| NATIONAL Assessment  | Centre Ser   | vices the Claren   | 7   | 1  |  |  |  |
|--|--|--|---|--|--|--|--|
| Date In: 29/03/2022  | Job  | description  | Date &Time Completed                        | Done   | e by   |  |  |
| Ref No NA /AIG 2200 2861   | /m4 SA   | S e-filing   |   |  | ***************************************  |  |  |
| Ref No. NA / AIG 2200 2861<br>Veh No: SJS 8646R  | E-   | mail (widna 8hrs. AIC 2hrs)  |   |  |  |  |  |
| D.O.A: 28/03/2022 18:  | 00 i-N   | Iotor Claim Form   |   |  |  |  |  |
| OD (TP) Reporting Only   |  | Iotor W/O (Within: OD 2hr  | s, TP 4hrs)                                 |  |  |  |  |
| OD (17) Reporting Only   |  | hoto Uploaded  |   |  | 8 (20) (0)   |  |  |
| TP Insurer:  | Ass  | essment/Survey Report  | Î   |  | and the special section of the special sectin |  |  |
|  |  | 't Report by Fax / Hand  | to <u>Owner/Wksp</u>                        |  |  |  |  |
| Preferred Wksp / INC Assign Wksp /   | QW: (  |  | Tel:  | Fax:   |  |  |  |
| TP Particulars: Veh N  | o: GBJ3:   | 787S INC(  | )/Non-INC( )                                | 4  |  |  |  |
| Owner / Driver: (  |  |  | Tel:  | )  |  |  |  |
| Policy No: (   | ) Period: (  | )  | Cover Type: (                               | )  |  |  |  |
| Confirmed by: (  | 04) 57   | Date:  | Time:                                       | )  |  |  |  |
| Insured/Driver Liability: (  |  |  | 0%; P: 21-79%. F: 80-                       | 100%]  | THE REAL PROPERTY AND ADDRESS OF THE   |  |  |
| Year of Registration: ( Excess: (\$ ) Loadin   | ) Warranty   |  | )   |  |  |  |  |
| General Remarks:-  | ng:\$1,000(  | )/\$2,000()  |   |  |  |  |  |
| and the state of t |  |  |   |  |  |  |  |
| ( ) Walk-In Customer : Custom ( ) Total Loss Case : to e-mai   |  |  | rictly NO rater of repairer.                |  |  |  |  |
| The state of the s | Invoice: YES (   |  |   |  |  |  |  |
|  |  | ) / <b>NO</b> ( ) ; T  | owing Co. (                                 |  | )  |  |  |
| Remarks:- (INC horline: 6788)  |  |  | Date&Time Completed                         | Done   | by   |  |  |
| 1) Apply for Transport Allowance (   | ) / Courtesy   | Car ( )  |   |  |  |  |  |
| 2) QC Check / Post Repair Inspection   |  | ( )  |   |  |  |  |  |
| 3) Upload Resurvey Photo [Repair C   | ost > \$3000]  | ( )  |   |  |  |  |  |
| Injury:  |  |  |   |  |  |  |  |
| Date/Time Actions  |  |  |   |  | 100  |  |  |
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|  |  |  |   |  |  |  |  |
| NA 2200820   |  | Invoice Prep   | paration Checklist                          | Anit (\$)  | Amt (\$)<br>Add Bill   |  |  |
| laimant's Particulars :-   |  | 1) AR : Accident   | Reporting (\$30);                           | 1st Bill   | Add Bill   |  |  |
|  |  | 2) DA : Damage 2<br>3) TF : Towing Fe  | 2) DA: Damage Assessment (\$100); INC (\$80 |  |  |  |  |
| river/Owner:   | 4) FT : Follow-Th  | 4) FT: Follow-Through Survey \$120   |   |  |  |  |  |
| Contact No:  |  | 5) FT: Follow-Through Survey (Resurvey)  For claiming against INC Only (wef 10 Jan 2005) |   |  |  |  |  |
| amaged Portion:  |  | 6) TR : Re-inspec  | tion  | \$75   |  |  |  |
|  |  | 7) N1 : Idac DA +<br>8) NTUC Additio   |   | \$160  |  |  |  |
| C Checked by (Engr-In-Charge):   | į.   | OD* *N5: Courtesy  | OD* *N5: Courtesy Car / Tpt Allowance       |  |  |  |  |
| 24 E , 2 400 July 25 5 10 10 10 10 10 10 10 10 10 10 10 10 10  |  | *N6: Repair Co   | \$5<br>\$10                                 |  |  |  |  |
| uditors' Comments :-   |  | *N7: Post Reparation   | ect Excess Coordination                     | \$25<br>\$5  |  |  |  |
| it. 1:   | and the second s | <u>TP</u> (N11) : TP<br>9) N12: Idae Mob   | (Non INC) against INC                       | \$20<br>30   | n,   |  |  |
| nt. 2 / 3:   |  | Invoice dated  | Fee Charged                                 |  |  |  |  |
| 2.   |  | Invoice dated  | Fee Charged                                 | 1007   |  |  |  |

ENTRY DATE & TIME: 29/03/2022 11:31 (SGT)

SUBMITTED BY: Renee

VERSION: 1 (29/03/2022 11:31 (SGT))



# 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
- 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 29/03/2022 11:31 (SGT) Date of Accident 28/03/2022 18:00 (SGT) Exact Location of Accident Singapore Additional Location Information **UPPER THOMSON ROAD** Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJS8646R

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TEE SHIOW FEN NRIC No SXXXX785C Email Address jmartauto@gmail.com Mobile Phone No (Phone) +65-96435500 Alternative Phone No +65-96435500

#### VEHICLE PARTICULARS

Manufacturer Nissan Model Qashqai Variant Exact purpose for which vehicle was being used at time of 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 2100480332-05 Cover Note Number

#### DRIVER

Name of Driver TEE SHIOW FEN NRIC No SXXXX785C

Date Of Birth 06/02/1966 Occupation Indoor Date Of Driving Pass 03/04/1991 Driving experience 30 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-96435500 Alt. Phone Number +65-96435500 Email Address jmartauto@gmail.com Address BLK 418 WOODLANDS STREET 41 Address complement #07-123 Postcode 730418 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name WOMAN Gender Female PASSENGER 2 Name WOMAN Gender Female PASSENGER 3 Name **WOMAN** Gender Female **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? No Was there any audio recorded? No

## DETAILS OF OTHER VEHICLE PROPERTY 1

| Vehicle Registration Number             | GBJ3787S           |
|---|--------------------|
| Vehicle Manufacturer                    | -                  |
| Vehicle Model                           | -                  |
| Vehicle Variant                         | -                  |
| Vehicle Colour                          | _                  |
| Vehicle Category                        | Commercial vehicle |
| Name of Driver                          | -                  |
| Contact Number                          |                    |
| Address                                 | _                  |
| Address complement                      |                    |
| Postcode                                | -                  |
| Insurance Company Name                  | -                  |
| Noture Of Damage                        | -                  |
|   | -                  |
| Details of property damaged in accident | -                  |
| No. Of Passenger (Including Driver)     | -                  |

#### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 forw arded 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 w ith 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), w hich 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

Witnessed by Reporting Centre Personnel

Sketch Plan

Upper
Thomson DoA: 28/3/22

B

A. 5JS 8646

B. GBJ 37875

| Describe Circum |  |                        |     |                            |  |      |  |                                       |  | ) = %"   |
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#### Declaration

WWe declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

| Date of Accident: 28 3 22   | Time of A  | Accident :   | · 00 | pm                                    | (1800hm)   |  |  |  |
|---|--|--|------|---------------------------------------|------------|--|--|--|
| Exact Location of Accident :  | Upper  | Thomson  | F    | 20                                    | <u> </u>   |  |  |  |
| Purpose Of Reporting: OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY            |  |  |      |                                       |            |  |  |  |
| Weather Condition: Clear / Raining Wet / Dry Private Use / Work                           |  |  |      |                                       |            |  |  |  |
| Owner's Name: Tee Shion   | Fen  | NRIC: \$2613   | 785C | HP: 96435500                          |            |  |  |  |
| Driver's Name :   |  | NRIC:  |      | HP:                                   | n          |  |  |  |
| DOB: 6 2 1966 Driving Licence Pass  | 3 4 199   Occupation : Indoor / Outdoor  |  |      |                                       |            |  |  |  |
| Address: 418 Woodlands St 41 # 07-123 (7304)8)  |  |  |      |                                       |            |  |  |  |
| Deletie al Control  | iner   | Email: jmatauto@gmail.com  |      |                                       |            |  |  |  |
| Vehicle Number: SJS 8646 R  | Make & N   | Model: Nissa   | an a | (A)                                   | (1197cc)   |  |  |  |
| Insurance Company: A\G  | Policy Nur   |  |      |                                       | Coverage : |  |  |  |
| Any passengers inside vehicle involved ( YES / NO ) If yes, Vehicle Number & How many pax |  |  |      |                                       |            |  |  |  |
| A:   + 3 B:   + 0 C: D: "   |  |  |      |                                       |            |  |  |  |
| Vehicle A Passenger Name :  | The second secon |  | я.   |                                       |            |  |  |  |
| Anyone Injured :  |  |  |      | · · · · · · · · · · · · · · · · · · · |            |  |  |  |
| o NO O YES Name / I   | o YES Name / NRIC / Which Vehicle :  |  |      |                                       |            |  |  |  |
| Was The Accident Reported To The Police   | ?  |  |      |                                       |            |  |  |  |
| o NO VES Which Police Station :   |  |  |      |                                       |            |  |  |  |
| Does The Driver Own Any Other Vehicle ?   |  |  |      |                                       |            |  |  |  |
| o NO o YES Vehicle Number : Insurer :   |  |  |      |                                       |            |  |  |  |
| Was Any Foreign Vehicle Involved ?  |  |  |      |                                       |            |  |  |  |
| o NO O YES Vehicle Number & Category :  |  |  |      |                                       |            |  |  |  |
| Was There Any Video Captured By Car Camera ? NO o YES                                     |  |  |      |                                       |            |  |  |  |
| Third Party's Particular  |  | The state of the s |      |                                       | 6          |  |  |  |
| Vehicle B's Number: 483 37874   | Make & M   | odel:  |      |                                       |            |  |  |  |
| Driver's Name :   |  | NRIC:  | H    | HP:                                   | 2          |  |  |  |
| Vehicle C 's Number :   | Make & M   | Make & Model :   |      |                                       |            |  |  |  |
| Driver's Name :   |  | NRIC :   | F    | HP:                                   |            |  |  |  |



### **CERTIFICATE OF INSURANCE**

#### NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tee Shiow Fen

Period of Insurance : 30 Aug 2021 To 29 Aug 2022

Engine No. : HRA2282924A

Chassis No. : SJNFEAJ11U1670557 Vehicle No.

: SJS8646R

: 2100480332-05

Policy No.

**Endorsement No.** 

**Issued Date** 

: 15 Jul 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

First Year of Registration : 2016

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

a) The Policyholder

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

Off Peak Car: No

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**

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Tee Shiow Fen - \$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).

0500610564

TAN CHONG CREDIT PTE LTD-FWL

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP

Ltd