

NATION 11 Assessment Centre Services

20182100009

Date: 20/10/2021 17:13
Ref No: X/BA/PUR21012854/Y
Veh No: SLT 71192
Doc: 19/12/2021 08:30
① TP Reporting Unit

Description
SAs e-filing
E-mail (optional) - At Day
i-Motor Claim Form
i-Motor W/O (optional) - At Day
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: SGR 6902E

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 or 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 :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2, 3:

Invoice Preparation Checklist

And (\$)
1st Bill

And (\$)
Add Bill

| | | |
|---|------------|--|
| 1) AR: Accident Reporting (\$30) | | |
| 2) DA: Damage Assessment (\$100) | INC (\$30) | |
| 3) TF: Towing Fee | \$40 \$45 | |
| 4) FT: Follow-Through Survey | \$120 | |
| 5) RT: Follow-Through Survey (Resurvey) | \$30 | |
| For claiming against INC Only (wef 10 Jan 2019) | | |
| 6) TR: Re-inspection | \$15 | |
| 7) N1: 1st DA + SMRT Survey | \$160 | |
| 8) NTIC: Additional Services | | |
| 9) N12: 1st DA | | |
| 10) N12: 1st DA | | |
| 11) N12: 1st DA | | |
| 12) N12: 1st DA | | |
| 13) N12: 1st DA | | |
| 14) N12: 1st DA | | |
| 15) N12: 1st DA | | |
| 16) N12: 1st DA | | |
| 17) N12: 1st DA | | |
| 18) N12: 1st DA | | |
| 19) N12: 1st DA | | |
| 20) N12: 1st DA | | |

See Charges

See Charges



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 | 20/12/2021 17:13 (SGT) |
| Date of Accident | 19/12/2021 08:30 (SGT) |
| Exact Location of Accident | AYE, Singapore |
| Additional Location Information | TOWARDS TUAS BEFORE NORMANTON PARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SLT7119Z |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | LIM YEE HOW (LIN YIHAO) |
| NRIC No | SXXXX881I |
| Email Address | elsieyongml@hotmail.com |
| Mobile Phone No | (Phone) +65-97455477 |
| Alternative Phone No | +65-97807878 |

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 | 1700075879-04 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | YONG MIN LEE |
| NRIC No | SXXXX309J |



| | |
|--|-------------------------|
| Date Of Birth | 03/12/1971 |
| Occupation | Indoor |
| Date Of Driving Pass | 17/04/2003 |
| Driving experience | 18 YEARS AND 8 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-97807878 |
| Alt. Phone Number | - |
| Email Address | elsieyongml@hotmail.com |
| Address | 8G WILKINSON ROAD |
| Address complement | - |
| Postcode | 436583 |
| 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 | Side Swipe |
| 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 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 | SGR6902E |
| 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)

-

-

Tokio Marine Insurance Singapore Ltd

-

-

-

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' 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

A/E TOWARDS TUBS BEFORE NORMAN DRIVE EX17

A: SLT 7119Z

B: SGR 6902E

3

2

1

Describe Circumstances of the Accident

On 19/12/2021 at about 8:30am I was travelling along AYE towards T4as before Normanton Exit. I was driving straight, suddenly vehicle B hit 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

Witnessed by Reporting Centre
Personnel

(J)

Date of Accident : 19/12/2021 Accident Time: 08:30am (24-HR-Format)
Accident Place : AYE towards Tuas before Normanton Exit
Vehicle No. (Car Plate No.) : SLT 7119Z Make/Model: Nissan Qashqai 1.2
Insurance Company : AIG. Policy No: 1700075879-04
Owner or Company Name /IC No. : (S7523881 I) Lim Yee How
Owner or Company Contact No. : 97455471 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Yong Min Lee (S7147309J)
DRIVER'S Date Of Birth : 07/08/1975 DRIVER'S License Pass Date 03/12/1971
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 89 Wilkinson rd S436588.
DRIVER'S Contact No./ Alt No. : 1) 97807878 . 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : elsie.yongml @ 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): driver only
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): No

Other Party Driver's Particular (if any)

| | |
|--|------------------------------|
| Vehicle No: <u>SAR 6902E (Vehicle B) → Tokio Marine.</u> | 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 : Lim Yee How (Lin Yihao)
Period of Insurance : 08 Nov 2021 To 07 Nov 2022
Engine No. : HRA2510526A
Chassis No. : SJNFEAJ11U2064717

Vehicle No. : SLT7119Z
Policy No. : 1700075879-04
Endorsement No. :
Issued Date : 01 Oct 2021

ABOUT THE COVER

Make/Model : NISSAN Qashqai 1.2 DIG-Turbo
Engine Capacity/Tonnage : 1,197.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PARF : 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 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 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 - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lim Yee How (Lin Yihao) - \$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 628099 62522212
- 3.Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
- 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.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: United Overseas Bank Limited

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).

0500610426

TAN CHONG CREDIT PTE LTD-YKM

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 589623 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.

AIGSGMOBILEAPP