / Post Repair Inspection	( ·)		,
3) Upload Resurvey Photo [Repair Cost > \$300	00] ( ) ;		
	4		
Injury:	amaniazaidikwaskinsie sedazia Vsev		William Charles
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Driver/Owner:	A) PT : Poll	ow-Through Survey	\$120
Contact No:	Porslain	ow-Through Survey (Reservey)	(103)
	6) TR: R4	Inspection	\$75 \$160
Darnaged Portion:	7) NI III	DA + SMRT Survey	
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QC Checked by (Engr-In-Churge):	THE OWNER THE	pair Coundination CFUERRO	\$19 +60 OHG-C1
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 witholding 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.

- 8. 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.

aforesaid.		
THE PARTY HAVE THE PARTY TO THE	ACCIDENT STATEMENT	
Date Of Report	25/03/2019 14:38	
Date Of Accident	22/03/2019 21:20	
Exact Location Of Accident	AT 19 SEMBAWANG ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB8846X	
Insured/Policyholder		
Name Of Registered Owner	ONG WEE PIN	
NRIC No	S7321603F	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-93366619	
Alternative Phone No	OTHERS-87279709	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	NOTE-1.2 (A)	
Exact Purpose for which vehicle was being used at time of accident		
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	2100462175-02	
Cover Note Number		
Driver		
Name of Driver	NG LI CHOO MARGARET	
NRIC No	S7511038C	
Date Of Birth	28/04/1975	
Occupation	INDOOR	
Date Of Driving Pass	24/07/1999	
Driving Experience	19 YEARS AND 7 MONTHS	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-93366619	

OTHERS-87279709

NOEMAIL

Address BLK 760 BEDOK RESERVOIR ROAD

#05-03

Postcode 479245

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

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)

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 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

SKG9757Z

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)

**DETAILS OF INJURED PERSON 1** 

Name

NG LI CHOO MARGARET

Page 2 of 15

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

SLB8846X

YES

NO

### 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.
- 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.
- 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.
- 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.
- 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:
  - 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:
  - 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 12000 Vehicle A: SLB 8846 X Vehicle B: SKG 9757Z

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I relicle A was stationary
waiting for my turn to move. Suddenly Vehicle B turned in from
the main road and glazed past my vehicle right portion.
*

### 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:

Beporting Centre Personnel's Stenature
Name:
NRIC/FIN No.:

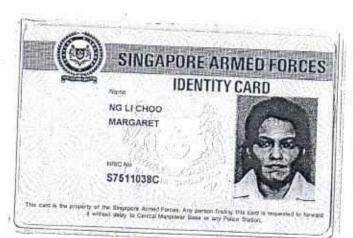
GIAR WE SketchPlanFarm, V3

Email: <u>sm@idac.com.sg</u> Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

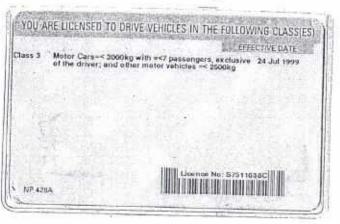
Date of Accident: 22/3/2019 <sub>018</sub> (dd/mm/yy	Time of Accident: 21 : 20 (24-HR-FORMAT)	
Vehicle No. : SLB 8846 X Vehicle	Make & Model: Nissan Note 1.2	
Exact location of Accident: 19 Sembawar	ng Rd	
Policyholder's Name / IC No. : Ong Wee	Pin \$7321603F	
Driver's Name / IC No. : Ng Li Choo	S7511038C (As Above)	
Driver's Contact No. : 8727 9709 (Ng)	Company Contact No: 9336 6619 (Ong)	
Driver's Address: Blk 760 Bedok Reser	vior Rd #05-03 S(479245)	
Insurance Company: AIG	Email address (if any):	
Relationship between Owner & Driver: Owner / Spouse / Children / Friend / Paren	ouse or Others specify:	
What do you wish to claim? (Please TICK  Own Insurance / ✓ Other Vehicle (The o	one only)  ne you want to claim against) / Reporting (For Record Purpose)	
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job)  Indoor/ Outdoor	
✓ Private use / Work purpose	No. of Passengers (Including Driver): 01	
Passenger Name : Passenger Name :	Gender : Gender :	
Weather condition & Road conditions? (On t	he day of accident)	
✓ Clear & Dry / Raining & Wet /	After-Rain & Wet / Drizzling & Wet / Others:	
Was there any video captured by your Car C	amera? Yes / ✓ No	
Any Injuries: Yes / No (If YES) I	njured Person' Name: Ng Li Choo	
njuries Sustain: Back	Injured Person in Which Vehicle: SLB 8846 X	
Police Report filed: Yes / V No (If	YES) Which Police Station:	
Th	e Other Party(s) Details:	
Driver's Name / IC No:	Vehicle No: SKG 9757 Z	
	Insurance Company (If any):	
2. Driver's Name / IC No:	Vehicle No:	
Driver's Contact No:	Insurance Company (If any):	
	Contact No:	
Preferred Workshop Name:	Contact Not	

<sup>\*</sup>If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.











the card is the property of the Strappore Arrend Forces. Any person finding this part is required to force it without delay to Carlesi Margonine Balls in any Police Balls.



# CERTIFICATE OF INSURANCE

## NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Ong Wee Pin

Period of Insurance

: 26 Apr 2018 To 25 Apr 2019

Engine No.

: HR12171293B

Chassis No.

: JN1TBAE12Z0982400

Vehicle No.

: SLB8846X

Policy No.

: 2100462175-02

Endorsement No.

Issued Date

: 21 Mar 2018

### ABOUT THE COVER

Make/Model

: NISSAN NOTE 1.2 (SUPERCHARGED/NON-SUPERCHARGED)

Engine Capacity/Tonnage : 1,198.00 CC

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction

I NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

a) The Policyholder

b) Any effet person who is driving on the Policyholder's order or with his/her permission.
This Policy will indumnify the Policyholder or any authorised driver only if nothine meets the specified ege 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

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 hive or reward, driving tuttion, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any bade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

\* Limitations rendered inoperative by Section 5 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

### 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)

Ong Wee Pin - \$500 (Own Damage)

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

1.TC AutoClinic Add: No.1, Sidh Lok Yang Road Singapore 628009 62622212

1.70 Auto-Line - Add: 19 Ubi Roud 4 Singapore 408623 84909666 2.Auto-Line - Add: 19 Ubi Roud 4 Singapore 408623 84909666 2.TC Auto-Clinic Add: 25 Long Kise Roud Singapore 189097 67038511 67038512 67036513 4.Tan Chang Motor Sales - Add: 913 Buikt Timah Road Singapore 589823 64694091 64694092 84694093 3.Tan Chang Mator Sales - Add: 17 Larang II Toa Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AiG Authorised Repairsts, please contact our 24-hour accident emergency hebins at #65 8308 8200. 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: DBS BANK LTD

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 S

78 Shardon Way 807 16 Alia Bulbilina S079120 | T +65 6419 3000 | F +65 6419 3221 Lunion

0500610403

TAN CHONG CREDIT PTE LTD-TKS 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