

NATIONAL Assessment Centre Services.

Just 1 Jan 2021

SN 0821100004

Date In: 12/01/2021 14:50	Job description	Date & Time Completed	Done by
Ref No: NIA210005814	SAS e-illing		
Veh No: SN 8437D	E-mail (to/for, AIG, etc)		
D.O.A. 12/01/2021 10:20	I-Motor Claims Form		
OD TP Reporting Only	I-Motor W/O (Within OD 3hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Policy No: (	Veh No: SHD 8886R	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 ()	

() 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: _____

Date: _____

NIA2100599	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$120
Damage Portion:	4) PF: Follow-Through Survey	\$20
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey)	\$20
	For claiming against INC Only (var 10 Jan 200)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + SMRT Survey	
	8) NTUC Additional Services	
	ON:	
	*NI: Courtesy Car / Tpt Allowance	\$3
	*NI: Repairs Coordination	\$25
	*NI: Post Repair Inspection	\$3
	*NI: DV / Collect Excess Coordination	\$30
	TP (NI): TP (NI) INC ()	\$30
	NI: Idea Mobile	
	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 Submission	12/01/2021 14:50 (SGT)
Date of Accident	12/01/2021 10:10 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS CHANGI (AFTER BUONA VISTA)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN8437D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOK SIEW SUM
NRIC No	SXXXX394F
Email Address	mssmact@gmail.com
Mobile Phone No	(Phone) +65-97568295
Alternative Phone No	+65-97568295

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Latia
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	2100123937-11
Cover Note Number	-

DRIVER

Name of Driver	MOK SIEW SUM
NRIC No	SXXXX394F

Date Of Driving Pass	26/07/1977
Driving experience	43 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97568295
Alt. Phone Number	+65-97568295
Email Address	mssmact@gmail.com
Address	BLK 122 JURONG WEST STREET 13
Address complement	#04-29
Postcode	600122
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

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	SHD3386B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

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

-
-
-

INJURED PERSONS DETAILS





INJURED 1

Name of injured person	MOK SIEW SUM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJN8437D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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.
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.

		 12/01/2021
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan	A) SJN 8437D B) SHD 3386B	
		

Describe Circumstances of the Accident

On 12.01.2021 at about 10.10am. I was travelling along AYE Towards
chang; (After Buona Vista). The front vehicle slow down and stopped.
I follow. Suddenly Vehicle B hit on my vehicle A.

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


02/01/2021
Witnessed by Reporting Centre
Personnel

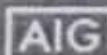
Date of Accident : 12 01 2021 Accident Time: 10 10am (24-HR-Format)
Accident Place : AYE Towards Changi (After Buona Vista)
Vehicle No. (Car Plate No.) : SJN 8437D Make/Model: Nissan latia
Insurance Company : AIG Policy No: 2100123937-11
Owner or Company Name /IC No. : Mok Siew Sum (S0143394F)
Owner or Company Contact No. : 9756 8295 Owner's Hp - Company Tel
DRIVER'S Name / IC No. : as above
DRIVER'S Date Of Birth : 31 10 1948 DRIVER'S License Pass Date 26 07 1977
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : Blk 122 Jurong East Street 13 #04-29 (S) 600122
DRIVER'S Contact No / Alt No. : 1) - 2) -
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : mssmoct@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): Yes

Other Party Driver's Particular (if any)

Vehicle No: SHD 3386 B	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:

Shih



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Mok Siew Sum
 Period of Insurance : 27 Feb 2020 To 26 Feb 2021
 Engine No. : HR15076950B
 Chassis No. : JN1BAAC11Z0020981

Vehicle No. : SJN8437D
 Policy No. : 2100123937-11
 Endorsement No. :
 Issued Date : 12 Feb 2020

ABOUT THE COVER

Make/Model : NISSAN LATID 1.5
 Engine Capacity/Tonnage : 1498.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured :
 Market Value :
 First Year of Registration : 2009
 Off Peak Car : No
 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 \$1,000 as "Young and/or Inexperienced Driver Excess" ("YIDEX") if you are or your Authorised Driver (named or unnamed) is under the age of 25 and/or has less than 3 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, peak 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 6 of the Motor Vehicles (Third Party Rules and Compensation) Act (Cap. 186), 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 - \$1100 Theft - \$0 Flood Cover - \$1100

Section 2
 Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Mok Siew Sum - \$1100 (Own Damage) - \$1100 (Flood Cover)

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

1. TC AutoClinic: Add: 25 Leng Kee Road Singapore 15007 67536511 67536512 67536513
2. TC AutoClinic: Add: No 1, Sorn Lok Yang Road Singapore 628099 62822212
3. Autolux Industrial: Add: 19 Ubi Road 4 Singapore 436423 64905555
4. Tan Chong Motor Sales: Add: 912 Bukit Timah Road Singapore 589623 64994091 64994092 64994093
5. Tan Chong Motor Sales: Add: 17 Loring Road Payoh Singapore 319254 63570733 63570734

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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: UOB LIMITED

(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 Rules and Compensation) Act (Cap. 186), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Rules) Rules, 1989 (Malaysia).)

0500610458

TAN CHONG CREDIT PTE LTD - LLO

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.

Gen Chong Siew Sum

AIG Asia Pacific Insurance Pte. Ltd.

19 Shenton Way #25-16 AIG Building 6075120 (T) +65 6475 3000 (www.aig.sg)