

# NATIONAL Assessment Centre Services

Date In: 13/07/24	Job description	Date & Time Completed	Done by
Ref No: NA/11421007607/13	SAS e-filing		
Veh No: GBL8815K	E-mail (within 8hrs. AP: 2hrs)		
D.O.A: 12/07/24 0815	i-Motor Claim Form		
OD: (P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: GBE5784M	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

NA2103464

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$40)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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 (N/a INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

## 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	13/07/2021 17:44 (SGT)
Date of Accident	12/07/2021 08:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CHANGI)B4 SIMEI EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3815K
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JEN JEN FURNITURE TRADING
Company Reg No	5XXXX573L
Email Address	jenjenfurniture@gmail.com
Mobile Phone No	(Phone) +65-97599678
Alternative Phone No	+65-97599678

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1416

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700033064-03
Cover Note Number	-

#### DRIVER

Name of Driver	KOH WAI MENG
NRIC No	SXXXX164D

Date Of Birth	02/04/1946
Occupation	Outdoor
Date Of Driving Pass	23/10/1967
Driving experience	53 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97879170
Alt. Phone Number	-
Email Address	jenjenfurniture@gmail.com
Address	BLK 683 HOUGANG AVE 8
Address complement	#01-943
Postcode	530681
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE5784M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKK3881R
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YP4581H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	KOH WAI MENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBG3815K
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 willful 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' 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.

JEN JEN FURNITURE TRADING

陈为明

*Signature*

13/07/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A - 1B673815K

B - 1BE5184M

C - SKK3881R

D - YP458117

I was stationary along Pit (Changi) before Simex Exit. I notice the vehicle YP4561H in front of me came to a stop and I manage to stop in time. Suddenly, I felt a huge impact from the rear which caused my vehicle to hit onto the vehicle in front. I went down and realised that I was involved in a chain collision of 4 cars.

We declare the foregoing particulars are true in every respect.

誠為明

Witnessed by Reporting Centre Personnel

Date of Accident : 12/1/2021 Accident Time: 08:15 (24-HR-FORMAT)  
Accident Place : PIE (Changi) before time exit  
Vehicle Reg. No (Car plate No.) : GEG3815K Vehicle Make/Model: Nissan mu200  
Insurance Company : AIG Policy No: 1700033064-03  
Name of Registered Owner : Company / Individual Jen Jen Furniture Trading  
ID of Registered Owner : Co Reg No: 52869573L Owner's NRIC No: /  
Co Contact No: / Owner's Contact No: 9759 9678  
DRIVER'S Name : Koh Wai meng DRIVER'S NRIC No: 52096164D  
DRIVER'S Date of Birth : 2/4/1946 DRIVER'S License Pass Date: 23/10/1967  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
DRIVER'S Address : 683 HOUBANG AVENUE 8, #01-943, HOUBANG VILLAGE  
DRIVER'S Contact No./ Alt No. : 1) 9781 9170 2) /  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an office)  
Email Address : JenJenFurniture@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ WATER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (including Driver): 1  
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

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>G1E 5784M (B)</u>	Vehicle Reg No: <u>SKK 3881R (C)</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Vehicle Reg No: YP4581H (D)



Save



## CERTIFICATE OF INSURANCE

## NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Jen Jen Furniture Trading  
 Period of Insurance : 27 Jul 2020 To 26 Jul 2021  
 Engine No. : K9KC400D057120  
 Chassis No. : V5KYBAM20Z0145280

Vehicle No. : GBG3815K  
 Policy No. : 1700033064-03  
 Endorsement No. :  
 Issued Date : 14 Jul 2020

## ABOUT THE COVER

Make/Model	NISSAN NV 200	Sum Insured	Market Value	First Year of Registration	2017
Engine Capacity/Tonnage	0.6 Tonnage	Off Peak Car	No	Insuring with COE/PAF	Yes
Driver Restriction	NA				

## Person or Classes of Persons Entitled to Drive\*

a) Any person who is driving on the Policyholder's order or with their permission.  
 b) This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and Inexperienced Driver Excess" ("YIDEX") if you are a Young Authorized 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\*

1. Use in connection with the Policyholder's business.  
 2. Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.  
 3. Use for social, domestic or pleasure purposes. This Policy does not cover (a) use for hire or reward, driving before, driving test, racing, pace-making, velocity trial or speed testing, and (b) use while driving a trailer except the towing of a mechanically propelled vehicle (c) use for any purpose in connection with Motor Trade.

## Loss Of Use (7 Days) Commercial Auto

\* Limitations rendered imperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 186), Section 85 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 - \$500; Theft - \$0; Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

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

1. Tan Chong Motor Sales, Add: 913 B1 Timah Road Singapore 686223 686223 686223
2. AutoKolor Industrial Add: 18 Ulu Road Singapore 438223 686223
3. TC Auto Clinic Add: 25 Lengkok Road Singapore 150017 670385/1 670385/2 670385/3
4. TC Auto Clinic Add: No. 1, Seah Loh Yang Road Singapore 628031 628022/2
5. Tan Chong Motor Sales Add: 11 Joo & Tan Poyoh Singapore 310254 625727/3 625727/4

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at: +65 6326 6222. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG 3G Mobile App. Simply search and download "AIG 3G" from iTunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TAN CHONG CREDIT PTE LTD

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

0500910531

TAN CHONG CREDIT PTE LTD - A/E

911 BURK TIMAH ROAD TAN CHONG MOTOR CENTRE  
 SINGAPORE 686222 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.

AUTOMATED

