

NATIONAL Assessment Centre Services.

(Ref: 1 Jan 05)

12 MAY 2005 15:32

Date In: 04/05/2000 16:18	Job description	Date & Time Completed	Done by
Ref No: NBS/0152000198474	SAS e-Milling		
Veh No: SMF 3000K	E-mail (Include this, AIC this)		
D.O.A: 04/05/2000 10:00	I-Motor Claim Form		
	I-Motor W/O (With: OD this, TP this)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

TP: TP: Reporting Only

Change to do claim

TP Insurer:

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SMF 3000K

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 repair.

() 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 > \$9000] ()

Injury: (

Date:	
Time:	
Location:	
Weather:	
Other:	

MA 200/280

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engn-In-Charge):

Signature:

Date:

Page 2/3

Item	Amount	Total
1) AIC: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		
3) TP: Towing Fee	\$120	
4) PT: Follow-Through Survey	\$20	
5) PT: Follow-Through Survey (Resurvey)	\$20	
For claiming at least 1 NC Only (over 10 in 200)		
6) TR: Re-inspection	\$75	
7) NI: Idea DA + SMRT Survey	\$100	
8) NIUC: Additional Services		
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Invoice dated

Fee Charged

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 16:19
Date Of Accident	04/02/2020 10:00
Exact Location Of Accident	BLK 111 RIVERVALE WALK MSCP CARPARK LOT 142
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP3600K
Insured/Policyholder	
Name Of Registered Owner	APS LIFESTYLE MARKETING PTE LTD
Co Reg No	1XXXXX041K
Email Address	WILSON.NG@APSGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-98505939
Alternative Phone No	OFFICE-98505939

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	1900166690
Cover Note Number	

Driver

Name of Driver	NG KOK TIONG
NRIC No	SXXXX029A
Date Of Birth	22/09/1960
Occupation	INDOOR
Date Of Driving Pass	28/05/1981
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98505939
Fax Number	
Contact Number	OTHERS-98505939
Email Address	WILSON.NG@APSGROUP.COM.SG

Address	BLK 113 RIVERVALE WALK #07-39
Postcode	540113
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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

PLEASE 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	SJN4452K
Vehicle Make/Model/Colour	NISSAN
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

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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.



APS LIFESTYLE MARKETING PTE LTD
9 Muthuraman Chetty Road APS Building Singapore 238931
Tel: 6235 1333 Fax: 6727 3773
Co. Reg. No: 104900041K

Policyholder's Signature

Date & Time:

04/02/2020
11:21 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

04/02/2020
11:21 AM

Reporting Centre Personnel's Signature

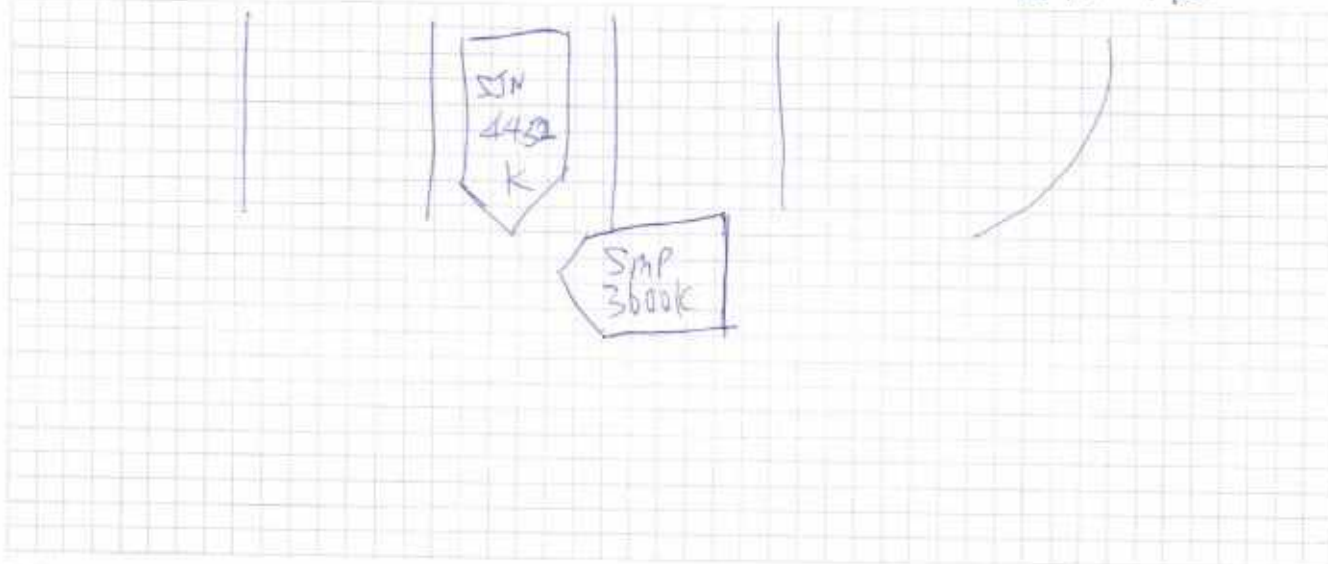
Name:

NRIC/FIN No.:

05/02/2020
Rishi WARRA

SKETCH PLAN

B/K 11A RIVARUBA WOK MSCP LOT: 142



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Knocked into vehicle No: SJN 4452K at Car park B/K No: 11A
 Lot No: 142, front bumper on 4/2/2020 10:00 AM
 when leaving for work

DECLARATION

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

5 Muthuraman Chetty Road #15 Building Singapore 234131
 Tel: 6235 1333 Fax: 6737 3773
 Co. Reg. No: 194900041K

Policyholder's Signature

Date & Time: 4/2/2020 11:21 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 4/2/2020 11:21 AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 04.02.2020 (DD/MM/YYYY), TIME: 10.00 (HH/MM)

LOCATION: BK 1118 RIVERVALE WALK MSCP 607 142

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMP3600 K
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 190016650
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN SYLPHY 1.6 PREMIUM
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKS
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: APS LIFESTYLE MARKETING PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: 9 MUTHURAMAN CHERAY RD
APS BUILDING, L5 (5283951)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NG KOK TING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 514110243 CONTACT: 90505329
 c) ADDRESS: 113 RIVERVALE WALK #07-39
5520113

* d) DATE OF BIRTH: 22/09/1960 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28/05/1981

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
 b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJN4952K MODEL: NISSAN
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
 (including driver)
(1)

No of passengers
 (including driver)
()

No of passengers
 (including driver)
()

Email: wilson.ng@apsgroup.com.sg
 VIDEO

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : APS Lifestyle Marketing Pte Ltd
 Period of Insurance : 23 Sep 2019 To 22 Sep 2020
 Engine No. : HR16941792C
 Chassis No. : MNTBBAB17Z0035470

Vehicle No. : SMP3600K
 Policy No. : 1900166690
 Endorsement No. :
 Issued Date : 09 Oct 2019

ABOUT THE COVER

Make/Model : NISSAN SYLPHY 1.6 PREMIUM
 Engine Capacity/Tonnage : 1,598.00 CC Sum Insured : Market Value
 Driver Restriction : NA Off Peak Car : No
 First Year of Registration : 2019
 Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive* :

Any person who is driving on the Policyholder's order or with their 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), Section 95 of the Road Transport Act, 1997 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

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

1. TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212
2. Autolubon 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 64894091 64894092 64894093
5. Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63670753 63670754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 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

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 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500810318

TAN CHONG CREDIT PTE LTD-GBL
 913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 589623 ANSP-MOTOR
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manik

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 2/14420015832 Vehicle Registration No: SMP 8600K
Name (as shown in NRIC) : NG KOK TIANG NRIC/FIN/Passport No : SXXXXX029A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 98505939
Email Address : _____
Date of Accident : 04/02/2020 Time of Accident : 10:00
Place of Accident : BLK 111 RIVERVALE WALK MSCP CARPARK LOT 142
Insurance Company: ONG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To withdraw from reporting to own domestic claims

Policyholder / Driver's Signature
Date:

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

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #06-00 Singapore 048647
 Tel: (65) 6728 0010 Fax: (65) 6728 0083
 Operating Hours: Monday to Friday, 9:00 - 17:00
 E-MAIL: 64860220@GIA.SG Reg. No. RA50027255

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: NIAV20015832-01 Vehicle Registration No: SMP 360K
 Name (Last/First/Middle): NG Kok Heng NRIC/EIN/Passport No: SXXXX09A
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No: 98505939
 Email Address: _____
 Date of Accident: 04/02/2020 Time of Accident: 10:00
 Place of Accident: Blk 111 Rivervale Walk MSCP Carpark 67142
 Insurance Company: NTG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① To Update Form Reporters To Own Domestic Claims
- ② To Add Company Registration Number 194900041K

[Signature]
 Policyholder / Driver's Signature:
 Date:

APS LIFESTYLE MARKETING PTE LTD
 9 Mulharam Chetty Road APS Building Singapore 236931
 Tel: 6235 1333 Fax: 6737 3773
 Co. Reg. No: 194300041K

06/02/2020
 Reporting Centre Personnel's Signature:
 Name: Rock Watson
 Date: