

# NATIONAL Assessment Centre Services.

(w/1 Jan 08)

SN082120002

Date In: 02/01/2021 15:00	Job description	Date & Time Completed	Done by
Ref No: N/A/B/G2001562/Y	SAS e-Milling		
Veh No: SJC 1565X	E-mail (by date 3hrs, AIG 3hrs)		
D.O.A: 01/01/2021 18:00	1-Motor Claim Form		
QID: TP Reporting Only	1-Motor W/O (With/Out OD 3hrs, TP 3hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VLISZ		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Rep/Insurer:	Veh No: FBJ 9320R	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 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:	

NA2100978	1) All Accident Reporting (330)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contract No:	3) TV: Towing Fee \$120	
Damaged Portion:	4) PF: Follow Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PF: Follow Through Survey (Resurvey) \$30	
	6) TIL: TIL Inspection \$75	
	7) NI: ILLD DA + SMRT Survey \$160	
	8) NTUC Additional Services	
	ON:	
	• NS: Courtesy Car / Tpl Allowance \$3	
	• NG: Repair Coordination \$10	
	• NT: Post Repair Inspection \$25	
	• ND: DV / Collect Excess Coordination \$3	
	• TE (NLI) / TP (NLI) & last DNG \$20	
	• NI: ILLD Mobile	
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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	02/02/2021 15:00 (SGT)
Date of Accident	01/02/2021 18:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC1565X
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN GANG
NRIC No	SXXXX038G
Email Address	cheng.gang.000@gmail.com
Mobile Phone No	(Phone) +65-97687806
Alternative Phone No	+65-97687806

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-trail
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	1700004924-03
Cover Note Number	-

### DRIVER

Name of Driver	CHEN GANG
NRIC No	SXXXX038G

Date Of Driving Pass	21/12/2007
Driving experience	13 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97687806
Alt. Phone Number	+65-97687806
Email Address	cheng.gang.000@gmail.com
Address	95 YISHUN AVENUE 1 #08-25
Address complement	-
Postcode	769137
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	Clear
Road Surface	Dry

#### 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	THENESH KUMARAN S/O NADARAJA
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210201/7055

#### 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	FBJ9320R
Vehicle Manufacturer	-

Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	THENESH KUMARAN S/O NADARAJA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND SHOULDER PAIN
Injured person in which vehicle?	SJC1565X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	CHEN GANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND SHOULDER PAIN
Injured person in which vehicle?	SJC1565X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## 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 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

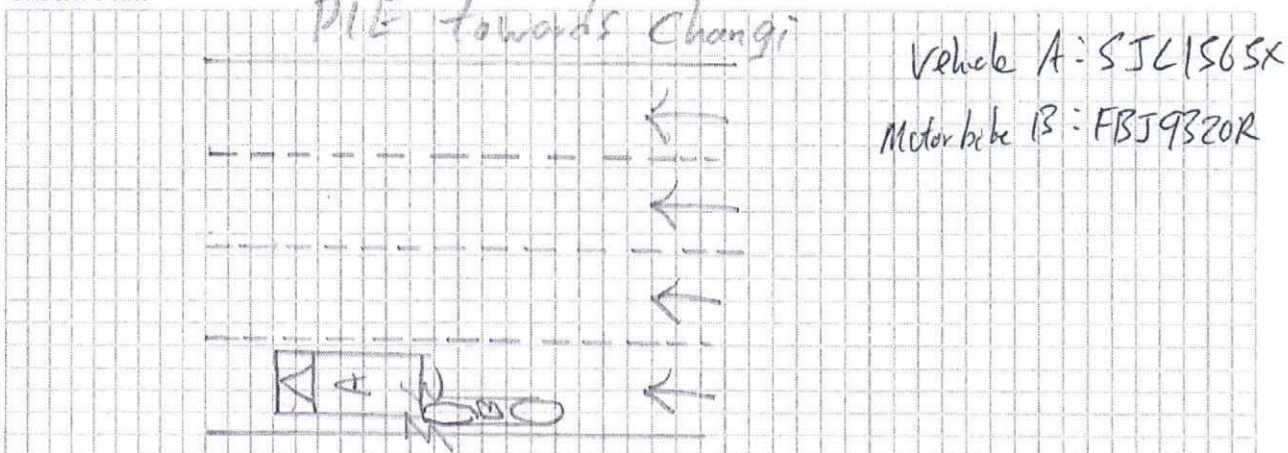
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Chen Gang  
Policyholder's Signature / Date & Time

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

02/02/2021  
Witnessed by Reporting Centre Personnel

### Sketch Plan



As per police report: T/20210201/7055

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 1/2/2021	TIME: 18:00 Hrs	(hh:mm) 24 hrs Format
LOCATION: PIE towards Changi		
VEHICLE NUMBER: 5JC1565X		
INSURED NAME: Chen Gang		
NRIC / FIN: 570810386	CONTACT: 97687806	
MAKE: Nissan	MODEL: X Trail	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes, If No, Pls Select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only		
INSURANCE COMPANY:		
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT		
POLICY NUMBER: 1700004924-03		
NAME DRIVER: Chen Gang		( <input checked="" type="checkbox"/> ) SAME AS INSURED
NRIC / FIN: 570810386	CONTACT: 97687806	
DATE OF BIRTH: 13/09/1970		
DRIVING PASS DATE: 21/12/2007		
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR		
GENDER: ( ) MALE ( <input checked="" type="checkbox"/> ) FEMALE		
EMAIL ADDRESS: Cheng-gang-000@gmail.com		( ) NO EMAIL
ADDRESS OF DRIVER: 95 Vishnu Ave 1 #08-25 S(769137)		
Number Of Passenger Include Driver: 1 Driver with 1 passenger		
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
If No, Relationship Of The Driver With The Insured		
( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others		
Does The Driver Own Any Other Vehicle? : ( ) 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 ( ) Raining ( ) Drizzling ( ) Other		
Road Surface : ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Other		
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was Anybody Injured In The Accident? ( <input checked="" type="checkbox"/> ) YES ( ) NO		
If YES, Injured details: Driver: Chen gang (F) Back & Shoulder passenger: Thanesa Kumaran S/O Madaraja (M) Back & Shoulder		
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was There Any Video Capture By Car Camera? ( <input checked="" type="checkbox"/> ) YES ( ) NO		
Was There Accident Reported To The Police? ( <input checked="" type="checkbox"/> ) YES ( ) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name/NRIC	No. of Paxs (incl' driver)
Veh B	FBJ 93202	( ) / Not Sure ( <input checked="" type="checkbox"/> )
Veh C		( ) / Not Sure ( )
Veh D		( ) / Not Sure ( )
Veh E		( ) / Not Sure ( )
Veh F		( ) / Not Sure ( )





**SINGAPORE  
POLICE FORCE**



T/20210201/7055

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4  
Report No. T/20210201/7055

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/02/2021 21:06		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHEN GANG			Address: 95 YISHUN AVENUE 1 #08-25 SINGAPORE 769137		
ID Type / ID No.: NRIC NO / S7081038G			Contact No.: Home/Office: Mobile: 97687806		
Nationality: SINGAPORE CITIZEN			Email: CHEN.GANG.000@GMAIL.COM		
Sex: Female	Age: 50	Date of Birth: 13/09/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: IT service manager			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2021 18:00	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBJ9320R	Motorcycle			White	Seriously Damaged	0
SJC1565X	Car	NISSAN	X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR	White	Seriously Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20210201/7055

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210201/7055

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJC1565X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700004924-03	11/05/2020	10/05/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SALLEHIN		ID No.	S8334590Z
Related Vehicle	FBJ9320R (Motorcycle)		Contact No.	85750324
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	CHEN GANG		ID No.	S7081038G
Related Vehicle	SJC1565X (Car)		Contact No.	97687806
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	01/02/2021		Date	01/02/2021
No. of Days granted Medical Leave	03	Degree of	Serious	
Passenger				
Name	THENESH KUMARAN S/O NADARAJA		ID No.	S8931040G
Related Vehicle	SJC1565X (Car)		Contact No.	82014216
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	01/02/2021		Date	01/02/2021
No. of Days granted Medical Leave	03	Degree of	Serious	



**SINGAPORE  
POLICE FORCE**



T/20210201/7055

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20210201/7055

**CONTINUATION OF REPORT**

Brief Details.

I was travelling along PIE towards Changi on the 4th lane on a 4 lane road . I slowed down my vehicle and suddenly I felt a great impact on the rear portion of my vehicle . I came down from my vehicle and notice that motorbike (FBJ9320R) have collided onto the rear left portion of my vehicle





**SINGAPORE  
POLICE FORCE**



T/20210201/7055

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

Report No. T/20210201/7055

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
01/02/2021 21:06

Classification Of Case:



# CERTIFICATE OF INSURANCE

## NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Chen Gang  
 Period of Insurance : 11 May 2020 To 10 May 2021  
 Engine No. : MR20881594B  
 Chassis No. : JN1JANT32Z0002205

Vehicle No. : SJC1565X  
 Policy No. : 1700004924-03  
 Endorsement No. :  
 Issued Date : 24 Apr 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\* :

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised 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, 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 6 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)

Chen Gang - \$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 828099 62622212

3 Autoclusion Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666

4 Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 580623 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](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: Standard Chartered Bank (Singapore) 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 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, 1999 (Malaysia).

0500610422

TAN CHONG CREDIT PTE LTD-WTZ

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 580623 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.

AIGSGMOBILEAPP