

NATIONAL Assessment Centre Services

[wef 1 Jan 05] **MNA19095482**

Date In: 22/1/19-19:33	Job description	Date & Time Completed	Done by
Ref No: 42/1/19-19:33	SAS e-filing		
Veh No: 5M587960	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/1/19-19:45	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: **1088246**

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%, F: 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

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Est Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2 / 3:

- 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) 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:-
- 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	22/07/2019 19:37
Date Of Accident	22/07/2019 12:45
Exact Location Of Accident	JUNC BRADDELL RD & CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ8796C
Insured/Policyholder	
Name Of Registered Owner	WONG A PANG
Passport No/FIN	F1161604Q
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97304049
Alternative Phone No	OFFICE-97304049

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT
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	1900080403
Cover Note Number	

Driver

Name of Driver	WONG A PANG
Passport No/FIN	F1161604Q
Date Of Birth	29/03/1952
Occupation	INDOOR
Date Of Driving Pass	09/03/1988
Driving Experience	31 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97304049
Fax Number	
Contact Number	OFFICE-97304049
Email Address	NOEMAIL

Address	27 SIANG KUANG AVENUE
Postcode	347946
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD8824G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KUMAR
NRIC/Passport Number	
Contact Number	86243624
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	WONG A PANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMJ8796C
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.
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:

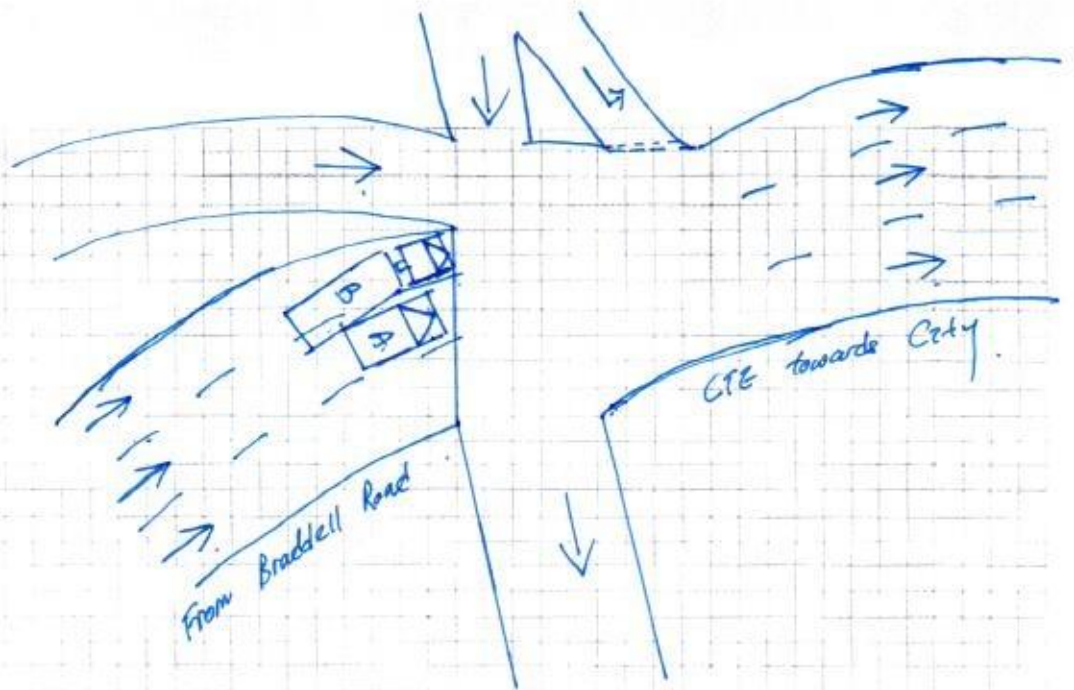


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

(A) SMJ8796C.

(B) XD 8824G.
TRC 2320J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/07/19 at @ 1247hrs, I was travelling in my vehicle (SMJ8796C) along Braddell Road turning right into CTE towards city under the flyover on the centre lane. I saw the traffic light turns amber and I slow down and stopped within my lane. Suddenly, a tractor (XD 8824G / TRC 2320J) on my left collided onto the left side of my vehicle.

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.:

Vehicle No.	SMJ 8796C		Model / Make	Nissan Sylphy
Date of Accident	22/07/19			
Time of Accident	1247 HRS			
Location of Accident	Braddell Road junction CTE towards City			
Exact purpose use during accident	Private Used			
Name of Owner	Wong A Pang			
Telephone No.	H/P :	9730 4049	Home :	Office :
NRIC	F 1161604 Q			
Address	27, Siang Kuang Ave (S) 347946			
Claim type	OD	THIRD PARTY REPORTING ONLY		
Insurance Company	AIG			
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party <input type="checkbox"/> Third Party / Fire / Theft			
Policy No.	1900080403			
Name of Driver	<input checked="" type="checkbox"/> As Above If No,			
NRIC	Any Passengers : N.A.			
Date of birth	29/03/1952			
Occupation	Outdoor / <input checked="" type="checkbox"/> Indoor			
Driving License Pass Date	09/03/1988			
Gender	Male / <input checked="" type="checkbox"/> Female			
Contact No.	H/P :		Home :	Office :
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state Owner		
Weather condition	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Other	
Road Surface	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Other	
Any Injuries	No,	<input checked="" type="checkbox"/> If Yes, Who?		
Name And Contact No.	Wong A Pang (H/P: 9730 4049)			
Name And Contact No.				
Police Report	<input checked="" type="checkbox"/> No,	If Yes, Where?		
Vehicle B No.	XD 8824G / TRC 2320J		Any Passengers :	N.A.
Name of Driver	Kumar		Contact No. :	8624 3624
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name	N.A.		Witness Contact :	N.A.
Accident Portion	Left side			
Camera Recorder	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address				
PARTICULAR WORKSHOP	Twincat			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Teng			
FAX NO	6741 0510			
WORKSHOP Email ADDRESS	sales@n51.com.sg			

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Wong A Pang

Licence Number: **F1161604Q**
Name: **WONG A PANG**
Birth Date: **29 Mar 1952**
Issue Date: **21 May 2019**
Valid Till: **24/06/2024**

Barcode: 002936014K

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

FIN **F1161604Q**

Portrait of Wong A Pang

Name: **WONG A PANG**
Date of Birth: **29-03-1952** Sex: **F**
Nationality: **INDONESIAN**

Singapore Coat of Arms

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

Class	Vehicle Description	Effective Date
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	09 Mar 1988

NP 428A

Barcode: Licence No: F1161604Q

FA1333835

VISIT PASS
Immigration Regulations

Portrait of Wong A Pang

FIN **F1161604Q**

MULTIPLE JOURNEY VISA ISSUED

Date of Issue	Date of Expiry
11-12-2014	11-12-2019

Barcode

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Wong A Pang
Period of Insurance : 23 Mar 2019 To 22 Mar 2020
Engine No. : HR16940709C
Chassis No. : MNTBBAB17Z0034900

Vehicle No. : SMJ8796C
Policy No. : 1900080403
Endorsement No. :
Issued Date : 04 Apr 2019

ABOUT THE COVER

Make/Model : NISSAN SYLPHY 1.6 PREMIUM
Engine Capacity/Tonnage : 1,598.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
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

* 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)

Wong A Pang - \$600 (Own Damage), Lenna Lim - \$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. Autolution 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 64694091 64694092 64694093
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 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: NA

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 the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610702

TAN CHONG CREDIT PTE LTD - HHC
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

SSCNMD