

# NATIONAL Assessment Centre Services. Part 1 (Continued) MNA 120081014

Date In: 18/19/20 09:04	Job description	Date & Time Completed	Done by
Ref No: NA/AIG 200910016/h4	SAS e-filing		
Veh No: SKX 3907H	E-mail (within 3hrs, AIG 2hrs)		
LEPA: 17/19/20 08:35	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: /	Fax: /
TP Particulars:	Veh No: SME 983H	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%; F: 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 repairer.

( ) 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	Actions

MA 2004980	Invoice Itemization (Gross)	Amount Paid (to)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$18)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditor's Comments:	For claimant against INC Only (wef 10 Jan 2009)	
Tel: 1:	6) TR: Re-inspection \$75	
Tel: 2:	7) NI: Idas DA + SMRT Survey \$160	
Tel: 3:	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idas 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	18/09/2020 09:04
Date Of Accident	17/09/2020 08:35
Exact Location Of Accident	KJE TWDS PIE B4 BRICKLAND RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX3907H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHEE CHOW
NRIC No	SXXXX491A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83284134
Alternative Phone No	OFFICE-83284134

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
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	2100442672-04
Cover Note Number	

### Driver

Name of Driver	TAN CHEE CHOW
NRIC No	SXXXX491A
Date Of Birth	20/11/1984
Occupation	INDOOR
Date Of Driving Pass	29/10/2008
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83284134
Fax Number	
Contact Number	OFFICE-83284134
Email Address	NOEMAIL

Address	BLK 523 WOODLANDS DR 14 #06-391
Postcode	730523
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	CHAIN COLLISION
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	3
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	SME983H
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 2

Vehicle Registration Number	SJN4640J
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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)

## 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.:

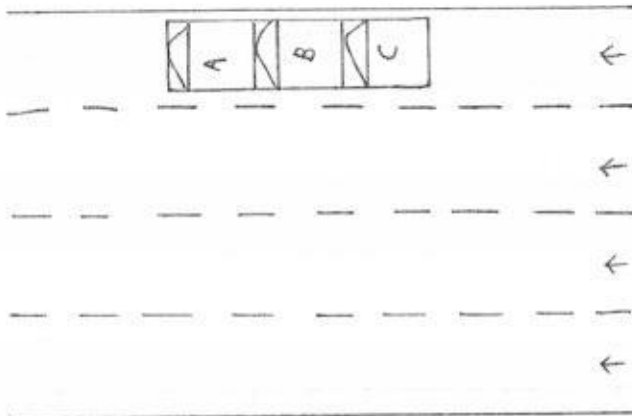
# SKETCH PLAN

KJE TWOJ PIE After Brickland Rd

Vehicle A - SKX 3907H

Vehicle B - SM5 983H

Vehicle C - SJN 4640J




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A (SKX 3907H) was travelling along at the stated location in lane 1. As vehicle in front of me slowed down and came to a stop, I followed suit. Second later, I felt an impact from my rear portion. I then aligned and realized that I was involved in the chain collision consisting three vehicles.

## 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 Personnel's Signature  
Name:  
NRIC/FIN No.:





Name of Policyholder : Tan Chee Chow  
Period of Insurance : 10 Dec 2019 To 09 Dec 2020  
Engine No. : HRA2214062A  
Chassis No. : SJNFEAJ11U1539569

Vehicle No. : SKX3907H  
Policy No. : 2100442672-04  
Endorsement No. :  
Issued Date : 04 Nov 2019

Make/Model	NISSAN QASHQAI 1.2 DIG-TURBO				
Engine Capacity/Tonnage	1,197.00 CC	Sum Insured	Market Value	First Year of Registration	2015
Driver Restriction	NA	Off Peak Car	No	Insuring with COE/PARF	No

b) Any other person who is driving on the Policyholder's order or with his/her permission.

You have to pay an additional sum of \$3,000 as "Insured Driver Excess" (IDRE) if You are or Your Authorized Driver (named or unnamed) has less than 2 years' driving experience.

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.

Less of Use 1500cc - 1500cc

\* 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.

**Section 1**  
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

## Property Damage: \$5

Windscreens - \$100

Tan Chee Chow - \$600 (Own Damage), \$600 (Flood Cover)

1. TC AutoClinic Add: 25 Leng Kee Road Singapore 156097 67038511 67038512 67038513  
2. TC AutoClinic Add: No 1 South Link Yang Road Singapore 622232 62223212  
3. Autoclave Industrial Add: 19 Jln Road 4 Singapore 408621 64009666  
4. Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589223 64894091 64894092 64894093  
5. Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairs, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download 'AIG SG' from iTunes or Google Play.

## 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. 185), Part IV of the Road Transport Act 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).)

05051053

TAN CHONG CREDIT PTE LTD - LBH  
913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE  
SINGAPORE 696731 ANSR MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

Date of Accident:

17/09/2020 Accident Time: 0835H (24-HR-FORMAT)

Accident Place:

KJE TWOs PIE before Brickland Rd

Vehicle Reg. No (Car plate No.):

JKX3407H Vehicle Make/Model: Nissan Gashqai

Insurance Company:

AIG Policy No. 2100 44 2672-09

Name of Registered Owner:

Company/Individual Tan Chee Chow

ID of Registered Owner:

Co Reg No: - Owner's NRIC No: S8481491A

Co Contact No: - Owner's Contact No: 8328 4134

DRIVER'S Name:

Tan Chee Chow DRIVER'S NRIC No: S8481491A

DRIVER'S Date of Birth:

20 Nov 1984 DRIVER'S License Pass Date: 29 Oct 2008

Relationship bet. Owner & Driver:

Spouse / Parents / Child / Sibling / Employee / Others: Owner

DRIVER'S Address:

APT B1K 513 Woodlands Drive 14 #06-391 Singapore 730523

DRIVER'S Contact No. / Alt No.:

1) 8328 4134 2) -

DRIVER'S Occupation:

INDOOR / OUTDOOR (eg. working inside or outside of an org)

Email Address:

chee chow yk@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

Passenger Name: - Gender: M/F

Was the accident reported to the police? YES / NO

Passenger Name: - Gender: M/F

Was there any video captured by car camera:

NO Any Injuries: YES / NO

Injured Name: -

Injured Name: -

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SYME 983H

Vehicle Reg No: SJN 4640J

Vehicle Make/Model:

Vehicle Make/Model:

Name DRIVER:

Name DRIVER:

ID No. DRIVER:

ID No. DRIVER:

DRIVER'S Contact & add:

DRIVER'S Contact & add:

Other Party Driver's Particulars (if any)

Vehicle Reg No:

Vehicle Reg No:

Vehicle Make/Model:

Vehicle Make/Model:

Name DRIVER:

Name DRIVER:

ID No. DRIVER:

ID No. DRIVER:

DRIVER'S Contact & add:

DRIVER'S Contact & add: