

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MDA 20095469**

Date In: <b>30/10/12 - 14:38</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/1162011839/24</b>	SAS e-filing		
Veh No: <b>9CS5142</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : <b>30/10/12 - 11:30</b>	i-Motor Claim Form		
OD : <b>TP</b> 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: Vch No: **SUM3407E** 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

<b>MD 20095469</b>	Invoice Preparation Checklist		Amt (\$) Inc 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			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5			
Dat. 1:	TP (N11): TP (N-in INC) against INC \$20			
Dat. 2 / 3:	9) N12: Idac 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	30/10/2020 14:38
Date Of Accident	30/10/2020 11:30
Exact Location Of Accident	BRAS BASAH RD TWDS RAFFLES BLVD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS514D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAP EUNICE
NRIC No	SXXXX219A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82006887
Alternative Phone No	OFFICE-82006887

### Vehicle Particulars

Manufacturer	NISSAN
Model	JUKE 1.6 CVT 2WD HID 6A/BAG 5DR
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	2100406477-05
Cover Note Number	

### Driver

Name of Driver	YAP EUNICE
NRIC No	SXXXX219A
Date Of Birth	28/01/1967
Occupation	INDOOR
Date Of Driving Pass	10/08/2004
Driving Experience	16 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82006887
Fax Number	
Contact Number	OFFICE-82006887
Email Address	NOEMAIL

Address	1 SUNSHINE TERRACE #06-03
Postcode	535689
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?	YES
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

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	SLM3407E
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	GBE5849K
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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)

#### DETAILS OF INJURED PERSON 1

Name

YAP EUNICE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKS514D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



## 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:



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

## SKETCH PLAN

(A) SKS 514D.

(B) SLM 3407E

(C) GBE 5849K.

BRAS BASAH RD.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30/10/2020 I WAS DRIVING ALONG BRAS BASAH ROAD TOWARDS RAFFLES WHEN SUDDENLY VEHICLE B COLLIDED INTO MY VEHICLE REAR. I ALIGHTED AND FOUND MYSELF INVOLVED IN A 3 VEHICLE CHAIN COLLISION.

## 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.:



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 30-Oct-2020

ACCIDENT TIME: 1130HRS

LOCATION: BRAS BASAH ROAD TWDS RAFFLES BOULEVARD

VEHICLE NUMBER: SKS 514D

INSURED NAME: YAP EUNICE

NRIC / FIN: S1796219A

CONTACT: 82006887

MAKE: NISSAN

MODEL: JUKE 1.6 CVT 2WD HID 6A/BAG 5DR

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: 2100406477-05

EXPIRY DATE: 23-Mar-2021

NAME DRIVER: YAP EUNICE

NRIC / FIN: S1796219A

CONTACT: 82006887

DATE OF BIRTH: 28-Jan-1976

DRIVING PASS DATE: 10-Aug-2004

OCCUPATION: Indoor

GENDER: Female

EMAIL ADDRESS:

ADDRESS OF DRIVER: 1 SUNSHINE TERRACE #06-03 THE SUNSHINE SINGAPORE 535689

Relationship Of The Driver With The Insured: Employee

Number Of Passenger Include Driver: 1 Driver

NAME	NRIC/FIN/BC	GENDER	INJURED
YAP EUNICE	S1796219A	Female	<input checked="" type="checkbox"/>

INJURY DETAILS: 1 Driver, 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

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 SLM3407E				Not Sure
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Veh C GBE5849K				Not Sure
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Xiongskauto@gmail.com



ROC No.: 201500047H  
23 Kaki Bukit Ave 4, #03-01  
Vicom Inspection Centre (South Wing) S415933  
Tel: 6789 5155 Fax: 6783 5155

## AUTHORIZATION LETTER

TO:

The Accident Reporting Centre

Dear Sir/madam,

I, YAP EUNICE, (NRIC 31796519A)  
of vehicle SKS 514D (make / model) NISSAN / JUKE.  
am signing this letter to authorize SK Automobile Pte Ltd to submit my accident  
report statement in my absence.

I appreciate your assistance. Should there be any further clarification, please  
contact me on my number provided.

Sincerely,

NAME:

EUNICE YAP

HP:

82006887

SIGNATURE:

[Handwritten Signature]



## NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Yap Eunice  
 Period of Insurance : 24 Mar 2020 To 23 Mar 2021  
 Engine No. : HR16411086R  
 Chassis No. : SJNFBAF15U7088544

Vehicle No. : SKS514D  
 Policy No. : 2100406477-05  
 Endorsement No. :  
 Issued Date : 11 Mar 2020

### ABOUT THE COVER

Make/Model : NISSAN JUKE  
 Engine Capacity/Tonnage : 1,598.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2015  
 Insuring with COE/PAF : 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 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. Own Damage - \$600. Theft - \$0. Flood Cover - \$600.

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Yap Eunice - \$600 (Own Damage); \$600 (Flood Cover)

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

1. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513
2. TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628098 62622212
3. Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909668
4. Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589623 64894091 64894092 64894093
5. Tan Chong Motor Sales Add: 17 Lorong 6 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: MayBank

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, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610499

TAN CHONG CREDIT PTE LTD - KBY

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