

NATIONAL Assessment Centre Services

(wef 1 Jan'08) **MNAI20041154**

Date In: 8/4/12-11:03	Job description	Date & Time Completed	Done by
Ref No: NAI2005063/4	SAS e-filing		
Veh No: 681C1428L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 7/4/12-08:57	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 681C1428L	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

NAI2002689	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2008)		
Dat. 1:	6) TR : Re-inspection \$75		
Dat. 2 / 3:	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11) : TP (N-in INC) against INC \$20		
	9) N12: Idao 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	08/04/2020 11:03
Date Of Accident	07/04/2020 08:50
Exact Location Of Accident	JUNC AMK AVE 1 & AMK AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1428L
Insured/Policyholder	
Name Of Registered Owner	EUGENE AND MARK PTE LTD
Co Reg No	2XXXXXX213Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92341985
Alternative Phone No	OFFICE-92341985

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.6 (A) PETROL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	2070008689

Driver

Name of Driver	HE YUNPING
Passport No/FIN	GXXXX551M
Date Of Birth	29/01/1975
Occupation	INDOOR
Date Of Driving Pass	08/01/2020
Driving Experience	0 YEAR AND 2 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97327468
Fax Number	
Contact Number	OFFICE-97327468
Email Address	NOEMAIL

Address	BLK 331 ANG MO KIO AVENUE 1 #03-1843
Postcode	560331
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	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	GU6831K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN LEE BOON
NRIC/Passport Number	SXXXX387B
Contact Number	
Address	BLK 633 VEERASAMY ROAD #06-118
Postcode	200633
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.



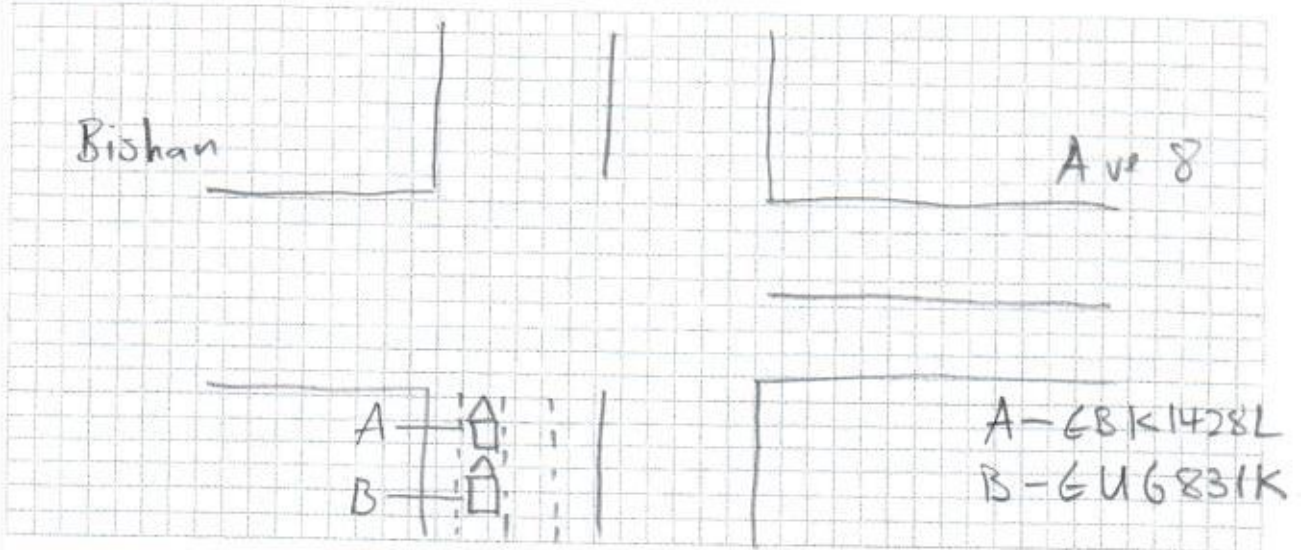
Policyholder's Signature
Date & Time:

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

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

Ave 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Ang Mo Kio Ave1, approaching junction of Ave 8. I slowed down & came to a stop as traffic light turned Amber. Suddenly, I felt a huge jerk & heard a loud bang. I came out of my vehicle & realised that GU6831K had collided into the rear of my vehicle GBK1428L.

DECLARATION

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



Policyholder's Signature
Date & Time:

He Yun Ping

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

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

ACCIDENT STATEMENT (Part 1)

WHATAPP

VIDEO

Accident Date/Time & Location

Date of Accident

07/04/2020

Time of Accident

08:50 AM / PM

Exact Location of Accident

Ang Mo Kio Ave 1 / Ave 8 X-juncture

Country / State of Loss

Singapore

Details of own vehicle

Vehicle Registration Number

GBK1428L

Insured / Policy Holder (own vehicle)

Name of the Registered Owner
(See Insurance Certificate)

Eugene And Mark Pte Ltd.

NRIC (Singaporean / PR)

Fin / Passport Number

Company Reg No

2007052132

Email Address

mark.jeremy.low@gmail.com

Mobile Phone no.

92341985

Alternate Phone no.

Vehicle Particulars (Own vehicle) (A)

Manufacturer

Nissan

Model

NV 200 1.6 L AT Petrol.

Exact Purpose for which vehicle was being used
at time of accident

Private Use / Commercial Use / Hire & Reward /
Parked

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

Yes / No

If No Please Indicate Intention: 3rd Party

Reporting Only

Vehicle Category

Private / Commercial / Motorcycle / Taxi / Bus /

Goods Vehicle / Tanker / Motor Trade / Government / Pte Hire

Insurance Company (Own Vehicle)

Handling Insurer

AIG

Type of the coverage

Comprehensive / 3rd Party / 3rd party Fire & theft

Fleet Policy

Yes / No

Policy Number

Cover Note Number

2070008689

Is the driver same as Insured

YES / NO

1

1 driver only

Driver Particulars

Name of Driver : He Yunping
NRIC (Singaporean /PR) :
Fin / Passport Number : G5980551M
Date of Birth (as in DD/MM/YYYY) : 29/01/1975
Occupation : Indoor / Outdoor
Date of Driving passed : 08/01/2020
Gender : Male / ~~Female~~
Mobile Number : * 97327468
Fax :
Alternative Phone no: :
Address : BIK331 #03-1843
ANKAvel S(560331)
Email (Compulsory) : mark.jeremy.lowe@gmail.com
Was driver an employee of the Insured's Company? : ~~Yes~~ / No
If no, Relationship of the Driver with the Insured : Owner / Paid Driver / Relatives / Friend / Parent / Spouse / Children / Sibling / Hirer
Does the Driver own any other vehicle? : ~~No~~ / Yes
Vehicle Registration Number of Driver's own Vehicle :
Insurance Company of driver's own vehicle (if applicable) :

ACCIDENT STATEMENT (Part 2)**General Information of the Accident**

Type of Accident : head to rr.
(eg. Chain Collision, Head-on collision, Side Swipe, Front to Rear)
Weather Conditions : Clear / Raining / Other
If Other, please state the conditions
Road Surface : Wet / Dry

Other Information

- a. Was anybody injured in the Accident : ~~No~~ / Yes
If Yes, was any injured conveyed to hospital by ambulance? ~~No~~ / Yes
b. Was any foreign vehicle involved in this accident? : ~~No~~ / Yes
c. Foreign vehicle registered number :
d. Foreign vehicle category :
e. Number of vehicles involved in the accident : 2
f. Was there any witness : ~~No~~ / Yes
g. Was any other material or property damaged? ~~YES~~ / No

Details of Police Action

Was the Accident Reported to the police ?

☒ No / Yes

if Yes, Please state which police Station

Was notice of intended Prosecution given ?

☒ No / Yes

If Yes, against whom ?

I have been approached by unknown person (s),
soliciting/ offering accident claims assistanceYes / ☒ No

No of passengers (including driver)

If YES: Name

SEX: Male / FEMALE

as there any video capture? :

No / Yes

Details of Other Vehicle / Property (B)

Vehicle Registration Number

Vehicle Make / Model / Colour

Details of Properties

Vehicle Category: PTE CAR/COMMERCIAL / TAXI/ PTE HIRE / BUS/ MOTORCYCLE / GOODS /
MOTOR TRADE / TANKER / GOVERNMENT / MOBILE EQUIPMENT**Insured / Policy Holder / Driver**

Name of Driver

Tan Lee Boun.

Personal Identification

NRIC (Singaporean / PR)

S 1178387B

FIN / Passport Number

Contact

Address

Blk 633 Veria Samy Rd #06-118
S(200633).**Insurance Company**

Name of the Insurance Company

NTUC.

Nature of Damage

No of Passengers (including Driver)

Details of Witness

Name

Phone

Email Address

Details of Other Vehicle / Property (C)

Vehicle Registration Number
Vehicle Make / Model / Colour
Details of Properties

Insured / Policy Holder / Driver

Name of Driver

Personal Identification

NRIC (Singaporean / PR)

FIN / Passport Number

Contact

Address

Insurance Company

Name of the Insurance Company

Nature of Damage

No of Passengers (including Driver)

Details of Witness

Name

Phone

Email Address

Details of Injured Person

Name

Address 1

Address 2

Postal Code

Approximate Age

Injured Sustained

Injured Person on which vehicle

Was seat belt worn ?

Was Injured conveyed to hospital by ambulance?



COVER NOTE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : Eugene And Mark Pte Ltd
 Period of Insurance : 22 Jan 2020 to 21 Jan 2021
 Engine No. : HR16159426D
 Chassis No. : JN1YAAM20Z0000526

Vehicle No. :
 Cover Note No. : 2070008689
 Endorsement No. :
 Issued Date : 21 Jan 2020

ABOUT THE COVER

Make/Model : NISSAN NV 200 PETROL

Engine Capacity/Tonnage : 0.8 Tonnage

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2020

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) Any person who is driving on the Policyholder's order or with their permission.

b) 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*

1) Use in connection with the Policyholder's business.

2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.

3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle; c) use for any purpose in connection with Motor Trade.

Loss Of Use (7 Days) Commercial Auto

* 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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

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

1. Tan Chong Motor Sales Add: 913 Bl Timah Road Singapore 589623 64694081 64694092 64694093

2. Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909665

3. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

4. TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 628099 62622212

5. Tan Chong Motor Sales Add: 17 Lor 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 6336 6200. Alternatively, you may refer to AIG website www.aig.sg or

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.
 We hereby certify that this Cover Note 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). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0500610479

TAN CHONG CREDIT PTE LTD - GYZ

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589623 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Cally-VV Tsai

78 Shenton Way #09-16 AIG Building 5079120 | T: 65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.