

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

NA 12005362

Date In: 4/2/20 - 15:28	Job description	Date & Time Completed	Done by
Ref No: NA/NA/62000192/24	SAS e-filing		
Veh No: SCF46882	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 3/2/20 - 21:45	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: 56554B

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:-

Pat. 1:

Pat. 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:-
- 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	04/02/2020 15:28
Date Of Accident	03/02/2020 20:45
Exact Location Of Accident	SENGKANG EAST DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF4658C
Insured/Policyholder	
Name Of Registered Owner	ONG SUE WEI (WENG SHUWEI)
NRIC No	SXXXXX024B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97478287
Alternative Phone No	OFFICE-97478287

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	2100480427-03
Cover Note Number	

Driver

Name of Driver	ONG SUE WEI (WENG SHUWEI)
NRIC No	SXXXXX024B
Date Of Birth	27/03/1975
Occupation	INDOOR
Date Of Driving Pass	11/04/1996
Driving Experience	23 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97478287
Fax Number	
Contact Number	OFFICE-97478287
E-Mail Address	NOEMAIL

Address	BLK 173D PUNGGOL FIELD #04-625
Postcode	824173
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 - CROSS JUNCTION
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200203/7040.

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	SLS554B
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KAY BENG
NRIC/Passport Number	SXXXX702J
Contact Number	94387702
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ONG SUE WEI (WENG SHUWEI)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLF4658C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

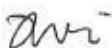
SKETCH PLAN

IMPORTANT NOTICE

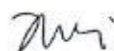
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

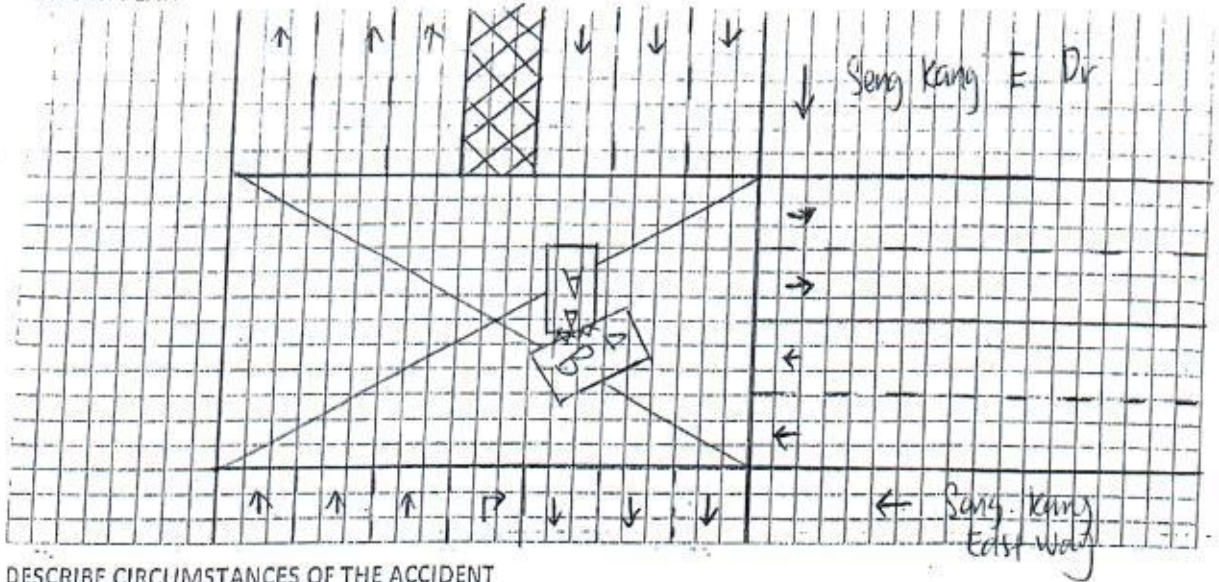


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Veh A:
SLF 4658C

Veh B:
SLS 554B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature
Date & Time:

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

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

Date of Accident : 3 FEB 2020 Accident Time: 20:47 (24-HR-Format)
Accident Place : Sengkang East Drive
Vehicle Reg. No. (Car Plate No.) : SLF 4658C
Vehicle Make/Model : NISSAN BASHQAM 1.2
Insurance Company : AIG Policy No. 2100480427-03
Owner or Company Name / IC No. : ONG SUE WEI (WENG SHUWEI) S7509024B
Owner or Company Contact No. : _____ Owner's Hp 97478287 Company Tel _____
DRIVER'S Name / IC No. : 27
DRIVER'S Date Of Birth : 27/03/1975 DRIVER'S License Pass Date 11/04/1996
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : BLK 173D PUNGGOL FIELD #04-625 S824173
DRIVER'S Contact No. / Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Ongsue@yahoo.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01
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 Particular (if any)

Vehicle Reg. No: SLS554B
Vehicle Make/Model: TOYOTA PROS
Name Driver: TAN KAY BENG
IC No. Driver: S17677027
Driver's Contact & Add: 94387702

Vehicle Reg. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____



SINGAPORE POLICE FORCE



T/20200203/7040

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200203/7040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2020 23:08		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG SUE WEI			Address: APT BLK 173D PUNGGOL FIELD #04-625 SINGAPORE 824173		
ID Type / ID No.: NRIC NO / S7509024B			Contact No.: Home/Office: Mobile: 97478287		
Nationality: SINGAPORE CITIZEN			Email: ongsue@yahoo.com		
Sex: Female	Age: 44	Date of Birth: 27/03/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Customer service manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2020 20:35	Type of Location: X-Junction
Location: SENGKANG EAST WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF4658C	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Blue		0
SLS554B	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF4658C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100480427-03	27/08/2019	26/08/2020



**SINGAPORE
POLICE FORCE**



T/20200203/7040

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200203/7040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG SUE WEI	ID No.	S7509024B
Related Vehicle	SLF4658C (Car)	Contact No.	97478287
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/02/2020	Date Discharge	03/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

At the stated date and time, i was driving my vehicle bearing SLF4658C along seng kang east drive towards Punggol east. I was traveling straight when all of a sudden a vehicle bearing number SLS554B from the opposite direction making a right turn without stopping and causing my vehicle to hit on to his side while i was travelling straight and traffic light are in my favour. After the accident, i felt unwell and went on to consult a doctor and was given 5 days for medical leave.



**SINGAPORE
POLICE FORCE**



T/20200203/7040

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200203/7040

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
03/02/2020 23:08

Classification Of Case:

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Ong Sue Wei (Weng Shuwei)
Period of Insurance : 27 Aug 2019 To 26 Aug 2020
Engine No. : HRA2284629A
Chassis No. : SJNFEAJ11U1674618

Vehicle No. : SLF4658C
Policy No. : 2100480427-03
Endorsement No. :
Issued Date : 31 Jul 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 : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PAF : 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 3 years' driving experience.

Age Condition : 40 years old and above
Limitation as to 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 co-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: \$500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2018, 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)

Ong Sue Wei (Weng Shuwei) - \$600 (Own Damage)

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

1. AutoGrip: Add: No. 1, Sixth Lok Yang Road Singapore 628099 62622212
2. Jialun Industrial: Add: 19 Ubi Road 4 Singapore 408623 64909966
3. TC AutoGrip: 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 316254 63670753 63670754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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: United Overseas Bank Limited

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), Road Transport (Amendment) Act 2018 and Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia).

0500610534

TAN CHONG CREDIT PTE LTD - LCH
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

SSPQCC