

NTUC Assessment Centre Services **SW0822450003**

Date In: <b>05/04/2022 17:26</b>	Job Description: <b>SAS e-filing</b>	Date & Time Completed:	Done by:
Ref No: <b>NBA/AG 22003152/H</b>	E-mail (within 2hrs. After 2hrs):		
Veh No: <b>GPB 8703T</b>	i-Motor Claim Form		
Doc A: <b>05/04/2022 13:55</b>	i-Motor W/O (within 24 hrs. TP 4hrs)		
DD: <b>(IP) Reporting Only</b>	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <b>Fax / Hand to Owner/Wksp</b>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SLB 6641H** 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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2 / 3:	7) N1: idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	• N5: Courtesy Car / Tpt Allowance \$5		
	• N6: Repair Co-ordination \$10		
	• N7: Post Repair Inspection \$25		
	• N8: DV / Collect Excess Coordination \$5		
	• TP (N11): TP (Non-INC) against INC \$20		
	9) N12: Ride Mobile \$0		
	Invoice dated	Fee Charged	
	Survey 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	05/04/2022 17:26 (SGT)
Date of Accident	05/04/2022 13:55 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS PIE (CHANGI) AFTER EXIT 7B JALAN BAHAGIA
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8703T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GUAN RONGSHUI
NRIC No	SXXXX535E
Email Address	bensonseow91@gmail.com
Mobile Phone No	(Phone) +65-83198282
Alternative Phone No	+65-83198282

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	Commercial vehicle
Transmission	Manual
CC	1598

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070095400-01
Cover Note Number	-

### DRIVER

Name of Driver	GUAN XIAOFANG
NRIC No	SXXXX691B

Date Of Birth	01/01/1982
Occupation	Indoor
Date Of Driving Pass	18/09/2002
Driving experience	19 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83198282
Alt. Phone Number	-
Email Address	bensonseow91@gmail.com
Address	BLK 484G TAMPINES STREET 45 #09-552
Address complement	-
Postcode	527484
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB6641H
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 ..... GBL6729E  
 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) ..... -

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person ..... GUAN XIAOFANG  
 Gender ..... Male  
 Phone No ..... (Phone) +65-83198282  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... GBB8703T  
 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.
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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 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.

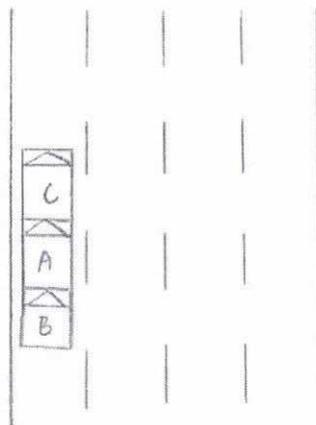
Policyholder's Signature / Date & Time

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

05/04/2022  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

(TE towards PIE (Changi)  
after Exit 7B Jalan  
Bahagia



Vehicle A: G880703T  
Vehicle B: SLB6641H  
Vehicle C: GB16709E

**Describe Circumstances of the Accident**

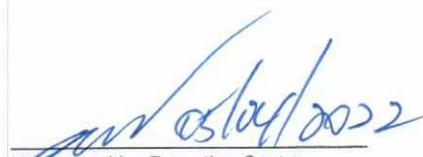
On the stated date & time, I, vehicle A (A888703T) was travelling straight at the stated location on the extreme left lane. As the front vehicle came to a stop, I followed suit. Out of sudden, I felt a huge impact from the rear portion of my vehicle. vehicle B (SLB6647H) collided onto the rear portion of my vehicle causing me to surge forward and collided onto vehicle C (A8L6739E). I was involved in a chain collision consisting of 3 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

Date of Accident : 05/04/2022 Accident Time: 1355hrs (24-HR-FORMAT)  
 Accident Place : CTE towards PIE (Changi) after Exit 7B Jalan Bahagia  
 Vehicle Reg. No (Car plate No.) : G8BB8703T Vehicle Make/Model: NISSAN NV200  
 Insurance Company : AIG Policy No. 2070045400 - 01  
 Name of Registered Owner : Company / Individual Guan Rongshui  
 ID of Registered Owner : Co Reg No: - Owner's NRIC No: S2659535E  
 : Co Contact No: - Owner's Contact No: 8319 8282  
 DRIVER'S Name : Guan Xiao Fang DRIVER'S NRIC No: S8271691B  
 DRIVER'S Date of Birth : 01 JAN 1982 DRIVER'S License Pass Date 18 Sep 2002  
 Relationship bet. Owner & Driver : Spouse  Parents  Children  Sibling  Employee  Others:           
 DRIVER'S Address : APT BIK 484G Tampines street 45 #09-552 S(527484)  
 DRIVER'S Contact No./ Alt No. : 1) 83198282 2) -  
 DRIVER'S Occupation : ~~INDOOR~~ ~~OUTDOOR~~ (eg. working inside or outside of an ofc)  
 Email Address : benson.seow91@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): 01 Passenger Name:          Gender: M/F  
 Was the accident reported to the police? YES \ NO Passenger Name:          Gender: M/F  
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES / ~~NO~~ Injured Name: Guan Xiaofang  
 Injured Name:           
 Exact purpose for which vehicle was being used at the time of accident: Private use \ ~~Work purpose~~

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SLB6641H</u>	Vehicle Reg No: <u>G1B16729E</u>
Vehicle Make/Model: <u>        </u>	Vehicle Make/Model: <u>        </u>
Name DRIVER: <u>        </u>	Name DRIVER: <u>        </u>
IC No. DRIVER: <u>        </u>	IC No. DRIVER: <u>        </u>
DRIVER'S Contact & add: <u>        </u>	DRIVER'S Contact & add: <u>        </u>

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>        </u>	Vehicle Reg No: <u>        </u>
Vehicle Make/Model: <u>        </u>	Vehicle Make/Model: <u>        </u>
Name DRIVER: <u>        </u>	Name DRIVER: <u>        </u>
IC No. DRIVER: <u>        </u>	IC No. DRIVER: <u>        </u>
DRIVER'S Contact & add: <u>        </u>	DRIVER'S Contact & add: <u>        </u>



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTO THIRD PARTY FIRE AND THEFT COMMERCIAL VEHICLE

<b>Name of Policyholder</b>	: GUAN RONG SHUI	<b>Vehicle No.</b>	: GBB8703T
<b>Period of Insurance</b>	: 12 Jul 2021 To 11 Jul 2022	<b>Policy No.</b>	: 2070095400-01
<b>Engine No.</b>	: K9KF276D089671	<b>Endorsement No.</b>	:
<b>Chassis No.</b>	: JN1YBAM20U0002878	<b>Issued Date</b>	: 31 May 2021

### ABOUT THE COVER

<b>Make/Model</b>	: NISSAN NV 200 + 6	<b>Sum Insured</b>	: Market Value	<b>First Year of Registration</b>	: 2010
<b>Engine Capacity/Tonnage</b>	: 0.72 Tonnage	<b>Off Peak Car</b>	: No	<b>Insuring with COE/PARF</b>	: Yes
<b>Driver Restriction</b>	: NA				
<b>Person or Classes of Persons Entitled to Drive*</b> :					

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

**Age Condition** : All Age Condition  
**Limitation as to use\*** :

- 1) Use in connection with the Policyholder's business.
- 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
- 3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle.c) use for any purpose in connection with Motor Trade.

\* 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 Theft - \$0

**Section 2**  
Property Damage - \$0

**Windscreen** : NA

**Named Driver and Excess** (where applicable)  
GUAN XIAO FANG

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

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).  
For 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](http://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**: NA

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).

0500718000

JG MOTOR AGENCY

80 CHANGI ROAD #04-06 CENTROPOD @ CHANGI  
SINGAPORE 419715

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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