

# NATIONAL Assessment Centre Services

Date In: 12/04/21	Job description	Date & Time Completed	Done by
Ref No: NA/A1421004575/13	SAS e-filing		
Veh No: 56037457	E-mail (within 2hrs: AD 2hrs)		
DOA: 10/04/21 1440	i-Motor Claim Form		
OD: (1P) 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		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 5MNV40406	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%; F: 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 hotline: 6788 6616)	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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Driver/Owner:	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill	
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	5) iT : Follow-Through Survey (Resurvey) \$30			
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 2/3:	6) TR : Re-inspection \$75			
	7) N1 : Idac 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			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac 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	12/04/2021 12:23 (SGT)
Date of Accident	10/04/2021 14:40 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	TWDS YIO CHU KANG BELOW AMK NORTH FLYOVER
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2745T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KONG KIN PIEW
NRIC No	SXXXX646B
Email Address	KINPIEW@GMAIL.COM
Mobile Phone No	(Phone) +65-98562804
Alternative Phone No	+65-98562804

### 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
Transmission	Auto
CC	1600

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700083479-03
Cover Note Number	-

### DRIVER

Name of Driver	KONG KIN PIEW
NRIC No	SXXXX646B

Date Of Birth	15/10/1951
Occupation	Indoor
Date Of Driving Pass	15/07/1976
Driving experience	44 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98562804
Alt. Phone Number	+65-98562804
Email Address	KINPIEW@GMAIL.COM
Address	12C EAST COAST AVE
Address complement	-
Postcode	459187
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?	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

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN4040E
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)	-

## SKETCH PLAN

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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' law yers/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

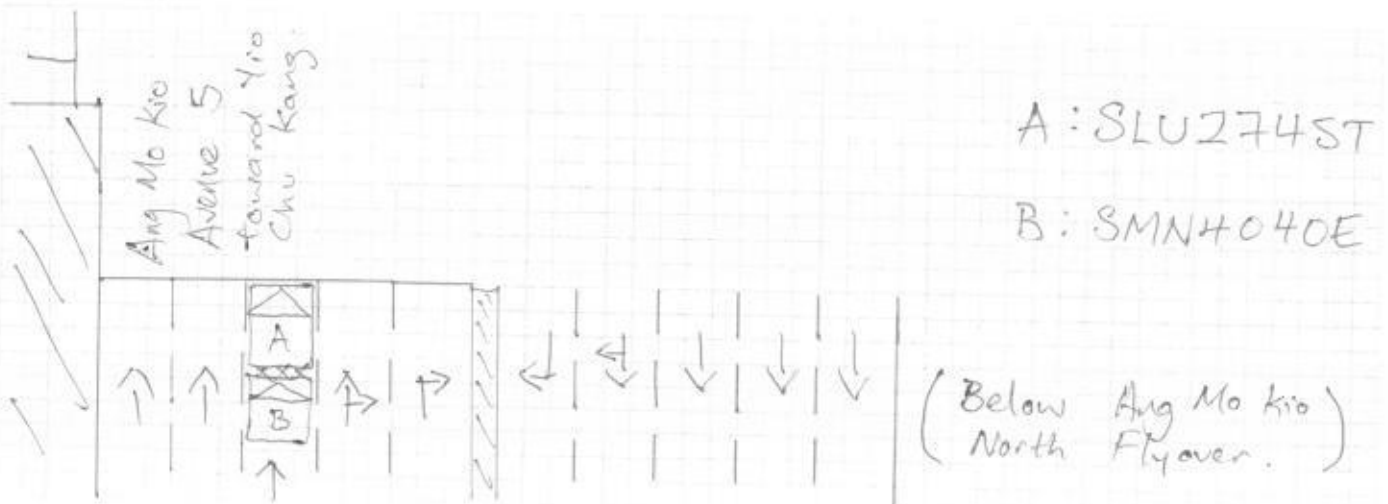
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Kor  
Policyholder's Signature / Date & Time

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

12/10/15  
Witnessed by Reporting Centre Personnel

### Sketch Plan




**Describe Circumstances of the Accident**


On 10/04/2021 at about 14:40 hrs, I was driving my vehicle (SLU274ST) just exited from CTE at Ang Mo Kio Avenue S. At the junction just below Ang Mo Kio North Flyover my vehicle was stationary. Suddenly I felt an impact from the rear and realise Veh. B (SMN4040E) had collided into the rear portion of my vehicle.

**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

 12/04/21  
Witnessed by Reporting Centre Personnel

VEHICLE NO:	SLU2745T			MAKE & MODEL:	Nissan Sylphy			AUTO / MANUAL
DATE OF ACCIDENT:	10/04/2021			CC:	1.6			
TIME OF ACCIDENT:	14:40 HRS							
LOCATION OF ACCIDENT:	Ang Mo Kio Ave 5, towards Yio Chu Kang below AMK North Pk							
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE							
NAME OF OWNER:	Kong Kin Piew							
TEL NO:	H/P: 98562804			OFFICE:	HOME:			
NRIC:	S1851646B							
ADDRESS:	12C East Coast Avenue S(459187)							
EMAIL:	Kinpiew@gmail.com							
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY							
FLEET POLICY:	YES / NO?							
INSURANCE COMPANY:	A'G							
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft							
POLICY NO:	1700083479-03							
NAME OF DRIVER:	AS ABOVE / IF NO:							
NRIC:	ANY PASSENGER: NO							
DATE OF BIRTH:	15/10/1951			LICENCE PASSED DATE: 20/05/2003				
OCCUPATION:	OUTDOOR / INDOOR							
GENDER:	MALE / FEMALE							
CONTACT NO:	H/P:			OFFICE:	HOME:			
ADDRESS:								
EMAIL:								
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:			INSURER:				
RELATIONSHIP:	Owner							
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:							
ROAD SURFACE:	DRY / WET / OTHER:							
ANY INJURIES:	NO / IF YES, WHO?							
NAME & CONTACT:								
NAME & CONTACT:								
POLICE REPORT:	NO / IF YES, WHERE?							
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?							
VEHICLE B REG NO:	SMN4040E			ANY PASSENGERS: NO				
NAME OF DRIVER:	Sannabiyalu Papiah			CONTACT NO: -				
VEHICLE C REG NO:				ANY PASSENGERS:				
VEHICLE D REG NO:				ANY PASSENGERS:				
VEHICLE E REG NO:				ANY PASSENGERS:				
VEHICLE F REG NO:				ANY PASSENGERS:				
VEHICLE G REG NO:				ANY PASSENGERS:				
ANY WITNESS? IF YES, NAME:				WITNESS CONTACT: -				
WAS THERE ANY VIDEO CAPTURE?	YES / NO							
WAS THERE ANY AUDIO RECORDED?	YES / NO							
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO							
ACCIDENT PORTION:	Rear Portion							
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?								
YES / NO								
WORKSHOP PARTICULAR:	N-S1 Automotive							
CONTACT NO:	68420051 / 67440510							
CONTACT PERSON:	Kenard							
FAX NO:	67410510							
WORKSHOP EMAIL:	sales@n51.com.sg							



# CERTIFICATE OF INSURANCE

## NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Kong Kin Piew  
Period of Insurance : 28 Nov 2020 To 27 Nov 2021  
Engine No. : HR16914991C  
Chassis No. : MNTBBAB17Z0030511

Vehicle No. : SLU2745T  
Policy No. : 1700083479-03  
Endorsement No. :  
Issued Date : 29 Oct 2020

### ABOUT THE COVER

Make/Model : NISSAN SYLPHY 1.6 PREMIUM

Engine Capacity/Tonnage : 1,598.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PAF : 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 his 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 25 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use\* :

Mileage Condition : Unlimited Mileage

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 operative 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)

Kong Kin Piew - \$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 628095 62622212

3 Amplus Industrial Add: 19 Ubi Road 4 Singapore 408623 64509966

4 Tan Chong Motor Sales Add: 910 Bukit Timah Road Singapore 589622 64694091 64694092 64694093

5 Tan Chong Motor Sales Add: 17 Lorong 6 Teo Poyeh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6206. 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).

0500610356

TAN CHONG CREDIT PTE LTD-LTP

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.

88PLLC