

Date In: 22/02/2021 17:22	Job description	Date & Time Completed	Done by
Ref No: NBA/PA/21002580/Y	SAS e-Milling		
Veh No: SLC 9114M	E-mail (by date 2hrs, AIG 3hrs)		
D.O.A: 22/02/2021 18:46	I-Motor Claims Form		
<input checked="" type="radio"/> TP Reporting Only	I-Motor W/O (with/without OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wikon		

Preferred Wksp / INC Assgn Wksp / OW: () Tel: () Fax: ()

TP Jurisdiction: () Veh No: **GBA 7587L** INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note- Est Status (WO): N: 0-20%; P: 21-79%; F: 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: ()

NA210118	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA + Survey Assessment (\$100)	INC (\$10)
Contact No:	3) FF1 Towing Fee	\$120
Damaged Portion:	4) FF1 Follow Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) FF1 Follow Through Survey (Resurvey)	\$30
	6) TR1 Re-inspection	\$75
	7) NI + Use DA + EMRT Survey	\$160
	8) NTUC Additional Services	
	OR:	
	* NI: Courtesy Car / Tpl Allowance	\$5
	* NI: Repair Coordination	\$10
	* NI: Post Repair Inspection	\$25
	* NI: DV / Colbot Excess Coordination	\$5
	* NI: (NI) TP (with INC) at least 2hrs	\$25
	* NI: Idea 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	23/02/2021 17:22 (SGT)
Date of Accident	22/02/2021 18:40 (SGT)
Exact Location of Accident	Buangkok E Dr, Singapore
Additional Location Information	SLIP ROAD TOWARDS UPPER SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC9114M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SUANDI BIN AHMAD
NRIC No	SXXXX068A
Email Address	iranadhirah@hotmail.com
Mobile Phone No	(Phone) +65-93737936
Alternative Phone No	+65-93638089

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	2100468280-04
Cover Note Number	-

DRIVER

Name of Driver	SRI RAHAYU BINTE ZAINAL
NRIC No	SXXXX371B

Date Of Driving Pass	06/11/2007
Driving experience	13 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93638089
Alt. Phone Number	-
Email Address	iranadhirah@hotmail.com
Address	BLK 475B UPPER SERANGOON CRESCENT #14-535
Address complement	-
Postcode	532475
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	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	SALWA NADHIRAH BINTE SUANDI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210223/2047

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	GBH7587L
Vehicle Manufacturer	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHIEN
Contact Number	(Phone) +65-91182561
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	SRI RAHAYU BINTE ZAINAL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLC9114M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SALWA NADHIRAH BINTE SUANDI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLC9114M
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 :

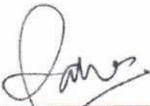
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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")

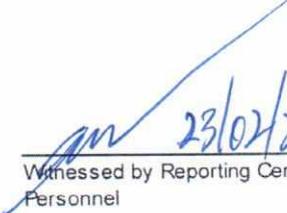
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date &
Time

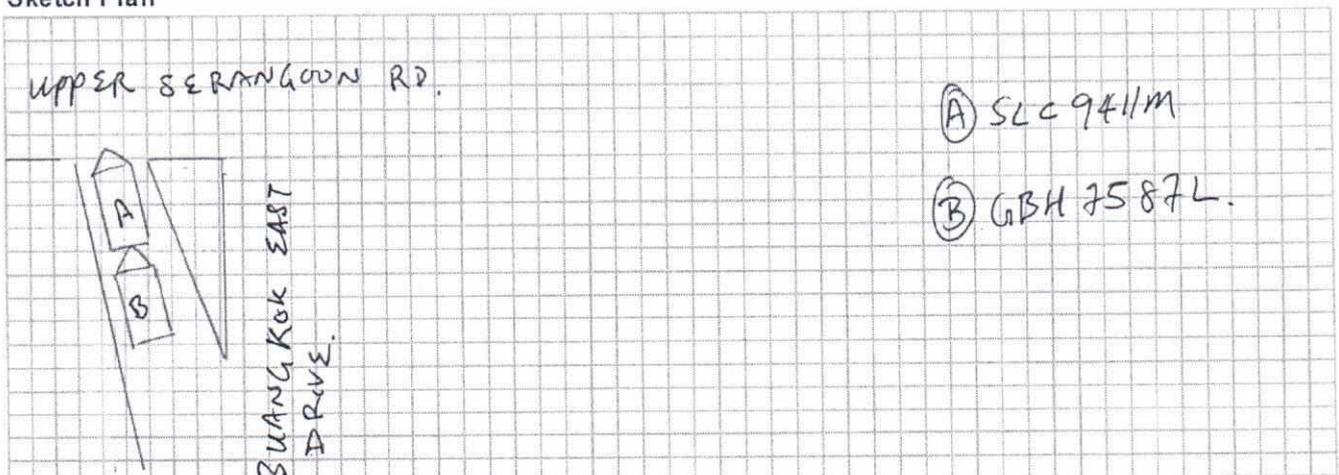


Driver's Signature (If driver is not the policyholder) / Date
& Time

 23/02/2021

Witnessed by Reporting Centre
Personnel

Sketch Plan



SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 22/02/2021.	TIME: 1840 HRS.	(hh:mm) 24 hrs Format
LOCATION SLIP WAY BUANGKOK ERST DRIVE TO UPPER SERANGLAN RD.		
VEHICLE NUMBER SLC 9114M.		
INSURED NAME SUANDI BIN AHMAD.		
NRIC / FIN S7010068A.	CONTACT: 93737936	
MAKE NISSAN	MODEL QASHQAI 1.2 DIG-TURBO.	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (/) Third Party () Reporting Only		
INSURANCE COMPANY ALL.		
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER : 21004682fo-04		
NAME DRIVER : SRI RAHAYU BINTE ZAINAL. () SAME AS INSURED		
NRIC / FIN S7632371B	CONTACT: 93638089	
DATE OF BIRTH: 15/09/1976		
DRIVING PASS DATE: 06/11/2007		
OCCUPATION : (/) INDOOR () OUTDOOR		
GENDER : () MALE (/) FEMALE		
EMAIL ADDRESS: iranadhirah@hotmail.com () NO EMAIL		
ADDRESS OF DRIVER: BLK 475B UPPER SERANGLAN CRESCENT #14-535 S (532475)		
Number Of Passenger Include Driver: 1 DRIVER + 1 PASSENGER Salwa Nadhirah Binte Suandi 59822959J		
Was driver an employee of the Insured's Company? () YES () NO		
If No, Relationship Of The Driver With The Insured		
() Owner (/) Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () YES () NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (/) Clear () Raining () Drizzling () Others		
Road Surface : (/) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO		
Was Anybody Injured In The Accident? (/) YES () NO		
If YES, Injured details : 1 DRIVER + 1 PASSENGER		
Convey By Ambulance: () YES (/) NO		
Was There Any Video Capture By Car Camera? () YES (/) NO		
Was There Accident Reported To The Police? (/) YES () NO If Yes Attach Police Report		
Police Report Number (if any) T/20210223/2047		
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver)
Veh B GBH 7587L.		() / Not Sure ()
Veh C		() / Not Sure ()
Veh D		() / Not Sure ()
Veh E		() / Not Sure ()
Veh F		() / Not Sure ()
Veh G		() / Not Sure ()



Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Driver			
Name	CHIEN	ID No.	NIL
Related Vehicle	GBH7587L (Van)	Contact No.	91182561
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SRI RAHAYU BINTE ZAINAL	ID No.	S7632371B
Related Vehicle	SLC9114M (Car)	Contact No.	93638089
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 22/02/21 at about 1840hrs, I was driving my car (Red Nissan Qashqai, SLC9114M) along Buangkok East Drive towards Upper Serangoon Road. When I was at the slip road before entering Upper Serangoon Road, I stopped after the zebra crossing and was waiting to turn in to Upper Serangoon Road. While I was waiting for the chance to turn in to Upper Serangoon Road, a van (White Nissan, GBH7587L) rear ended my car at the zebra crossing. We then moved our vehicles on to Upper Serangoon Road so that other vehicles can turn in.

When we parked along Upper Serangoon Road, the van driver (Mr Chien, 91182561) came to make a check on me. No visible injuries were seen on Mr Chien and I did not manage to check if his van was damaged. Mr Chien then left in a hurry after exchanging contact details. I do not know if there was any passengers on his van.

I wish to inform that my daughter was seated beside me during the accident. Both of us suffered slight headaches after the accident and we have not seen the doctor yet. The rear of my car was slightly dented and sustained some scratches. The left rear bumper also came out.

No police or ambulance was called.

I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20210223/2047

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20210223/2047

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210223/2047

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20210223/2047

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: A / Sgt 2 FOONG JING KAI	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476229	

Signature Of Informant:	
Date/Time: 23/02/2021 13:41	
Classification Of Case:	

Authentication Stamp SINGAPORE POLICE FORCE SIGNATURE
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CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Suandi Bin Ahmad
 Period of Insurance : 30 May 2020 To 29 May 2021
 Engine No. : HRA2276813A
 Chassis No. : SJNFEAJ11U1657598

Vehicle No. : SLC9114M
 Policy No. : 2100468280-04
 Endorsement No. :
 Issued Date : 13 May 2020

ABOUT THE COVER

Make/Model : NISSAN QASHQAI 1.2 DIG-TURBO
 Engine Capacity/Tonnage : 1,197.00 CC Sum Insured : Market Value First Year of Registration : 2016
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify any authorised driver other than the Policyholder 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

* 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Suandi Bin Ahmad - \$600 (Own Damage), \$600 (Flood Cover), Sri Rahayu Binte Zainal - \$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 628099 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: MayBank

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).

0500610487

TAN CHONG CREDIT PTE LTD - CCH

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.

AIGSGMOBILEAPP

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SNE821200006 Vehicle Registration No: SLC9114M

Name (as shown in NRIC): SEI ROHAYU BIN MU ZAHNATI NRIC/FIN/Passport No: SXXXX371B

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 93638089

Email Address: _____

Date of Accident: 22/02/2021 Time of Accident: 18:40

Place of Accident: BUMBUKOR FAS7 BUKIT

Insurance Company: AIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

INSURED VEHICLE NUMBER TO SLC 9114M

Policyholder / Driver's Signature
Date:

Am 23/02/2021
Reporting Centre Personnel's Signature
Name: