

NATIONAL Assessment Centre Services. part 1 Jan 2003 : SM09213 F000N

Date Inc: 15/3/21 18:06

Ref No: MA/AG 2100.3378/h4

Veh No: SMP 1782G

TPA: 13/3/21 14:55

OT: (TP) Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-Milling

E-mail (within 3hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: SCV 180L

INC () / Non-INC ()

Owner / Driver: (

Policy No: (

Period: (

Tel: (

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 repolar.

() 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	Assessment	Done by

MA210 2258

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Advisors' Comments:

Tel: 11

2/3

Item	Amount	INC (30)	Non-INC (30)
1) AL: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)			
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For retaining against INC Only (wef 10 Jan 2003)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
OD:			
*NS: Courtesy Car / Tpl Allowance	\$3		
*NG: Repair Co-ordination	\$10		
*NJ: Post Repair Inspection	\$25		
*NI: DV / Collect Excess Coordination	\$3		
TP (NI): TP (Non INC) against INC	\$20		
9) NI: Idao Mobile	\$0		
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	15/03/2021 18:06 (SGT)
Date of Accident	13/03/2021 14:55 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP1782G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AIK ZHI YAN
NRIC No	SXXXX778F
Email Address	JASON.AZY@GMAIL.COM
Mobile Phone No	(Phone) +65-81889051
Alternative Phone No	+65-81889051

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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	1900160003
Cover Note Number	-

DRIVER

Name of Driver	AIK ZHI YAN
NRIC No	SXXXX778F
Date Of Birth	09/11/1969
Occupation	Outdoor

Date Of Driving Pass	15/12/2016
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81889051
Alt. Phone Number	+65-81889051
Email Address	JASON.AZY@GMAIL.COM
Address	BLK 258 SERANGOON CENTRAL DR #15-04
Address complement	-
Postcode	550258
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)	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	SCV180L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	AIK ZHI YAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMP1782G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

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' 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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

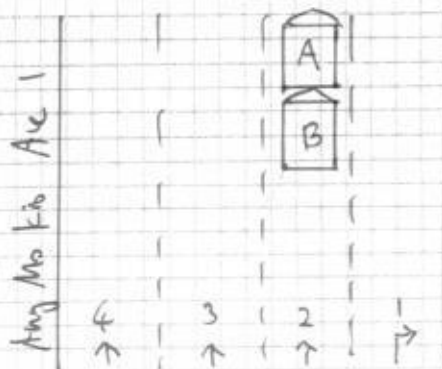
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Vehicle A - SMP17826

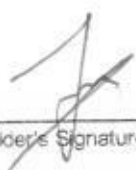
Vehicle B - SCV180L


Describe Circumstances of the Accident


My vehicle A was stationary along Ang Mo Kio ave 1, while waiting for the traffic light to turn green. Suddenly this vehicle B from behind bang on to my rear portion of my vehicle A. Total there are 2 cars involved.

Declaration

I/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



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Aik Zhi Yan
Period of Insurance : 13 Sep 2019 To 12 Sep 2021
Engine No. : HR16942068C
Chassis No. : MNTBBAB17Z0035651

Vehicle No. : SMP1782G
Policy No. : 1900160003
Endorsement No. :
Issued Date : 25 Sep 2019

ABOUT THE COVER

Make/Model : NISSAN Sylphy 1.6 Signature
Engine Capacity/Tonnage : 1,598.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
Insuring with COE/PARF : 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 \$3,000 as "Young and/or inexperienced Driver Excess" ("YDER") 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 - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Aik Zhi Yan - \$600 (Own Damage)

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

- 1 TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 628099 62622212
- 2 Autoklub Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
- 3 TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513
- 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.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

AIG Asia Pacific Insurance Pte. Ltd.

530255

1002607872/AC/Docul

Date of Accident : 13/Mar/2020 Accident Time: 14:55 hrs (24-HR-Format)

Accident Place : Along Ang Mo Kio Ave 1

Vehicle No. (Car Plate No.) : SMP 1782 G Make/Model: Nissan Sylphy

Insurance Company : AIG Policy No: 1900160003

Owner or Company Name /IC No. : Aik Zhi Yan (S8947778F)

Owner or Company Contact No. : 81844051 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : Same as Above

DRIVER'S Date Of Birth : 09/Nov/1984 DRIVER'S License Pass Date 15 Dec 2016

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address : Blk 258, Serangoon Central Drive, # 15-04 8 (S50258)

DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : Jason . azy @ 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): 01

Was the accident reported to the police? YES \ NO

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): Back and Neck.

Other Party Driver's Particular (if any)

Vehicle No: SCV 180L

Vehicle Make/Model: Honda Estima

Name Driver: _____

IC No. Driver/Contact: _____

Vehicle No: _____

Vehicle Make/Model: _____

Name Driver: _____

IC No. Driver/Contact: _____



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