

NATIONAL Assessment Centre Services (wef: Jan'05)

Date In: 14/03/22	Job description	Date & Time Completed	Done by
Ref No: NA/41622002328/13	SAS e-filing		
Veh No: SMC71346	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/03/22 1200	i-Motor Claim Form		
OD: TP / 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: GBB8658R 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

NA 2200690

Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claiming against JNC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile 30

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	14/03/2022 15:08 (SGT)
Date of Accident	13/03/2022 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TWDS SLE B4 ANG MO KIO AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC7134G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHANG SEE SEONG
NRIC No	SXXXX892Z
Email Address	a6679b@gmail.com
Mobile Phone No	(Phone) +65-91511797
Alternative Phone No	+65-91511797

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-trail
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	1997

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800085411-03
Cover Note Number	-

DRIVER

Name of Driver	CHANG SEE SEONG
NRIC No	SXXXX892Z

Date Of Birth	03/04/1982
Occupation	Indoor
Date Of Driving Pass	19/07/2010
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91511797
Alt. Phone Number	+65-91511797
Email Address	a6679b@gmail.com
Address	11 DEDAP PLACE
Address complement	-
Postcode	809510
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?	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

PLS REFER TO THE ATTACHED STATEMENT.

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	FILES TOO BIG, WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB8658R
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)	-

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
- (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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

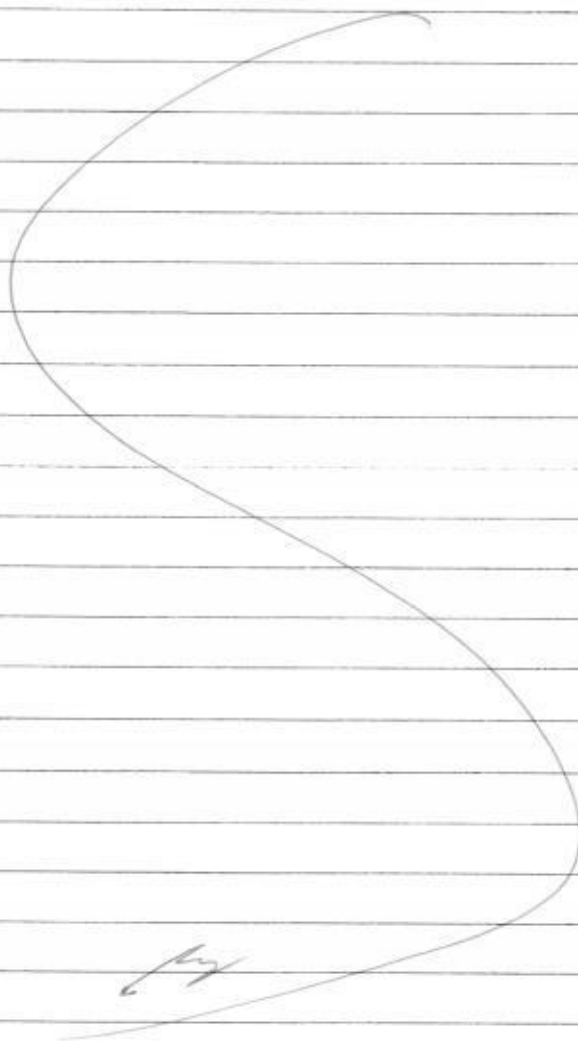
Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A = SMC 7134G
Vehicle B = GBB 8658R

ETC Turds SLE Before Any motor Ave 3

On the stated date and time, my vehicle A, SMC7134G was driving straight along CTE (Northbound towards SLE) before Ang Mo Kio Ave 3 exit on lane 2. The vehicle in front of me slowed down to a complete stop, I followed suit. Suddenly, I felt a great impact from behind. Vehicle B, GBB 8658 R hit my vehicle from behind.



Declaration

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

Chang See Seng

Policyholder's Signature / Date & Time

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

2/ym 14/03/22

Witnessed by Reporting Centre Personnel

Date of Accident : 13/03/22 Accident Time: 1200 (24-HR-Format)
Accident Place : ITE Towards SLE before Ang Mo Kio Ave 3
Vehicle No. (Car Plate No.) : SMC7134G Make/Model: Nissan X-trail
Insurance Company : AlG / 105 Policy No: 1800085411-03
Owner or Company Name / IC No. : Chang See Seong 582638927
Owner or Company Contact No. : - Owner's Hp 9151 1797 Company Tel
DRIVER'S Name/IC No. : Chang See Seong
DRIVER'S Date of Birth : 03/04/1982 DRIVER'S License Pass Date: 19/07/2010
Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: owner

DRIVER'S Address : 11 Bedok Place 5809510
DRIVER'S Contact No./ Alt No. : 1) 9151 1797 2) _____
DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address : A6679B@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 only

Was there any video Captured by car camera: YES / NO File too Big with owner

Exact purpose for which vehicle was being used at the time of accident: Private Use / Work Purpose

Any injury (If YES, Please state): NO

Other Party Driver's Particular (if any)

Vehicle No	: <u>GJB 8658 R</u>	Vehicle No	: _____
Vehicle Make/Model	: <u>Van</u>	Vehicle Make/Model	: _____
Name Driver	: _____	Name Driver	: _____
IC No. Driver/Contact:	: _____	IC No. Driver/Contact:	: _____

Passenger's name & gender:



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Chang See Seong
Period of Insurance : 19 Jul 2021 To 18 Jul 2022
Engine No. : MR20333830C
Chassis No. : JN1JANT3220011314

Vehicle No. : SMC7134G
Policy No. : 1800085411-03
Endorsement No. :
Issued Date : 15 Jun 2021

ABOUT THE COVER

Make/Model : NISSAN X-TRAIL
Engine Capacity/Tonnage : 1,997.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive*
Sum Insured : Market Value
First Year of Registration : 2018
Off Peak Car : No
Insuring with COE/PAF : Yes

* at the Policyholder
* Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will extend to the Policyholder or any authorized driver only if he/she meets the specified age condition.

Top Age to get an additional sum of \$2,000 as "Unimpaired Driver Excess" ("UDE") if this car or that Authorized 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 before, during test, racing, prize-taking, 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: 15000/- 15000/-

* Limitations imposed pursuant to Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 186), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2018, 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

Windscreens : \$100

Named Driver and Excess (where applicable)

Chang See Seong : \$600 (Own Damage); \$600 (Flood Cover)

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

- 1. TC AutoCare: Add: 20 Leng Kee Road Singapore 150067 67030511 67030512
- 2. TC AutoCare: Add: No. 1, Seng Lee Yang Road Singapore 620090 67522212
- 3. Automobile Industries: Add: 19 Loo Road Singapore 439221 43924686
- 4. Tan Chong Motor Sales: Add: 913 Bukit Timah Road Singapore 596222 64664031 64664032 64664033
- 5. Tan Chong Motor Sales: Add: 17 Loring Road Paya Lebar Singapore 409054 63670750 63670751

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency helpline at +65 6336 5200. 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: HL Bank

This hereby certifies 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 12 of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2018 and Motor Vehicles (Third Party Risks) Rules, 1988 (Malaysia).

0500610568

TAN CHONG CREDIT PTE LTD/ARK

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 596222

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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