

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

19 MAY 09 / 52394

Date In: 18/11/2009 16:40	Job description	Date & Time Completed	Done by
Ref No: N3A1A61902041674	SAS e-filing		
Veh No: 829587K	E-mail (E-jobs 2hrs, AIC 2hrs)		
D.O.A: 16/11/2009 16:00	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:

G27742B

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 ()

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time:

Location:

Vehicle:

Driver:

Witness:

Notes:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

Place:

Signature:

Date:

Time:

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Place:

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$10)

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) NI: Ideal DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

*NS: Courtesy Car / Tpt Allowance \$3

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

TP (Nil); TP (Non INC) against INC \$20

9) N12: Ideal Mobile \$30

Invoice dated

Invoice dated

Fee Charged

Fee Charged

19 MAY 09

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	18/11/2019 16:40
Date Of Accident	16/11/2019 16:00
Exact Location Of Accident	UPPER SERANGOON ROAD (JUST A/F UPP SERANGOON S.C)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLC537K
Insured/Policyholder	
Name Of Registered Owner	TAY BOON CHWEE (ZHENG WENSHUI)
NRIC No	S7011493C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91050047
Alternative Phone No	OTHERS-91050047
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI
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	2100463788-03
Cover Note Number	
Driver	
Name of Driver	TAY BOON CHWEE (ZHENG WENSHUI)
NRIC No	S7011493C
Date Of Birth	06/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	09/04/1998
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91050047
Fax Number	
Contact Number	OTHERS-91050047
EMail Address	NOEMAIL

Address	BLK 53A EDGEDALE PLAINS #04-07
Postcode	828693
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?	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

PLEAS 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	GZ7742B
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM GUAN KAH
NRIC/Passport Number	S0140677I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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:

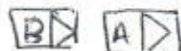
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A-S2C537K
B-627742B

Upp Serangoon
Shopping Centre



→ Upp Serangoon Flyover.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Upp Serangoon Rd towards Potong Pasir on the right lane. Due to red traffic lights ahead, the front vehicles came to a stop, I stopped. After few seconds, I heard screeching sound and felt a strong impact from the back. When I alighted, I realised a lorry G27742B had rammed onto the rear of my car.

I was alone at the time of accident.

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.:

18/4/2019
Ket L. [Signature]

Date of Accident : 16/11/2019 Accident Time: 1600 (24-HR-FORMAT)
Accident Place : Upp Serangoon Rd, (Just after Upper Serangoon S.C)
Vehicle Reg. No (Car plate No.) : SLC 537K
Vehicle Make/Model : Nissan Qashqai
Insurance Company : _____ Policy No. _____
Owner or Company Names /IC NO: Tay Boon Chwee S7011493C
Owner or Company Contact No. : 91050047 Owner's HP _____ Company Tel _____
DRIVER'S Name & IC no. : As owner
DRIVER'S Date of Birth : 06/04/1970 DRIVER'S License Pass Date 09/04/1998
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 53A Edgedale Plains #04-07 81828693
DRIVER'S Contact No./ Alt No. : 1) 91050047 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins
Number of Passengers (including Driver): _____
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

Other Party Driver's Particulars (if any)

Vehicle Reg No: G27742B
Vehicle Make/Model: Nissan Cabstar
Name DRIVER: Lim Guan Kah
IC No. DRIVER: S0140677I
DRIVER'S Contact & add: _____

Vehicle Reg No: _____
Vehicle Make/Model: _____
Name DRIVER: _____
IC NO. DRIVER: _____
DRIVER'S Contact & add: _____



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tay Boon Chwee (Zheng Wenshui)
Period of Insurance : 29 Apr 2019 To 28 Apr 2020
Engine No. : HRA2265015A
Chassis No. : SJNFEAJ11U1638309

Vehicle No. : SLC537K
Policy No. : 2100453788-03
Endorsement No. :
Issued Date : 22 Apr 2019

ABOUT THE COVER

Make/Model : NISSAN QASHQAI 1.2 DIG-TURBO
Engine Capacity/Tonnage : 1,197.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Off Peak Car
Market Value : No
First Year of Registration : 2016
Insuring with COE/PAF : Yes

a) The Insured

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

The Insured must be at least 18 years old as "Independent Driver/Excess" (20%) if he/she is the Authorised Driver/insured or unlicensed, has less than 2 years' driving experience

Age Condition : 35 years old and above

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, racing, driving test, racing, speed-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 = 140000

* (Excesses) tendered in respect of Section 1 of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 149) 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

Windscreens - \$100

Named Driver and Excess (where applicable)

Tay Boon Chwee (Zheng Wenshui) - \$600 (Own Damage)

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

1. TC AutoCare Add: No. 1, Sun Lok Yang Road Singapore 329099 62522212

2. Automobile Industries Add: 12, Jln. Besar Singapore 438223 64909888

3. TC AutoCare Add: 25 Leng Keng Road Singapore 159067 67034611 67034612 67034613

4. Tan Chong Motor Sales Add: 812 Bukit Timah Road Singapore 149622 6474501 6474502 6474503

5. Tan Chong Motor Sales Add: 17 Looing 6 Tia Road Singapore 316754 63511715 63517054

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at 461-4384239. 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 - HL Bank

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 149), Part 12 of the Road Transport Act, 1987 (Malaysia) and Motor Vehicle (Third Party Risk) Rules, 1988 (Malaysia).

0500816376

TAN CHONG CREDIT PTE LTD-CPN

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 149622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

500791

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