

NATIONAL Assessment Centre Services. [part 1 Jan 2005] SN 0920CA 007

Date In: 10/12/20 11:29	Job description	Date & Time Completed	Done by
Ref No: MAL AIG 200 13655 164	SAS e-filing		
Veh No: SMU 3289 A	E-mail (within 2hrs, AIC 2hrs)		
ICCA: 9/12/20 16:50	I-Motor Claim Form		
OT: (P) 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/Wksp		

Prof/ent Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: GBE 5002 G	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 2100 294)	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

MA 2100 294		Invoice Preparation Checklist	Amo (\$)	(\$ Add'l)
Channel Particulars:		1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:		3) TP: Towing Fee \$40/\$45		
Damaged Portion:		4) PT: Follow-Through Survey \$120		
QC Checked by (Sign-In-Charge):		5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:		For claiming against INC Only (wef 10 Jan 2005)		
Tel 1:		6) TR: Re-inspection \$75		
Tel 2:		7) NI: Idno DA + SMRT Survey \$160		
		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		
		TE (N11): TP (SM-a INC) against INC \$20		
		9) N12: Idno 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 Submission	10/12/2020 11:29 (SGT)
Date of Accident	09/12/2020 16:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TWDS CHANGI AIRPORT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU3289A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SULEEN (CHEN SULING)
NRIC No	SXXXX012G
Email Address	JASONKCAPL@GMAIL.COM
Mobile Phone No	(Phone) +65-82884434
Alternative Phone No	+65-82884434

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Serena
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070117071
Cover Note Number	-

DRIVER

Name of Driver	CHAN HON KAI
NRIC No	SXXXX162I
Date Of Birth	07/09/1969
Occupation	Indoor

Date Of Driving Pass	09/11/1990
Driving experience	30 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97979969
Alt. Phone Number	-
Email Address	JASONKCAPL@GMAIL.COM
Address	BLK 325A SENGKANG EAST WAY #15-509
Address complement	-
Postcode	541325
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF5002G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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

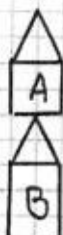
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A : SMU 3289A

B : GBF 5002G

Describe Circumstances of the Accident

On 09.12.2020 at about 16:52 pm. I was travelling along PIE towards Changi Airport.
In front vehicle slow down and stopped, I followed. Suddenly, vehicle B hit my rear
portion.

Declaration

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



Witnessed by Reporting Centre
Personnel

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan SuLeen (Chen SuLing)
Period of Insurance : 07 Aug 2020 To 06 Aug 2022
Engine No. : HR12139935K
Chassis No. : JN1EBAC27Z0000502

Vehicle No. : SMU3289A
Policy No. : 2070117071
Endorsement No. :
Issued Date : 20 Aug 2020

ABOUT THE COVER

Make/Model : NISSAN Serena E-Power
Engine Capacity/Tonnage : 1,198.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2020
Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive* :

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
Mileage Condition : Unlimited Mileage

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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tan SuLeen (Chen SuLing) - \$800 (Own Damage), \$800 (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 628089 62622212
3. Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
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 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 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).

0500610376

TAN CHONG CREDIT PTE LTD-OPH

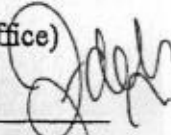
911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589622 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.

Date of Accident : 09.12.2020 Accident Time: 16:52 pm (24-HR-Format)
Accident Place : PIE towards Changi Airport
Vehicle. No. (Car Plate No.) : SMU 3289A Make/Model: Nissan Serena 1.2L
Insurance Company : AIG Policy No: 2070117071
Owner or Company Name /IC No. : Tan Suleen (877110126)
Owner or Company Contact No. : 8788 4434 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Chan Hon Kai (869991621)
DRIVER'S Date Of Birth : 07 Sep 1969 DRIVER'S License Pass Date 09 Nov 1990
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 325A Sengkang East Way #15-509 Singapore 541325.
DRIVER'S Contact No./ Alt No. : 1) 9797 9969 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office) 
Email Address : Jasonkcapl@gmail.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): 1 Driver
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): No

Other Party Driver's Particular (if any)

Vehicle. No: <u>GBF 5002G (vehicle B)</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

