

NATIONAL Assessment Centre Services.

1st Jan 2001

NA200104066

Date In: 23/1/2020 16:04	Job description	Date & Time Completed	Done by
Ref No: N/A/2001/2884/4	SAS e-filing		
Veh No: SLH 6639J	E-mail (by date time, A/C time)		
D.O.A: 23/1/2020 17:00	I-Motor Claims Form		
OID TP Reporting Only	I-Motor W/O (Within: OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/When		

Preferred Wksp / INC Assign Wksp / OWs:	Tel:	Fax:
TP Particulars:	Veh No: FRH 3422E	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%; R: 80-100%)
Year of Registration: ()	Warranty: YES () / NO ()
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO Refor 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: ()
Location: ()
Witness: ()
Signature: ()

NA200104066	1) All: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$45
Contact No:	3) TP: Towing Fee	\$120
Damage Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Eng-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: TR-Inspection	\$75
	7) NI: NI-DA + SMRT Survey	\$160
	8) NTUC Additional Services	
	9) NI: NI-DA + SMRT Survey	\$30
	10) NI: NI-DA + SMRT Survey	\$30
	11) NI: NI-DA + SMRT Survey	\$30
	12) NI: NI-DA + SMRT Survey	\$30
	13) NI: NI-DA + SMRT Survey	\$30
	14) NI: NI-DA + SMRT Survey	\$30
	15) NI: NI-DA + SMRT Survey	\$30
	16) NI: NI-DA + SMRT Survey	\$30
	17) NI: NI-DA + SMRT Survey	\$30
	18) NI: NI-DA + SMRT Survey	\$30
	19) NI: NI-DA + SMRT Survey	\$30
	20) NI: NI-DA + SMRT Survey	\$30

2/2	Fee Charged	Fee Charged
	Invoice dated	Invoice dated

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	23/11/2020 16:04
Date Of Accident	22/11/2020 17:00
Exact Location Of Accident	SLE TOWARDS SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH6639J
Insured/Policyholder	
Name Of Registered Owner	NG CHIN KION
NRIC No	SXXXX384F
Email Address	CKNG0130@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96869286
Alternative Phone No	OTHERS-96869286

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	2070055961
Cover Note Number	

Driver

Name of Driver	NG CHIN KION
NRIC No	SXXXX384F
Date Of Birth	30/01/1973
Occupation	INDOOR
Date Of Driving Pass	04/08/1997
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96869286
Fax Number	
Contact Number	OTHERS-96869286
Email Address	CKNG0130@GMAIL.COM

Address	BLK 222 BUKIT BATOK AVENUE 3 #01-134
Postcode	650222
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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : MOTHER IN LAW GENDER: : FEMALE

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	FBH3422E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NATARAJAN BALAMURUGAN
NRIC/Passport Number	
Contact Number	83532147
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

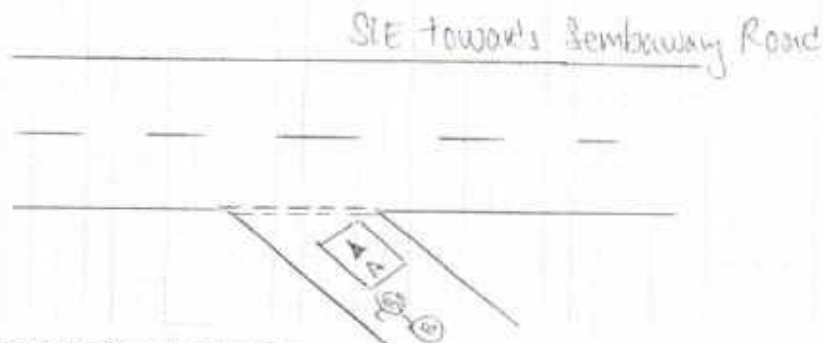
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

23/11/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' SLH663AJ was travelling on the stated venue. I was travelling straight in my lane, slowed down my vehicle and came to a stop as there was vehicle along the main traffic and I have to give way. While waiting, I felt a sudden impact against my stationary vehicle rear portion. Shortly I got out and realised it was FBH 3422E collided against me.

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] 03/11/2020
Reporting Centre Personnel's Signature
Name: Ros Li
NRIC/FIN No.: *[Signature]*

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 22/11/2020 (dd/mm/yy) Time of Accident: 17:00 (24-HR-FORMAT)
Vehicle No.: SLH 6639 J Vehicle Make & Model: NISSAN QASHQAI 1.2 DIG-T CVT
Exact location of Accident: SLE TOWARDS SEMBAWANG ROAD
Policyholder's Name / IC No.: NG CHIN KION S7371384F
Driver's Name / IC No.: NG CHIN KION S7371384F (As Above) ☐
Driver's Contact No.: 9686 9286 Company Contact No.: _____
Driver's Address: 222 BUKIT BATOK EAST AVENUE 3 #01-134 S650222
Insurance Company: AIG Email address (if any): CKNG0130@GMAIL.COM

Relationship between Owner & Driver: OWNER

or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (Including Driver): 03

Passenger Name: WIFE

Gender: Female

Passenger Name: MOTHER IN LAW

Gender: Female

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: Natarajan Balamurugan Vehicle No.: FBH 3422 E

Driver's Contact No.: 8353 2147 Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No.: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : NG CHIN KION
 Period of Insurance : 30 Mar 2020 To 14 May 2021
 Engine No. : HRA2289517A
 Chassis No. : SJNFEEAJ11U1688398

Vehicle No. : SLH6639J
 Policy No. : 2070055961
 Endorsement No. :
 Issued Date : 26 Mar 2020

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 : 2016
 Insuring with COE/PARF : Yes

a. The Policyholder
 or Any other person with a 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 Optional

* Limitations rendered imperative 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)

NG CHIN KION - \$600 (Own Damage), \$600 (Flood Cover), POH MAY CHEN - \$600 (Own Damage), \$600 (Flood Cover)

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 must be carried out by one of our Authorised 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 Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website 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: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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).

0503562000

KHC HOLDINGS PTE. LTD.

329A BALESTIER ROAD

SINGAPORE 329796

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Chia Teq Lim