

NATIONAL Assessment Centre Services

(with 1 Jan 2021)

2020/29/0004

Date In: 17/02/2021 17:51	Job description	Date & Time Completed	Done by
Ref No: XAB 9981P	SAS e-Milling		
Veh No: 21248312	E-mail (by date time, A/C time)		
U.O.A: 16/02/2021 1515	1-Motor Claim Form		
	1-Motor W/O (with 00 sheet, TP 1hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Tnx / Hand to Owner/Whse		

(1) TP Reporting Only

TP Insurer:

Preferred Wksp / INC Assgn Wksp / OW:	Tel:	Fax:
TP Binding/Policy	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: YES () / NO ()	
Process: ()	Loading: \$1,000 () / \$2,000 ()	

() Walk-In Customer: Customer's information strictly confidential & strictly NO Ref of report.

() 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:

XAB 039153

Driver/Owner:	1) All Accident Insurance (30%)	INC ()
Contract No:	2) DA: Damage Assessment (\$100)	\$100
Damaged Portion:	3) TP: Towing Fee	\$100
	4) PT: Follow Through Survey	\$30
	5) PT: Follow Through Survey (Resurvey)	\$30
	6) PT: Follow Through Survey (Resurvey) (with 10 min 7/10)	\$75
	7) PT: Follow Through Survey (Resurvey) (with 10 min 7/10)	\$160
	8) PT: Follow Through Survey (Resurvey) (with 10 min 7/10)	\$160
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QC Checked by (Engn-In-Charge):

Invoice dated
Invoice dated

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	17/09/2021 17:51 (SGT)
Date of Accident	16/09/2021 15:15 (SGT)
Exact Location of Accident	Tuas South Ave 3, Singapore
Additional Location Information	AND TUAS SOUTH AVENUE 4 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ643R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE WEN CHOONG
NRIC No	SXXXX540H
Email Address	leewc_97@hotmail.com
Mobile Phone No	(Phone) +65-98627889
Alternative Phone No	+65-98627889

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
Transmission	Auto
CC	1197

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800042696-03
Cover Note Number	-

DRIVER

Name of Driver	LEE WEN CHOONG
NRIC No	SXXXX540H

Date Of Birth	17/02/1985
Occupation	Outdoor
Date Of Driving Pass	10/09/2012
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-98627889
Alt. Phone Number	+65-98627889
Email Address	leewc_97@hotmail.com
Address	11 WOODLANDS DRIVE #03-36
Address complement	-
Postcode	738094
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN TIANG CHENG
Gender	Male

PASSENGER 2

Name	CHUA SHI XIAN
Gender	Female

PASSENGER 3

Name	CHUA NGEOK YIN
Gender	Male

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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB9981P
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	LEE WEN CHOONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLZ643R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	CHUA NGEOK YIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLZ643R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	CHUA SHI XIAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLZ643R
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' 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.

Policyholder's Signature / Date & Time

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

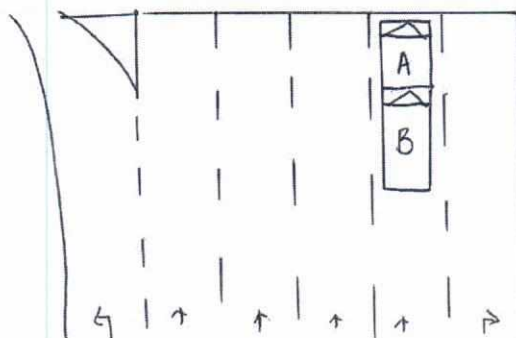
Witnessed by Reporting Centre Personnel

Sketch Plan

Tuas South Ave3 and Tuas South Ave 4 Junction

Vehicle A: SLZ643R

Vehicle B: XB99B1P



Describe Circumstances of the Accident

On the stated date & time, I, vehicle A(5L2643R) was travelling straight at the stated location on lane 2. As the traffic light turn into red, I slowed down and came to a stop. Out of sudden, I felt an impact from the rear portion of my vehicle. I alighted & realised vehicle B(XB99B1P) collided onto the rear portion of my vehicle causing damages.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the owner)

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

Witnessed by Reporting Centre

Witnessed by Reporting Centre
Personnel

Date of Accident : 16/9/2021 Accident Time: 1515hrs (24-HR-FORMAT)
Accident Place : Tuas South Ave 3 and Tuas South Ave 4 Junction
Vehicle Reg. No (Car plate No.) : SLZ643R Vehicle Make/Model: Nissan Qashqai
Insurance Company : Alfa Policy No. 1800042696-03
Name of Registered Owner : Company / Individual Lee Wen Choong
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S8561540H

Co Contact No: - Owner's Contact No: 98627889

DRIVER'S Name : Lee Wen Choong DRIVER'S NRIC No: S8561540H

DRIVER'S Date of Birth : 17 Feb 1985 DRIVER'S License Pass Date 10 Sep 2012

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner

DRIVER'S Address : 11 Woodlands Drive 72 #03-38 Singapore 738094

DRIVER'S Contact No / Alt No. : 1) 98627889 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : leewc_97@hotmail.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): 04 Passenger Name: Tan Tiang Cheng (m) Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: Chua Ngeok Yin Gender: MYF

Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: Lee Wen Choong

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose Injured Name: Chua Ngeok Yin Chua Shi Xian

Other Party Driver's Particulars (if any)

Vehicle Reg No: XB9981P Vehicle Reg No: _____

Vehicle Make/Model: _____ Vehicle Make/Model: _____

Name DRIVER: _____ Name DRIVER: _____

IC No. DRIVER: _____ IC No. DRIVER: _____

DRIVER'S Contact & add: _____ DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____ Vehicle Reg No: _____

Vehicle Make/Model: _____ Vehicle Make/Model: _____

Name DRIVER: _____ Name DRIVER: _____

IC No. DRIVER: _____ IC No. DRIVER: _____

DRIVER'S Contact & add: _____ DRIVER'S Contact & add: _____



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lee Wen Choong
Period of Insurance : 23 Apr 2021 To 22 Apr 2022
Engine No. : HRA2593336A
Chassis No. : SJNFEAJ11U2230934

Vehicle No. : SLZ643R
Policy No. : 1800042696-03
Endorsement No. :
Issued Date : 12 Mar 2021

ABOUT THE COVER

Make/Model : NISSAN Qashqai 1.2 DIG-Turbo
Engine Capacity/Tonnage : 1,197.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive*

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2018
Insuring with COE/PAF : 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 authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" (IDR) if You are or Your Authorized Driver (named or unnamed) has less than 3 years' driving experience.

Age Condition : 35 years old and above

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 Trade.

Loss of Use 1500cc - 1600cc

* Limitations denoted inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 188), Section 90 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)

Lee Wen Choong - \$600 (Own Damage), \$600 (Flood Cover)

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

1. TC AutoCare: Add: 25 Leng Kee Road Singapore 159097 67034511 67034512 67034513
2. TC AutoCare: Add: No 1, South Lok Yang Road Singapore 621093 62622217
3. AutoLion Industrial Add: 19 Ubi Road 4 Singapore 408623 64309666
4. Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589621 6494001 6494002 6494003
5. Tan Chong Motor Sales Add: 17 Loring & Toa Payoh Singapore 318254 63570753 63570754

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at 65 8338 8226. 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: Genie Financial Services 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. 188), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 188), Part IV of the Road Transport Act, 1987 (Malaysia).

0500610540

TAN CHONG CREDIT PTE LTD - TGL

(TERMINATED AGENT) AGY DEPT 78 SHENTON WAY #15-14
SINGAPORE 079126 AYSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This document generated by our system does not require a signature.

0500610540

0500610540

28 Shenton Way, Singapore 054588

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: SWS 297004 Vehicle Registration No: SL2 643R
Name (as shown in NRIC): LEE WEE CHUAN NRIC/FIN/Passport No: SXXX55604
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 88627889
Email Address: _____
Date of Accident: 16/09/2021 Time of Accident: 15:15
Place of Accident: Tuas Sentr Ave 2 / Tuas Sentr Ave 4 Junction
Insurance Company: AIY

(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:

Accident location to Tuas Sentr Ave 3 & Tuas Sentr Ave 4
Junction

Policyholder / Driver's Signature
Date:

 17/09/2021
Reporting Centre Personnel's Signature
Name: