

NATIONAL Assessment Centre Services, [url] [url]

Sheet 218 79003

Date In: 19/08/2021 17:47	Job description	Date & Time Completed	Done by
Ref No: NA210367	SAS e-Miling		
Veh No: SNA133SD	E-mail (by date 3hrs, AIG 2hrs)		
D.O.A: 18/08/2021 18:00	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (With: OD 3hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VList		

Preferred Wkcp / INC Assign Wkcp / OW: ( ) Tel: ( ) Fax: ( )

TP Kind/Category: ( ) Veh No: SHB 147E 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: YRS ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & strictly NO refer of reporter.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YRS ( ) / NO ( ) ; Towing Co: ( )

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

( )

( )

( )

NA210367

Driver/Owner:	1) All Accident Reporting (300)	INC (40)
Contact No:	2) DA Damage Assessment (\$100)	\$100/45
Damage Portion:	3) TP Filing Fee	\$120
QC Checked by (Bug-In-Charge):	4) TP Follow-through Survey	\$30
	5) TP Follow-through Survey (Resurvey)	\$30
	6) TP Follow-through Survey (Resurvey) For All minor repairs (NO Only) (var to 200)	\$75
	7) TP Repair	\$160
	8) NI Idea DA + SMR Survey	
	9) NIUC Additional Services	
	OR:	
	* NIUC Courtesy Car / Tol Allowance	\$5
	* NIUC Repair Coordination	\$10
	* NIUC Post Repair Inspection	\$25
	* NIUC BY / Collect Wkcp Coordination	\$5
	* TP (NIUC) TP OW INC * Total: 480	\$20
	* NIUC 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 ..... 19/08/2021 12:47 (SGT)  
Date of Accident ..... 18/08/2021 18:00 (SGT)  
Exact Location of Accident ..... Sengkang W Way, Singapore  
Additional Location Information ..... SLIP ROAD TOWARDS SENKANG WEST ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNA8398D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LOW WEI CHIN  
NRIC No ..... SXXXX332D  
Email Address ..... royteodawnlow@gmail.com  
Mobile Phone No ..... (Phone) +65-98302615  
Alternative Phone No ..... +65-98809682

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Serena  
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 ..... 1198

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 7210074461  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TEO TANG YI (ZHANG TANGYI)  
NRIC No ..... SXXXX494C

Date Of Birth .....	23/01/1982
Occupation .....	Indoor
Date Of Driving Pass .....	25/09/2006
Driving experience .....	14 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98809682
Alt. Phone Number .....	-
Email Address .....	royteodawnlow@gmail.com
Address .....	BLK 440B FERVALE LINK #11-165
Address complement .....	-
Postcode .....	792440
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 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

PLEASE REFER TO SKETCH PLAN

#### 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 OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHB147E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	TEO TANG YI (ZHANG TANGYI)
Gender .....	Male
Phone No .....	(Phone) +65-98809682
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SNA8398D
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' 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

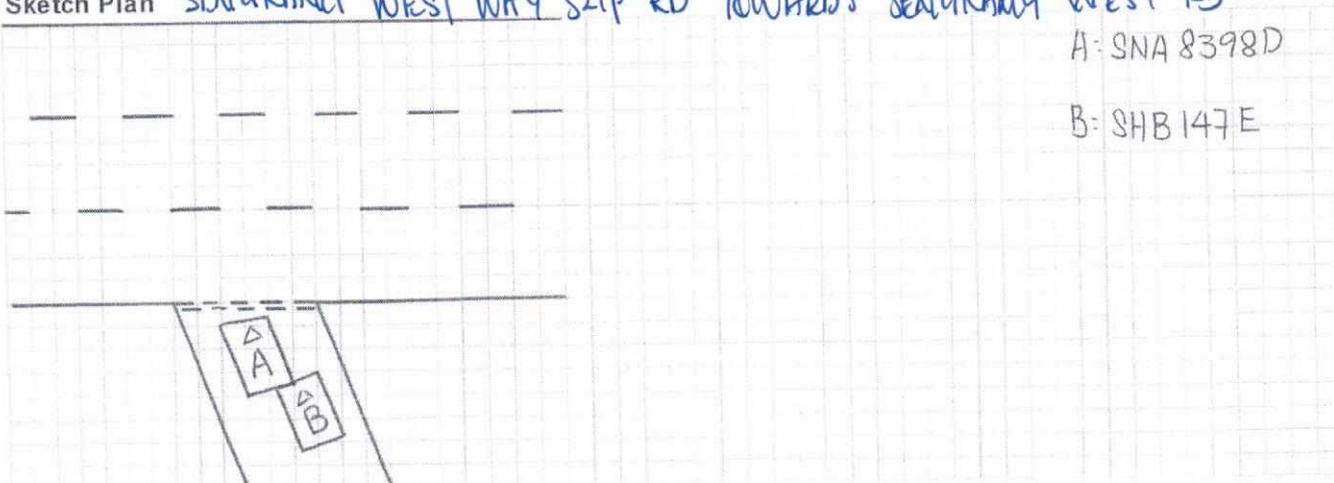
Witnessed by Reporting Centre Personnel

Sketch Plan

SENGKANG WEST WAY SLIP RD TOWARDS SENKANG WEST RD

A: SNA 8398D

B: SHB 147E



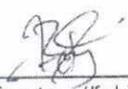
**Describe Circumstances of the Accident**

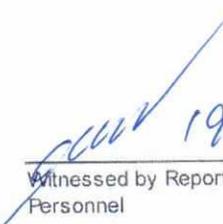
On 18.08.2021 at about 18:00 pm. I was travelling along Sengkang West Way Slip Road Towards Sengkang West Road. I was stationary to check incoming vehicle. Suddenly, vehicle B hit my rear portion.

**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

 19/08/2021  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

Date of Accident : 18 Aug 2021 Accident Time: 18:00 pm (24-HR-Format)  
 Accident Place : Sengkang West Way Slip Road Towards Sengkang West Road  
 Vehicle No. (Car Plate No.) : SNA 8398 D Make/Model: Nissan Serena 1.2L  
 Insurance Company : AIG Policy No: 7210074461  
 Owner or Company Name /IC No. : low Wei Chin (S8712332D)  
 Owner or Company Contact No. : 9830 2615 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Teo Tang Yi (Zhang TangYi) S8203494C  
 DRIVER'S Date Of Birth : 23 Jan 1982 DRIVER'S License Pass Date 25 Sep 2006  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : Blk 440B Fernvale Link #11-165 Singapore 792440  
 DRIVER'S Contact No./ Alt No. : 1) 9880 9682 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : royteodawnlow@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): 1 Driver  
 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): Yes (1 Driver).

**Other Party Driver's Particular (if any)**

Vehicle No: SHB 147E (vehicle B).	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



# CERTIFICATE OF INSURANCE

## NISSAN AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : LOW WEI CHIN  
**Period of Insurance** : 16 Jul 2021 To 15 Jul 2022  
**Engine No.** : HR12227154K  
**Chassis No.** : JN1EBAC27Z0001067

**Vehicle No.** : SNA8398D  
**Policy No.** : 7210074461  
**Endorsement No.** :  
**Issued Date** : 27 Jul 2021

### ABOUT THE COVER

**Make/Model** : NISSAN Serena E-Power  
**Engine Capacity/Tonnage** : 1,198.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2021  
**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" ("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  
**Mileage Condition** : Unlimited Mileage

**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 Tracks.

**Loss of Use** 1500cc - 1600cc

\* Limitations rendered inoperative by Section 4 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 - \$800 Theft - \$0 Flood Cover - \$800

**Section 2**  
 Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

LOW WEI CHIN - \$500 (Own Damage), \$800 (Flood Cover)

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

1. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67638511 67038512 67038513
2. TC AutoClinic Add: No 1, Sixth Lok Yang Road Singapore 628089 62622212
3. Autotune Industrial Add: 15 Ubi Road 4 Singapore 408923 64999856
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 6336 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: OCBC Bank Ltd

I/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)

0500610376

TAN CHONG CREDIT PTE LTD-OPH

913 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.

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