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	i-Motor W/O	**************	TP 4hrs)		
OD (TP) Reporting Only	i-Photo Uplos	ıded	!		
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TP Insurer:	Ass't Report by	y <u>Fax'l Hand</u> to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tël: I	Fax:)
TP Particulars: Veh No: GB	SH 6497 U	, INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Peri	od: ()	Cover Type: ()	· · · · · · · · · · · · · · · · ·
Confirmed by : (Date:	Time:)	
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2) QC Check / Post Repair Inspection3) Upload Resurvey Photo [Repair Cost > \$30	()	<u> </u>			
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		Invoice Pre	paration Checklist	Amt (\$)	Amt (\$)
NA 2200738			Reporting (\$30);	1st Bill	'Add Bill
laimant's Particulars :-		2) DA : Damage	Assessment (\$100); INC (\$30) 40/\$45	
Priver/Owner:		3) TF: Towing F 4) FT: Follow T	rough Survey	\$120	
ontact No:		5) FT : Follow-T	nrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200	\$30 05)	
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C Checked by (Engr-In-Charge):		OD* *N5: Courtesy	Car / Tpt Allowance	\$5	
		*N6: Repair C *N7: Post Rep	o-ordination	\$10 \$25	
Auditors! Comments ::		*N8: DV / Co	lect Excess Coordination	\$5 \$20	
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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 witholding 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 Date of Accident	21/03/2022 15:23 (SGT) 19/03/2022 15:21 (SGT)
Exact Location of Accident	Pasir Ris Dr 1, Pasir Ris, Singapore
Additional Location Information	JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML5468J
INSURED/POLICYHOLDER	

Nissan

Is company?	No
Name Of Registered Owner	CHUA HENG HUAT
NRIC No	SXXXX596C
Email Address	elin.cqw@gmail.com
Mobile Phone No	(Phone) +65-96817196
Alternative Dhane No	CE 00047400

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	A+ 674+89) 1- 0-54+81-4-0-81-80-13-71-71-71-71-71-71-71-71-71-71-71-71-71-

VEHICLE PARTICULARS

Manufacturer

Model	Sylphy
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	1598

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900102278-02
Cover Note Number	-

DRIVER

Name of Driver	CHUA HENG HUAT
NRIC No	SXXXX596C

Date Of Birth 27/04/1964 Occupation Indoor Date Of Driving Pass 22/06/1985 Driving experience 36 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96817196 Alt. Phone Number +65-96817196 Email Address elin.cqw@gmail.com Address BLK 760 PASIR RIS STREET 71 Address complement #16-196 Postcode 510760 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? 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? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER STATEMENT ATTACHED. 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 GBH6497U Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver Contact Number Address Address complement

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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)

l understand, acknowledge, agree and consent that :

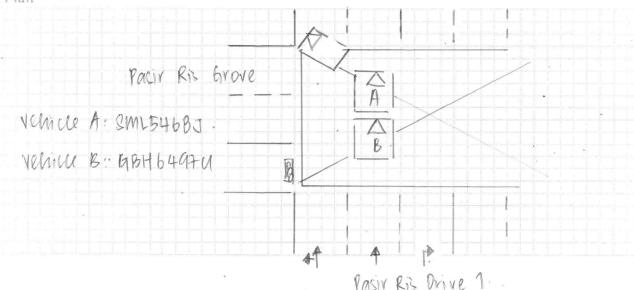
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

on the stated date & time, I, vehicle A, SML546BJ,
was travelling along the stated vehille there was a vehille
who made a U-Turn from the opposite direction and
euddenly made an abrupt reverse. I clowed down and
came to a complete stop. About 3 seconds later, 1
felt an impact on my vehicle's rear portion. Vehicle 'B',
GBH 64974, failed to stop in time, and collided onto my
vehicle.
•

Declaration

 $\ensuremath{\mathsf{IWe}}$ declare the foregoing particulars are true in every respect.

Policyholder's Signature Apate &

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

Witnessed by Reporting Centre

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (19/03/301) (DD/MM/YYYY), TIME: (15: 3) HH:MM)
LOCATION: Pasir 'Ris Drive 1 Junet	ON
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SML 54687	
CIPOLICY NUMBER: 190010 2276-0	١
G)POLICY TYPE: (COMPREHENSIVE / THIRD PART E)MAKE & MODEL: NISCIN SV f)TYPE:(SALOON / COUPE / MPY /V AN / LORRY G)VEHICLE CATEGORY: (PRIVATE / COMMERCIA h)PURPOSE OF USING AT ACCIDENT TIME:	/ MOTORCYCLE / OTHERS) L / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR OWN INSUR IF NO, PLEASE STATE (THIRD PARTY CLAIM / REF	ANCE (YES/ND)
2. INSURED / POLICY HOLDER A) NAME: CHUA THUAT b) NRIC/FIN/PASSPORT: SIB36596 C c) ADDRESS: TO PASY KIS ST TI	CONTACT: 9601 7196 T 16-196 S(510760)
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOL	DER
24 Ho of passengs. DRIVER	(MALE / FEMALE)
Conducting driver) b/NRIC/FIN/PASSPORT:	_CONTACT:
*d) DATE OF BIRTH: (27 / 04 / 1964) (DD/MI .e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 22/06/19	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED IF NO, RELATIONSHIP OF THE DRIVER WITH	'S COMPANY? (YES / NO)
5. a) WEATHER CONDITION: (CLEAR / RAINING / OT	HERS
b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION:	
8. THIRD PARTY VEHICLE HO of passenger a) VEHICLE NUMBER: GBH 64974	MODEL:
(lighted on deliver) b) DRIVER'S NAME:	
c) NRIC/FIN/PASSPORT:	CONTACT:
(O) male, THIRD PARTY VEHICLE	
No of passenger of DRIVER'S NAME.	
Induding driver f) NRIC/FIN/PASSPORT:	CONTACT:
()	

email = elin.cqw@gmail.com

fax =

video = No.



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Chua Heng Huat

Period of Insurance

: 27 May 2021 To 26 May 2022

Engine No. Chassis No.

: HR16942670C

: MNTBBAB17Z0035738

Vehicle No.

: SML5468J

Policy No.

: 1900102278-02

Endorsement No.

Issued Date

: 23 Apr 2021

ABOUT THE COVER

Make/Model

: NISSAN SYLPHY 1.6 PREMIUM

Engine Capacity/Tonnage : 1,598.00 CC Driver Restriction

· NA

Sum Insured : Market Value

Off Peak Car : Yes

First Year of Registration

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 (o 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 toilion, 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

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Chua Heng Huat - \$600 (Own Darnage), \$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

- 1. TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 15909 62602212
 2. TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 626099 62602212
 3. AutoUtion Industrial Add: 19 Ubi Road 4 Singapore 406623 64909668
 4. Tan Chong Motor Sales. Add: 913 Bukil Timah Road Singapore 589623 64694091 64694092 64694093
 5. Tan Chong Motor Sales. Add: 17 Lorang 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. Atternatively, 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: OCBC Bank Ltd

IAVe 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 Science (Malaysia).

0500610557

TAN CHONG CREDIT PTE LTD. PAT.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SINGAPORE 589622 ANSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SSEGMA

76 Shonlon Way #09-16 AIG Building \$079120 [T +65 6419 3000] WAN HIGHS

AIG Asia Pacific Insurance Pte. Ltd.