

**NATIONAL Assessment Centre Services:** (wef 1 Jan 08) **SKA0822660004**

Date In: <b>06/06/2022 16:15</b>	Job description	Date & Time Completed	Done by:
Ref No: <b>NA2201545</b>	SAS e-filing		
Veh No: <b>SKA 9191C</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>06/06/2022 10:13</b>	I-Motor Claim Form		
OD: <b>TP</b> 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 Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SMC 1515E** 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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

**NA2201545**

<b>Claimant's Particulars:</b> Driver/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Auditors' Comments: L1: L2/3:	<b>Invoice Preparation Checklist</b> <table border="1"> <tr> <th>Item</th> <th>Amount (\$)</th> <th>Amount (\$)</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td></td> <td>INC (\$80)</td> </tr> <tr> <td>3) TF: Towing Fee</td> <td>\$40/\$45</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> <td></td> </tr> <tr> <td>7) N1: Idac DA + SMRT Survey</td> <td>\$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td>ON:</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N12: Idac Mobile</td> <td>\$0</td> <td></td> </tr> </table>	Item	Amount (\$)	Amount (\$)	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 INC Only (wef 10 Jan 2005)			6) TR: Re-inspection	\$75		7) N1: Idac DA + SMRT Survey	\$160		8) NTUC Additional Services:			ON:			*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: Idac Mobile	\$0	
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Invoice dated \_\_\_\_\_ Fee Charged \_\_\_\_\_

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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 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	06/06/2022 16:19 (SGT)
Date of Accident	04/06/2022 10:13 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 10, Singapore
Additional Location Information	NEAR TO CHENG SAN MARKET
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA9191L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM KONG TING
NRIC No	SXXXX513H
Email Address	leepeihoonjamie@outlook.com
Mobile Phone No	(Phone) +65-98221388
Alternative Phone No	+65-91289191

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	KICKS E-POWER
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	1198

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070115930
Cover Note Number	-

### DRIVER

Name of Driver	LEE PEI HOON
NRIC No	SXXXX051B

Date Of Birth	07/11/1959
Occupation	Indoor
Date Of Driving Pass	03/12/1980
Driving experience	41 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91289191
Alt. Phone Number	-
Email Address	leepeihoonjamie@outlook.com
Address	116 SUNRISE AVENUE
Address complement	-
Postcode	806729
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	AFTER RAIN
Road Surface	Wet

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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	WITH OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC1515E
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)	.....	-



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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#### 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.

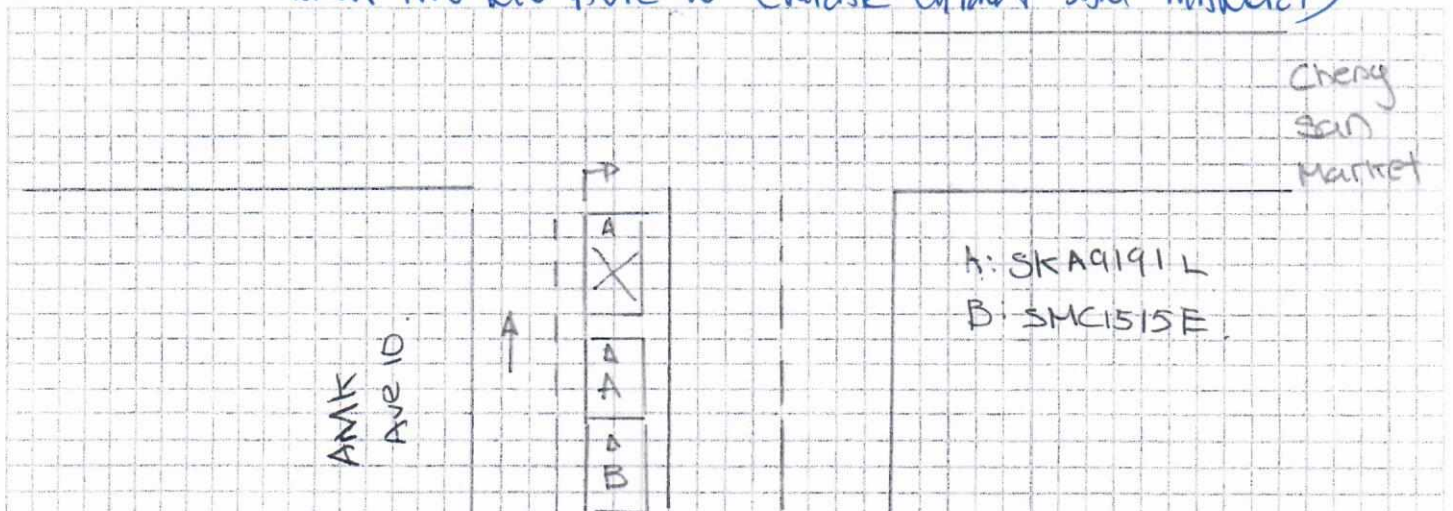
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan

ANK MO KIO AVE 10 (NEAR CHENG SAN MARKET)



**Describe Circumstances of the Accident**

On 04/06/2022, at about 10:13am, I was travelling along Ang Mio Kio Ave 10. I was stationary due to the front traffic. Suddenly, vehicle B hit the rear of my 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 : 04/06/2022 Accident Time : 10:13am (24-HR-Format)  
 Accident Place : Ang Mo Kio Ave 10 near to Chang San Market  
 Vehicle No (Car Plate No) : SKA 9191L Make/Model: Nissan Kicks Premium 1.2L  
 Insurance Company : AIG Policy No: 207015930  
 Fleet Policy : YES (NO)  
 Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft  
 Name of Owner / IC No : S1516513H Lim Kong Ting  
 Owner Contact No : 98221388 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 Driver Name / IC No : S1373051B Lee Pei Hoon.  
 Driver's Date of Birth : 07/11/1959 Driver's License Pass Date: 03/12/1980  
 Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: \_\_\_\_\_  
 Driver's Address : 116 sunrise Ave S806729.  
 Driver's Contact No : 1) 91289191 2) \_\_\_\_\_  
 Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)  
 Email Address : leepi.hoonjamie@outlook.com  
 Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET  
 Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance  
 Number of Passenger(include Driver) : Driver only.  
 Was there any video footage? : YES / NO  
 Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose  
 Any injury (If Yes, Pls State) : NO injury.

**Other Party Driver's Particular (if any)**

Vehicle B No : SMC1515E	Name & Contact No: _____
Vehicle C No : _____	Name & Contact No: _____
Vehicle D No : _____	Name & Contact No: _____
Vehicle E No : _____	Name & Contact No: _____

**\*NEW - Passenger's Name & Gender:**







# CERTIFICATE OF INSURANCE

## NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lim Kong Ting  
Period of Insurance : 06 Aug 2020 To 05 Aug 2022  
Engine No. : HR12361513C  
Chassis No. : MNTFEAP15Z0000454

Vehicle No. : SKA9191L  
Policy No. : 2070115930  
Endorsement No. :  
Issued Date : 19 Aug 2020

### ABOUT THE COVER

Make/Model : NISSAN Kicks E-Power

Engine Capacity/Tonnage : 1,198.00 CC

Driver Restriction : NA

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 "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.

Sum Insured : Market Value  
Off Peak Car : No

First Year of Registration : 2020  
Insuring with COE/PARF : Yes

Age Condition : All Age Condition

Limitation as to use\* :

Mileage Condition : Unlimited Mileage

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 - \$800 Theft - \$0 Flood Cover - \$800

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lim Kong Ting - \$800 (Own Damage), \$800 (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](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: Standard Chartered Bank (Singapore) Limited

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).

0500610376

TAN CHONG CREDIT PTE LTD-OPH

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.

88CJSS

1003558161/ACT/Decl