

# NATIONAL Assessment Centre Services. part 1 Jan 2001 **MAA2007850**

Date In: <b>31/08/2000 15:58</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MAA20004239/Y</b>	SAS e-illing		
Veh No: <b>SLH 4518K</b>	E-mail (by date time, AIC time)		
D.O.A: <b>29/08/2000 12:05</b>	I-Motor Claims Form		
OID: <b>TP</b> / Reporting Only	I-Motor W/O (With/Out OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>GU 4745P</b>	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 > \$3000] ( )		

Injury: \_\_\_\_\_

Date Time: _____	
_____	
_____	
_____	

<b>XIA2004572</b>	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PF: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey) \$30	
	For claim against INC Only (over 10 Jan 2000)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + EMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpl Allowance \$3	
	*NI: Repair Coordination \$10	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (NI) INC / against INC \$30	
	9) NI: Idea Mobile \$0	

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	31/08/2020 15:58
Date Of Accident	29/08/2020 12:05
Exact Location Of Accident	BLK 104 LENGKONG TIGA CARPARK GANTRY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU4218K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOH YEEU HAN, KELVIN (SU YOUHAN, KELVIN)
NRIC No	SXXXX094E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90994846
Alternative Phone No	OTHERS-90994846

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T (A)
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	1700084652-02
Cover Note Number	

### Driver

Name of Driver	SOH YEEU HAN, KELVIN (SU YOUHAN, KELVIN)
NRIC No	SXXXX094E
Date Of Birth	22/01/1980
Occupation	INDOOR
Date Of Driving Pass	25/06/2000
Driving Experience	20 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90994846
Fax Number	
Contact Number	OTHERS-90994846
Email Address	NOEMAIL

Address	BLK 116 LENGKONG TIGA #16-189 KEMBANGAN ESTATE
Postcode	410116
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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	GU4745P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.
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.

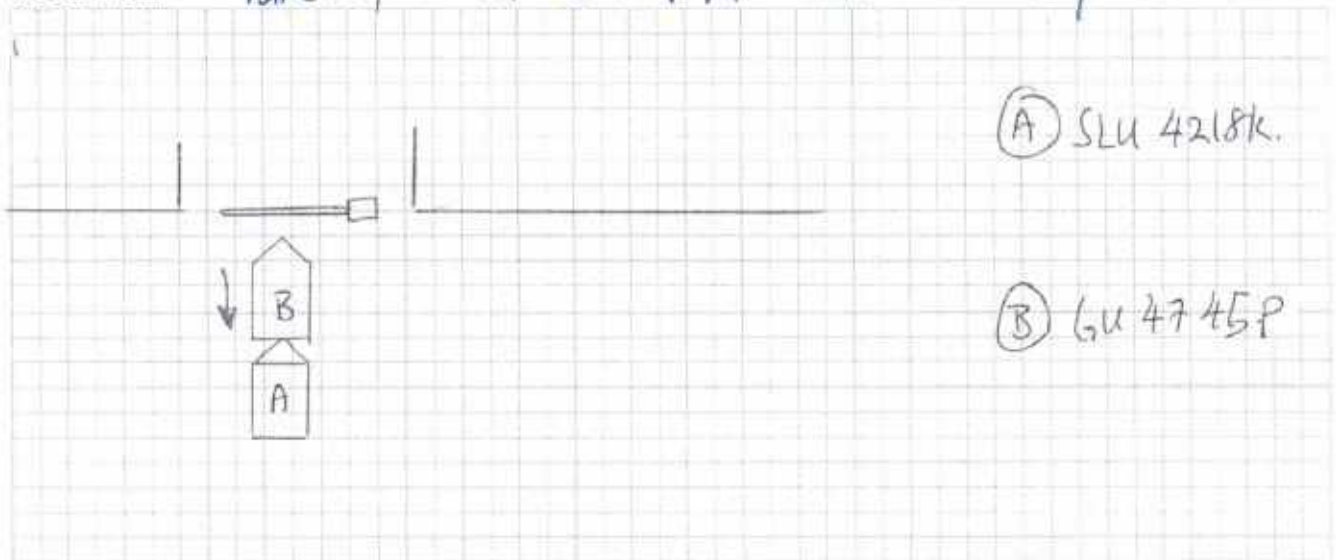
Policyholder's Signature  
Date & Time:

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

  
31/8/2023  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

BLK 104 UNLAKONAH TIGA CARPARK GANTRY



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 29/08/2020 @ 1205 HRS I WAS DRIVING MY VEHICLE OUT OF THE CAR PARK. AS I STOPPED AT THE EXIT GANTRY SUDDENLY THE FRONT VEHICLE REVERSE AND COLLIDED INTO MY VEHICLE.

## 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]* 31/08/2020  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.: *[Signature]*

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 29-Aug-2020

ACCIDENT TIME: 1205hrs

LOCATION: BLK 104 LENGKONG TIGA CAR PARK GANTRY

VEHICLE NUMBER: SLU4218K

INSURED NAME: Soh Yeeu Han, Kelvin

(Su Yeeu Han, Kelvin)

NRIC / FIN: S8002094E

CONTACT: 90994846

MAKE: NISSAN

MODEL: Qashqai 1.2 DIG-Turbo

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

( ) Yes, If No, Pls Select: ( ☒ ) Third Party ( ) Reporting Only

INSURANCE COMPANY: AIG

TYPE OF POLICY: Comprehensive

POLICY NUMBER: 1700084652-02

EXPIRY DATE: 25-Nov-2020

NAME DRIVER: Soh Yeeu Han, Kelvin

NRIC / FIN: S8002094E

CONTACT: 90994846

DATE OF BIRTH: 22-Jan-1980

DRIVING PASS DATE: 16-Jun-2000

OCCUPATION: Indoor

GENDER: Male

EMAIL ADDRESS:

ADDRESS OF DRIVER: BLK 116 LENGKONG TIGA #16-189 HDB-KEMBANGAN ESTATE SINGAPORE 410116

Relationship Of The Driver With The Insured: Owner

Number Of Passenger Include Driver: 1 Driver

NAME	NRIC/FIN/BC	GENDER	INJURED
Soh Yeeu Han, Kelvin	S8002094E	Male	

INJURY DETAILS: 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Raining

Road Surface: Wet

Was Any Foreign Vehicle Involved In This Accident? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? No

Was There Accident Reported To The Police? No Police Report Number: NIL

Details Of 3rd Party	Name	NRIC	Contact	No.of Paxs(incl' driver)
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Veh B GU4745P

Not Sure



# CERTIFICATE OF INSURANCE

## NISSAN AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : Soh Yeeu Han, Kelvin (Su Youhan, Kelvin)  
**Period of Insurance** : 30 Nov 2019 To 29 Nov 2020  
**Engine No.** : HRA2504154A  
**Chassis No.** : SJNFEAJ11U2130266

**Vehicle No.** : SLU4218K  
**Policy No.** : 1700084652-02  
**Endorsement No.** :  
**Issued Date** : 25 Nov 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** : 2017  
**Insuring with COE/PARF** : 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 "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 55 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)

Soh Yeeu Han, Kelvin (Su Youhan) - \$600 (Own Damage), \$600 (Flood Cover)

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

1. TC AutoClinic Add: 25 Lang Kee Road Singapore 159097 67038511 67038512 67038513
2. TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 628099 62622212
3. Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909955
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 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 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**: HL Bank

I/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, 1997 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610356

TAN CHONG CREDIT PTE LTD-LTP

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.

SSPDAC