

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA1909889**

Date In: <b>29/1/05 - 11:01</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA1909889</b>	SAS e-filing		
Veh No: <b>SLA209E</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>27/1/05 - 11:30</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: **SLA209E**

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

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 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:-

QJ\*

\*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-in 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	29/07/2019 11:01
Date Of Accident	27/07/2019 16:30
Exact Location Of Accident	PIE TWDS PASIR RIS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA209E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAN FEI NEE (HAN FEINI)
NRIC No	S7329255G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91541460
Alternative Phone No	OFFICE-91541460

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
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	2100438443-03
Cover Note Number	

### Driver

Name of Driver	HAN FEI NEE (HAN FEINI)
NRIC No	S7329255G
Date Of Birth	16/08/1973
Occupation	INDOOR
Date Of Driving Pass	14/02/2000
Driving Experience	19 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91541460
Fax Number	
Contact Number	OFFICE-91541460
Email Address	NOEMAIL

Address	139 PASIR RIS GROVE #04-44
Postcode	518134
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	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?	
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	SLH6289K
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)	



## 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

DOA: 27/7/19

A: SKA209E

B: SLH  
6289K



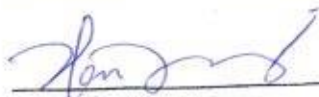
ME

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front car stopped so I followed suit but veh B failed to brake in time hit onto my veh rear 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:



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



## Personal Particulars

Date of Accident: 27/7/19 Time of Accident: 4:30 pm  
Exact Location of Accident: P1E towards Passer Rd  
Owner's Name: Hon Fei Neo NRIC No: S7329556 HP No: 91541460  
Driver's Name: n NRIC No: n HP No: n  
Date of Birth: 16/8/1973 Driving Licence Passing Date: 14/2/2002 Occupation: Indoor / Outdoor  
Address: 139 Passer Rd Grove # 04-44 (518134)  
Relationship of Driver with Insured: Owner Email Address:   
Vehicle No: SKA 209 E Make & Model:   
Insurance Co: MSA AIG Coverage: Comprehensive Policy No: 2100438443

\*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

\*Weather Condition? ☒ Clear / ☐ Raining / Others:  Wet / ☐ Dry / Others:

\*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+2 C:  D:

\*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle:

\*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station?

\*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No:  Insurer:

\*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category:

\*Was there any video captured by Car Camera? (Yes/☒ No)

## Third Party Driver's Particulars

Vehicle B No: SLH 6289K Make & Model:

Driver's Name:  NRIC No:  HP No:

Vehicle C No:  Make & Model:

Driver's Name:  NRIC No:  HP No:

## Witness Particulars

Name:  NRIC No:  HP No:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7329255G



Name



HAN FEI NEE

(HAN FEI NEE)

For Kiyomasa Only

韩菲妮

Race

CHINESE

Date of birth

16-08-1973

Country of birth

SINGAPORE

Sex

F



3302320



NRIC No. S7329255G



**FOR LIAISON NAC Use Only**

Date of issue

04-09-2003

138 PASIR RIS GROVE #04-44  
SINGAPORE 518134

NRIC No: S7329255G

Date: 12/01/2018



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7329255G

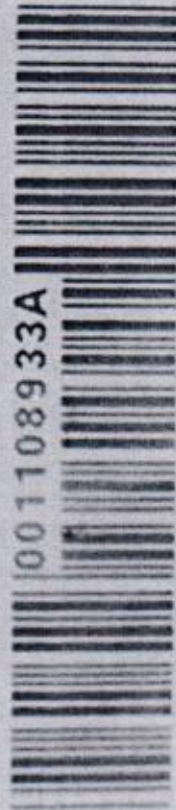
Name:

HAN FEI NEE  
(HAN FEINI)

For LKK/NAC Use Only

Birth Date: 16 Aug 1973

Issue Date: 05 Feb 2004





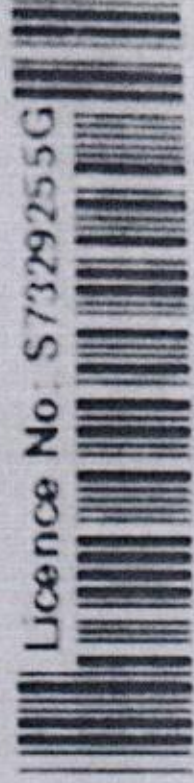
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3    Motor Cars and Motor Tractors the weight of    14 Feb 2000  
which unladen does not exceed 2500 kilograms

*For LKK/NAC Use Only*

Licence No: S7329255G



NP 428A



## NISSAN AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : HAN FEI NEE (HAN FEINI)  
**Period of Insurance** : 16 Nov 2018 To 15 Nov 2019  
**Engine No.** : HRA2182880A  
**Chassis No.** : SJNFEAJ11U1469844

**Vehicle No.** : SKA209E  
**Policy No.** : 2100438443-03  
**Endorsement No.** :  
**Issued Date** : 09 Oct 2018

### ABOUT THE COVER

**Make/Model** : NISSAN QASHQAI 1.2 DIG-TURBO  
**Engine Capacity/Tonnage** : 1,197.00 CC **Sum Insured** : Market Value **First Year of Registration** : 2015  
**Driver Restriction** : NA **Off Peak Car** : No **Insuring with COE/PAFF** : Yes  
**Person or Classes of Persons Entitled to Drive\*** :

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)

HAN FEI NEE (HAN FEINI) - \$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. Autokolon Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
3. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 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](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:** DBS BANK 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, 1959 (Malaysia).

0500610340

TAN CHONG CREDIT PTE LTD-LHS  
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

SSPMLU