

# NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

NA20054549

Date In: 25/06/2000 18:28	Job description	Date & Time Completed	Done by
Ref No: NA20054549	SAS e-illing		
Veh No: 569 64422	E-mail (Include this, AIC this)		
DOA: 25/06/2000 13:00	I-Motor Claim Form		
(ID) TP: Reporting Only	I-Motor W/O (Within OD this, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Victim		

Preferred Wkep / INC Assign Wkep / OW: (

Tel:

Fax:

TP Particulars:

Veh No:

SKT 6933H

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 ( )

Deduct: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO ref 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 > \$3000] ( )

Injury:

NA2003415

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Sub 1:

1/2/0

1) All: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PF: Follow-Through Survey	\$120
5) PF: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-inspection	\$75
7) NI: Idea DA + EMRT Survey	\$160
8) NTUC Additional Services	
OR:	
• NI: Courtesy Car / Trip Allowance	\$3
• NI: Repairs Coordination	\$10
• NI: Post Repair Inspection	\$25
• NI: DV / Collect Records Coordination	\$3
• NI: (NI) TP (NI) INC against TRG	\$10
• NI: Idea Mobile	\$0
Invoice dated	
Invoice dated	

Fee Charged  
Fee Charged

NA20054549

## 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	25/06/2020 18:29
Date Of Accident	25/06/2020 13:00
Exact Location Of Accident	CARPARK NO:UWJM13 (BLK 601A JURONG WEST ST 62)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG644ZZ
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TANG WAI CHENG
NRIC No	SXXXX998F
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91125673
Alternative Phone No	OTHERS-91125673

### Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2100507272-03
Cover Note Number	

### Driver

Name of Driver	CHIU WAI LEONG (ZHAO WEILING)
NRIC No	SXXXX581F
Date Of Birth	30/10/1990
Occupation	INDOOR
Date Of Driving Pass	08/02/2010
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91125673
Fax Number	
Contact Number	OTHERS-91125673
Email Address	HANCARREPAIRS@GMAIL.COM



Address:	BLK 788E WOODLANDS CRESCENT #04-210
Postcode	735788
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	5
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)	0

#### 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	SKT6933H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG
NRIC/Passport Number	SXXXX530Z
Contact Number	98380883
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFJ8297C
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Vehicle Make/Model/Colour

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)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SKN7255D

Vehicle Make/Model/Colour

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)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SHD6467G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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

1. Please report correctly the details of the accident to speed up the claims process.
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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) SGG 6442 Z
- (B) SKT 6933 H
- (C) SFJ 8297 C
- (D) SKN 7255 D
- (E) SHD 6467 G



CARPARK No. UWJM13 BtK GOLA Jurong West Street 62

(S) 641601

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car (A) was parked at Carpark No. UWJM13, BtK GOLA Jurong West Street 62 (S) 641601.

When I approached my car (A), I noticed a slip of paper with vehicle (B)'s details (vehicle plate number & contact number).

So, I called vehicle (B)'s driver and he told me that as he was driving down slope to the deck where my car was parked, he lost control of the vehicle (B) and hit onto vehicle (C), vehicle (D), my car (A) and lastly vehicle (E).

## 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 Person's Signature  
Name: *Rishi Narayan*  
NRIC/FIN No:

PERSONAL PARTICULARS

Date of Accident: 25 / 06 / 2020

Time of Accident: 13 00 (24Hrs)

Vehicle No: SGG6442Z

Vehicle Make/Model: Nissan Sunny

Exact Location of Accident: Carpark No: UWJM13 CBK 601A Junong West Street 62

Owner's Name/NRIC: Tang Wai Cheng / S1112998F

Driver's Name/NRIC: Chiu Wai Leong (Zhao Weiliang) / S9041581F

Driver's Contact: 91125673

Insurance Co & Policy No: \_\_\_\_\_

Driver's Email Address: hancarrepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Mother / Son

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use // Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? \_\_\_\_\_

(B) The Other Party (Vehicle B) Details

Driver's Name/IC: Ang / S6805530Z

Vehicle No: ~~SKD~~ SKT6933H

Insurance Company: \_\_\_\_\_

Driver's Contact: 98380883

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): (C) SFJ8297C (D) SKN7255D (E) SHD 6467G

Independent Witness (If Any): \_\_\_\_\_

Contact: \_\_\_\_\_

Preferred Workshop (If Any): \_\_\_\_\_

Contact: \_\_\_\_\_

\* If no proper document are produced, IDAC should not file the report.

\* Information will be discarded after one week.





# CERTIFICATE OF INSURANCE

## PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

**Name of Policyholder** : Tang Wai Cheng  
**Period of Insurance** : 19 May 2020 To 18 May 2021  
**Engine No.** : QG16410850  
**Chassis No.** : JNICFAN16Z0101381

**Vehicle No.** : SGG6442Z  
**Policy No.** : 2100507272-03  
**Endorsement No.** :  
**Issued Date** : 08 May 2020

### ABOUT THE COVER

**Make/Model** : NISSAN SUNNY 1.6  
**Engine Capacity/Tonnage** : 1,597.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2006  
**Insuring with COE/PARF** : Yes

**Person or Classes of Persons Entitled to Drive\*** :

Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission.  
This Policy will indemnify any authorised driver other than the Policyholder only if he/she meets the specified age condition.

**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.

\* 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 2019, are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0, Theft - \$0.

#### Section 2

Property Damage - \$0

**Windscreen** : NA

**Named Driver and Excess** (where applicable)

Tang Wai Cheng, Chiu Kai Wai, Chiu Wai Leong

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 5338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.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).

0358008000

LEE KOON MOW NELSON

3 TAMPINES GRANDE #08-33A AIA TAMPINES

SINGAPORE 526799 SP-TINAANG

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

AJSGMOB/LEAPP