

VEHICLE ASSESSMENT CHECK SERVICES

SMC821C0002

3/11/2021 12:03
X13A/B14210/3368/Y
SLS 7568 Z
30/12/2021 12:03
(TP)

Incident Description: ☐ New Loss Completed

SAVE Filing: ☐

E-mail: ☐ 200

i-Motor Claim Form: ☐

i-Motor W/O: ☐

i-Photo Uploaded: ☐

Assessment/Survey Report: ☐

Ass't Report by Fax/Hand in Owner/WRSP: ☐

Tel: ☐ Fax: ☐

Preferred Wksp / INC Assign Wksp / QW: ☐

TP Particulars: Vch No: **SKD 301E** INC: ☐ Non-INC: ☐

Owner / Driver: ☐ Tel: ☐

Policy No: ☐ Period: ☐ Cover Type: ☐

Confirmed by: ☐ Date: ☐

Insured/Driver Liability: ☐ (Note-Bst Status (W/O) 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 later or repairs

☐ Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In: ☐ Towed-In: ☐ Invoice YES: ☐ NO: ☐ Towing Co: ☐

Remarks:- (INC hotline: 6788 6616)

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 (Engg-In-Charge): ☐

Auditors' Comments:-

Est 1: ☐

Est 2: ☐

Est 3: ☐

Invoice Preparation Checklist		Am (\$)	Am (\$)
		Inc	Am
1) AR: Accident Reporting (\$40)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TF: Towing Fee	\$40, \$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$120		
For minimum amount of \$100 Daily (w/ 1st Jan 2021)			
6) FR: Re-inspection	\$140		
7) NT: 1st DA - SMART Survey			
8) STP: Additional Services			
Total:			
*15: Courtesy Car / Transport Allowance			
*16: Repairer's Insurance			
*17: Post Repair Inspection			
*18: DV / Collect Excess Coordination			
*19: DV / Collect Excess Coordination			
*20: DV / Collect Excess Coordination			
*21: DV / Collect Excess Coordination			
*22: DV / Collect Excess Coordination			
*23: DV / Collect Excess Coordination			
*24: DV / Collect Excess Coordination			
*25: DV / Collect Excess Coordination			
*26: DV / Collect Excess Coordination			
*27: DV / Collect Excess Coordination			
*28: DV / Collect Excess Coordination			
*29: DV / Collect Excess Coordination			
*30: DV / Collect Excess Coordination			

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	31/12/2021 12:03 (SGT)
Date of Accident	30/12/2021 19:15 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS CITY AFTER BUONA VISTA EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS7548Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN KIANG HIONG, KEVIN (CHEN JIANXIONG)
NRIC No	SXXXX667H
Email Address	tkysingapore@hotmail.com
Mobile Phone No	(Phone) +65-96423706
Alternative Phone No	+65-96423706

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	1700058356-04
Cover Note Number	-

DRIVER

Name of Driver	TAN KIANG HIONG, KEVIN (CHEN JIANXIONG)
NRIC No	SXXXX667H

Date Of Birth	25/07/1985
Occupation	Outdoor
Date Of Driving Pass	26/01/2005
Driving experience	16 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96423706
Alt. Phone Number	+65-96423706
Email Address	tkysingapore@hotmail.com
Address	BLK HILLVIEW AVENUE #10-03
Address complement	-
Postcode	669581
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	Chain Collision
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	10
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SUN JUAN
Gender	Female

PASSENGER 2

Name	JAYDEN TAN
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	SKD301E
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 2

Vehicle Registration Number	SMD5631X
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	SMN1598H
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 4

Vehicle Registration Number	SJQ1666P
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 5

Vehicle Registration Number SMP2697M
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 6

Vehicle Registration Number SMY5894T
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 7

Vehicle Registration Number SLL960Z
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 8

Vehicle Registration Number SGD3012S
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 9

Vehicle Registration Number	SMT9022T
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN KIANG HIONG, KEVIN (CHEN JIANXIONG)
Gender	Male
Phone No	(Phone) +65-96423706
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLS7548Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SUN JUAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLS7548Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	JAYDEN TAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-

Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLS7548Z
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' 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

AYE TOWARDS CHANGI



A = SLS7548Z

C = SMD563IX

E = GJA1666P

G = SMV589AT

I = SGP3012S

B = 8KD301E

D = SMN1598H

F = SMP2697M

H = SLL960Z

J = SM79022T

Describe Circumstances of the Accident

~~REFER TO POLICE REPORT~~

I WAS TRAVELLING ALONG AVE
TOWARDS CITY AFTER BUONA VISTA EXIT.
THE VEHICLE IN FRONT OF ME CAME TO
A STOP HENCE I STOPPED MY VEHICLE.
SUDDENLY, VEHICLE BEHIND COLLIDED
INTO MY VEHICLE.
THE IMPACT CAUSED MY VEHICLE TO
SURGE FORWARD AND COLLIDED INTO THE
VEHICLE IN FRONT.

Declaration

I/We declare the foregoing particulars are true in every respect.

li
Policyholder's Signature / Date &
Time

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

3/12/2021
Witnessed by Reporting Centre
Personnel

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 30 / 12 / 2021 (dd/mm/yy)

Time of Accident: 19 : 15 (24-HR-FORMAT)

Vehicle No.: SLS7548Z Vehicle Make & Model / Engine (cc): NISSAN QASHQAI Private Hire: (Y / N)

Exact location of Accident: AYE TOWARDS CITY AFTER BUONA VISTA EXIT

Policyholder's Name / IC No.: TAN KIANG HIONG, KEVIN S8521667H ROC/UEN (Company)

Driver's Name / IC No.: TAN KIANG HIONG, KEVIN (CHEN JIANXIONG) S8521667H (As Above) ☐

Driver's Contact No.: 9642 3706 Company Contact No / Owner Contact No:

Driver's Address: BLK 82 HILLVIEW AVENUE #10-03 SINGAPORE 669581

Owner Email address: tkysingapore@hotmail.com Insurance Company: AIG

Driver Email address: tkysingapore@hotmail.com

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 3

*Passenger Name: SUN JUAN S8678984A

Gender: Male / Female x ()

*Passenger Name: JAYDEN TAN

Gender: Male / Female x ()

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☒ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☐ No Remarks:

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: DRIVER & PASSENGERS

Injuries Sustain: Injured Person in Which Vehicle: SLS7548Z

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: SKD301E

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No: SM05631X SMN1598H

Driver's Contact No: Insurance Company: S781666P SMP2697H

*Independent Witness (If Any): Contact No: SMY58947 SLL9602

Preferred Workshop Name: Contact No: S6030125 SMT90227



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan Kiang Hiong Kevin (Chen JianXiong)
Period of Insurance : 03 Oct 2021 To 02 Oct 2022
Engine No. : HRA2484476A
Chassis No. : SJNFEAJ11U2018355

Vehicle No. : SLS7548Z
Policy No. : 1700058356-04
Endorsement No. :
Issued Date : 27 Aug 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/PAFF : 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 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 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)

Tan Kiang Hiong Kevin (Chen JianXiong) - \$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 62622212
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: MayBank

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).

0500610487

TAN CHONG CREDIT PTE LTD - CCH

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.

SSPDSD

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: TAN KIONG THONG, KEVIN (CITIZEN JION XIONG) Vehicle Registration No: SLP 7548Z
Name (as shown in NRIC): SM0821CV0002 NRIC/FIN/Passport No: SXXXX6674
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 96423706
Email Address: _____
Date of Accident: 30/12/2021 Time of Accident: 19:15
Place of Accident: on the way towards city after Buona Vista EX17
Insurance Company: AIC

(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:

insured name TAN KIONG THONG, KEVIN (CITIZEN JION XIONG)

Policyholder / Driver's Signature
Date:

03/01/2022
Reporting Centre Personnel's Signature
Name: Reda Hassan
NRIC/FIN No: _____
Date: