

NATIONAL Assessment Centre Services.

Jan 1 Jan 05

MANA 200102596

Date In: 19/11/2020 11:21	Job description	Date & Time Completed	Done by
Ref No: BA/14G2001/2738/Y	SAS e-filing		
Veh No: SGM 5611M	E-mail (by date time, AIG time)		
D.O.A: 18/11/2020 17:55	I-Motor Claims Form		
OID: TP Reporting Only	I-Motor W/O (with: OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/When		

Preferred Wkep / INC Assign Wkep / OW: ( ) Tels: ( ) Fax: ( )

TP Particulars: Vch No: SMM 7376Y INC ( ) / Non-INC ( ) Tels: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( )

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 reporter.

( ) 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: ( )

NA2006182

Driver/Owner:	1) AIT: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damage Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + SMRT Survey	
	8) NTUC Additional Services	
	9) NI: Idea Mobile	\$3
	*NI: Courtesy Car / Tpl Allowance	\$10
	*NI: Repair Co-ordination	\$23
	*NI: Post Repair Inspection	\$3
	*NI: DV / Collect Excess Co-ordination	\$20
	TP (NI) / TP (Non-INC) against DNG	\$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	19/11/2020 11:21
Date Of Accident	18/11/2020 17:55
Exact Location Of Accident	ALONG CLEMENTI AVENUE 6 TOWARDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU5611M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HUANG JUNHUI
NRIC No	SXXXX723I
Email Address	HUANGJH_SZ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96189708
Alternative Phone No	OTHERS-96189708

### Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL
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	2100423198-05
Cover Note Number	

### Driver

Name of Driver	HUANG JUNHUI
NRIC No	SXXXX723I
Date Of Birth	13/09/1970
Occupation	INDOOR
Date Of Driving Pass	07/09/1998
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96189708
Fax Number	
Contact Number	OTHERS.96189708

Address	140 HILLVIEW AVENUE #09-08
Postcode	669600
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	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?	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

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM7376Y
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 Passengers (Including Driver)	

Name	HUANG JUNHUI
Approximate Age	
Injuries Sustain	BODY PAIN
Injured person in which vehicle?	SKU5611M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

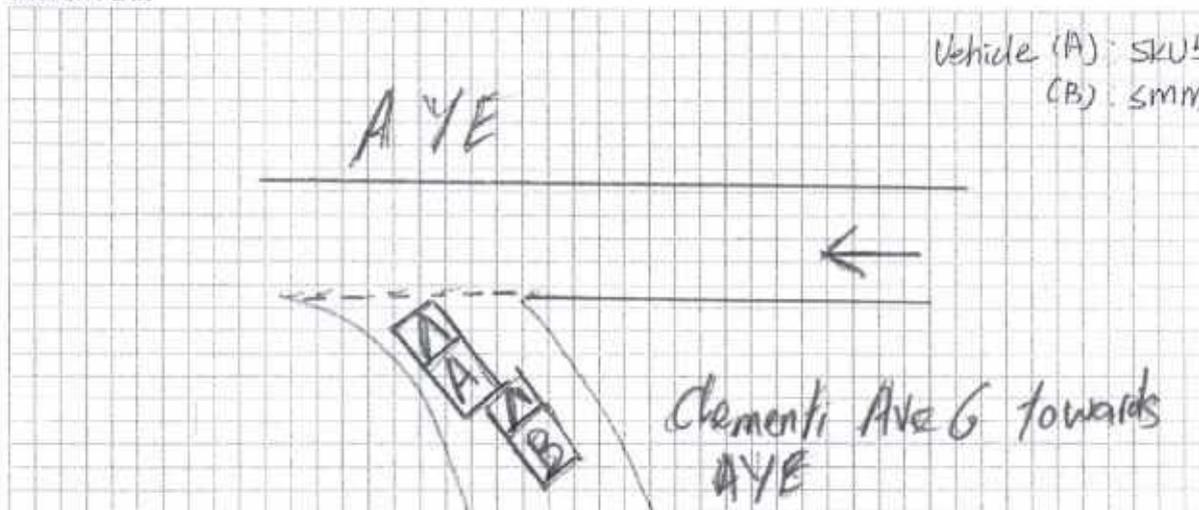
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

  
19/11/2020  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Resa WA/AB  
NRIC/FIN No.:

SKETCH PLAN

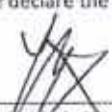


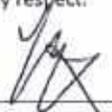
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along Clementi Ave 6 towards AYE on a slip road. I stopped my vehicle completely to give way on a coming car. After a few seconds, I felt a great impact on the rear portion of my vehicle. I came down of my vehicle A and notice vehicle B have collided onto the rear portion of my vehicle A.

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:

 19/11/2020  
Reporting Centre Personnel's Signature  
Name: Resaiah  
NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 18 NOV 2020	TIME: 1755 HRS	(HH:MM) 24 hrs Format		
LOCATION: CLEMENTI AVE 6 TOWARDS AYE				
VEHICLE NUMBER: SKU 5611M				
INSURED NAME: HUANG JUNHUI				
NRIC/FIN: S70607231	CONTACT: 9618 9708			
MAKE: NISSAN	MONDEL: X-TRAIL			
Are you claiming under your own insurance policy for repair to your vehicle?				
<input type="checkbox"/> Yes, If No, Pls Select: <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only				
INSURANCE COMPANY: AIG				
TYPE OF POLICY <input checked="" type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> THIRD PARTY <input type="checkbox"/> TPFT				
POLICY NUMBER: 2100423198-05				
NAME DRIVER:		<input checked="" type="checkbox"/> SAME AS INSURED		
NRIC/FIN:	CONTACT:			
DATE OF BIRTH: 13-09-1970				
DRIVING PASS DATE: 07-09-1998				
OCCUPATION: <input checked="" type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR				
GENDER: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
EMAIL ADDRESS: Huangjunhui52@hotmail.com	<input type="checkbox"/> NO EMAIL			
ADDRESS OF DRIVER: 140 HILLVIEW AVENUE #09-08 SINGAPORE 669600				
Number Of Passenger Include Driver: DRIVER ONLY				
Was driver an employee of the Insured's Company? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
If No, Relationship Of The Driver With The Insured				
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Children <input type="checkbox"/> Sibling <input type="checkbox"/> Others				
Does The Driver Own Any Other Vehicle?: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Drizzling <input type="checkbox"/> Others				
Road Surface: <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others				
Was Any Foreign Vehicle Involved In This Accident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Was Anybody Injured In The Accident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, Injured details: Huang Jun Hui (M) Body injury				
Convey By Ambulance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Was There Any Video Capture By Car Camera? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
Was There Any Accident Reported To The Police? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party	Name	NRIC	Contact	No. of Paxs (incl'd driver)
Veh B	SMM 7376 Y			<input type="checkbox"/> /Not Sure <input type="checkbox"/>
Veh C				<input type="checkbox"/> /Not Sure <input type="checkbox"/>
Veh D				<input type="checkbox"/> /Not Sure <input type="checkbox"/>
Veh E				<input type="checkbox"/> /Not Sure <input type="checkbox"/>
Veh F				<input type="checkbox"/> /Not Sure <input type="checkbox"/>
Veh G				<input type="checkbox"/> /Not Sure <input type="checkbox"/>



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : HUANG JUNHUI  
 Period of Insurance : 31 Jul 2020 To 30 Jul 2021  
 Engine No. : MR20726915B  
 Chassis No. : JN1JANT32Z0000715

Vehicle No. : SKU5611M  
 Policy No. : 2100423198-05  
 Endorsement No. :  
 Issued Date : 22 Jun 2020

### ABOUT THE COVER

Make/Model : NISSAN X-TRAIL  
 Engine Capacity/Tonnage : 1,997.00 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/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 authorized driver only if he/she meets the specified age condition.

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

Age Condition : 40 years old and above

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, punn-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 Optional

\* 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, any 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)

HUANG JUNHUI - \$500 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorized Repairers (For claims related repairs)  
 Any accident repairs to the Vehicle must be carried out by one of our Authorized Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
 For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. 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

We hereby certify that this 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, 1988 (Malaysia).

0503472000

WANG AISHAN VICTOR

371 ALEXANDRA ROAD #10-22A AIA ALEXANDRA  
 SINGAPORE 159963 SP-AISHAN-CHAIYIHUI

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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