

NATIONAL Assessment Centre Services.

[ver 1 Jan'02]

NA 20009515

Date In: 20/01/2020 18:21	Job description	Date & Time Completed	Done by
Ref No: NA 20001221/V	SAS e-filing		
Veh No: SMP 1829	E-mail (Update 2hrs, AIC 2hrs)		
D.O.A: 24/01/2020 09:30	I-Motor Claim Form		
QID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Work		

Preferred Wkup / INC Assign Wkup / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMP 353 L	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: _____

NA 2000714	Invoice/Estimate/Receipt/Repair/Parts	Adm/Blk
Driver/Owner:	1) AL: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Bgr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	QID:	
	*NS: Courtesy Car / Tpl Allowance \$35	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$35	
	TP (NI) / TP (Non INC) against INC \$20	
	9) NI: Idea 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	20/01/2020 18:21
Date Of Accident	24/11/2019 09:30
Exact Location Of Accident	WOODLANDS IMMIGRATION CHECK POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP1782G
Insured/Policyholder	
Name Of Registered Owner	AIK ZHI YAN
NRIC No	SXXXX778F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81889051
Alternative Phone No	OTHERS-81889051

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	1900160003
Cover Note Number	

Driver

Name of Driver	AIK ZHI YAN
NRIC No	SXXXX778F
Date Of Birth	09/11/1989
Occupation	INDOOR
Date Of Driving Pass	15/12/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81889051
Fax Number	
Contact Number	OTHERS-81889051
Email Address	NOEMAIL

Address	BLK 258 SERANGOON CENTRAL DRIVE #15-04
Postcode	550258
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?	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)	4
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ3573L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

SKETCH PLAN


IMPORTANT NOTICE

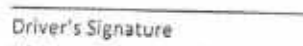
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8. Consent under the Personal Data Protection Act (PDPA)

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.

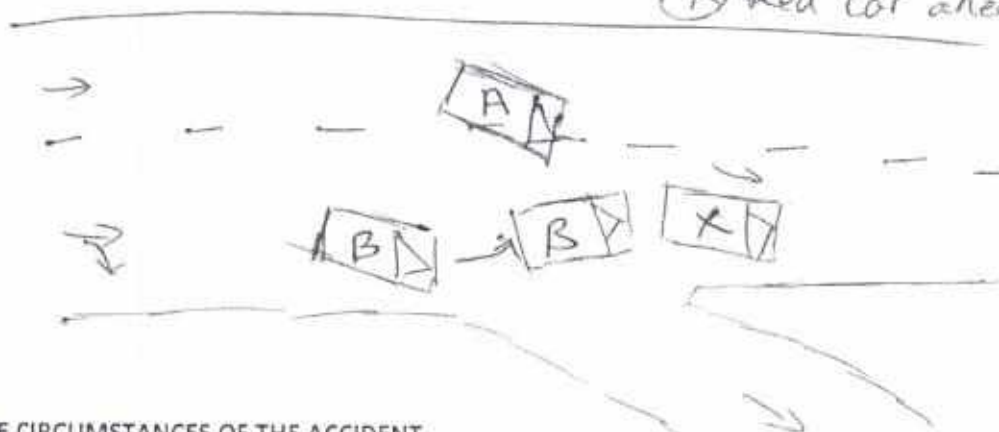

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

- ① SMP 1782 G
- ② SMJ 3573 L
- ③ Red Car ahead of me



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was travelling at the said location. When I check on my right lane, the clearance is allow me to filter. In the midst of filtering, I realise veh B on the right lane turning right swerve back straight. I decided to stop my vehicle to give way to veh B.

While my vehicle still in stopped position, veh B drive pass and grazed against my vehicle right front portion. After the incident, we got down from our vehicle, veh B passenger just take photo and they get back to their vehicle. I walk to veh B driver and ask him how to settle this damage as I wanted veh B to compensate my repair cost. But veh B driver telling me that let this matter rest and drive off.

on 16/01/2020 I receive a letter stating that there is a claim against me for this incident. I wish to state that, I manage to retrieve my vehicle video footage as attached.

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.:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 24/11/2019 (dd/mm/yy) Time of Accident: 09:30 (24-HR-FORMAT)

Vehicle No.: SMP1782G Vehicle Make & Model: Nissan Sylphy

Exact location of Accident: Woodland Immigration checkpoint.

Policyholder's Name / IC No.: Aik Zhi Yan / S8947778Z

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 81889051 Company Contact No (Company Veh Only): _____

Driver's Address: Blk 258 Serangoon Central Dr #15-04 S(556258)

Email address: _____ Insurance Company: AIG

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

*No. of Passengers (Including Driver): 4

*Passenger Name: 2 Female.

Gender: Male / Female

*Passenger Name: 1 male

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SMT35731

Driver's Contact No.: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No.: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Aik Zhi Yan
 Period of Insurance : 13 Sep 2019 To 12 Sep 2021
 Engine No. : HR10042X6C
 Chassis No. : MINTBBAB17Z0035851

Vehicle No. : SMP 1782G
 Policy No. : 1000150003
 Endorsement No. :
 Issued Date : 25 Sep 2019

ABOUT THE COVER

Make/Model : NISSAN Sylphy 1.6 Signature
 Engine Capacity/Tonnage : 1,598.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 a. The Policyholder
 b. Any other person who is driving on the Policyholder's behalf or with his/her permission.
 *The Policyholder indemnifies the Policyholder or any authorized person using the vehicle against the specified age condition.

The limit to pay an additional sum of \$3,000 as "Young and Inexperienced Driver Excess" ("YIDE") if You are a Young Authorized Driver (defined as insured or intended to be insured) is under the age of 25 years old and less than 3 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, pole-vaulting, regularly scheduled or speed testing, the carrying of goods other than samples in connection with any trade or business or use for any purposes in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations imposed by Section 8 of the Motor Vehicle (Third-Party Risk and Compensation) Act (Cap. 189), Section 25 of the Road Transport Act, 1987 (Singapore) and Road Transport (Amendment) Act 2019, and not to be included under third heading.

EXCESS

Section 1
 Fire - \$0, Theft - \$0, Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Aik Zhi Yan - \$600 (Dent Damage)

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

1. TC Auto Clinic A/S No. 1, 10th Loo Yang Road Singapore 628096 62822212
2. Aon Motor Insurance A/S 19 Loo Road 4 Singapore 408623 64808608
3. TC Auto Clinic A/S 23 Loo Road Singapore 180077 67008111 67038812 67038813
4. Tan Chong Motor Sales A/S 813 Buas Tan Road Singapore 588623 64694091 64694092 64694093
5. Tan Chong Motor Sales A/S 17 Looing 8 Tan Poonh Singapore 218254 62570753 62570754

For other approved reporting centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6238 6000. Alternatively, you may refer to AIG website www.aig.com.sg at AIG SG Motor App. 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 this policy is issued in accordance with the conditions of the Motor Vehicle (Third-Party Risk and Compensation) Act (Cap. 189), Part 12 of the Road Transport Act, 1987 (Singapore), Road Transport (Amendment) Act 2019 and Motor Vehicle (Third-Party Risk and Compensation) Act 2019 (Singapore).

05/09/2019

TAN CHONG CHIEF PTE LTD
 813 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 588623

Underwritten by AIG Asia Pacific Insurance Pte Ltd

AIG Asia Pacific Insurance Pte Ltd
 AUTHORIZED REPRESENTATIVE

11/09/2019

For more information, please contact our 24-hour accident emergency hotline at +65 6238 6000.

AIG Asia Pacific Insurance Pte Ltd