ATIONAL Assessment Centre Services:	[Wel 1 Jan 108] XX 000 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Date In: 0(0) 20) U 3 Job description	010000
Ref No: NBS/81122006277/4 SAS e-filing	G '
Veh No: SVA 34/3/2 /. E-mail (withte	a Shrs, AIC 2hrs)
D.O.A: 2006 2002 10'30 1-Motor Cla	The state of the s
OD : TP / Reporting Only . I-Motor W/	O (Within: OD 2hes, TP 4hrs)
i-Photo Upl	oaded.
TP Insurer: Assessment/S	Survey Report
Ass't Report	by Fax / Hand to Owner/Wksp
Preferred Wksp / INC Assign Wksp / QW: (	Tel: Fax:
TP Particulars: Veh No: GBG 100 //.	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 ( ) / \$2,00	00( )
General Remarks 3	
( ) Walk-In Customer: Customer's information strictly (	Confidential & Strictly NO refer of repairer.
( ) Total Loss Case : to e-mail Insurer URGENTLY	Υ
Drive-In ( )/ Towed-In ( ); Invoice: YES ( )/	/ NO (· ); Towing Co: ()
	Dates Tene Comparted: Million Done by
Remark: (INC horling: 6788 5616)	DESCRIPTION NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
1) Apply for Transport Allowance ( ) / Courtesy Car (	
2) QC Check/Post Repair Inspection (	
3) Upload Resurvey Photo [Repair Cost > \$3000] (	)
Injury:	
Deterrime Actions 35 (Fig. 22)	
,	
7/A- 10-V	Invoice Preparation ChroRist (Application ChroRist)
N4220 1045	1) AR; Accident Reporting (\$30);
Slaumant's Partiquiers	2) DA: Damers Assessment (\$100); INC (\$80)
	3).TF: Towing Fee . 540/345
)river/Owner:	4) FT: Follow-Through Survey \$120 5) PT: Follow-Through Survey (Pasurvey) \$30
Contactifio:	For claiming against Mic Only (wef 10 Jan 2005)
anner 1 miles	6) TR: Re-inspection \$75
amaged Portion:	7) N1: Idao DA + SMRT Survey \$160  8) NTUC Additional Services:
	OD* .
C Checked by (Engr-In-Charge):	*N3: Courtesy Car/Tpt Allowance \$5 .
Those you want down to the comment of the comment o	*N6: Repair Co-ordination \$10
wditors Comments	*N8: DY / Collect Excess Coordination 35
t. 1:	TP (N11): TP (Non INC) against INC \$20
·	9) N12: Idao Mobile 30 -  Involce deted Fee Charged
t. 2/3;	Involce deted Fee Charged Involce deted Fee Charged



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

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 01/07/2022 10:36 (SGT) Reported by Both Date of Accident 30/06/2022 16:30 (SGT) **Exact Location of Accident** Bedok North Rd, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**SNA3413B** 

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

**Email Address** Mobile Phone No.

Alternative Phone No.

No

KUNG GUAN WAH (JIANG YUANHUA)

SXXXX510D

michael\_kung2@yahoo.com.sg

(Phone) +65-91997000

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Nissan

KICKS E-POWER

Private use

No - Claiming third party

Private car

Auto

1198

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 7210054161-01

DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

KUNG GUAN WAH (JIANG YUANHUA)

SXXXX510D

15/01/1973

Indoor



Date Of Driving Pass 11/04/1996 Driving experience 26 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-91997000 Alt. Phone Number Email Address michael\_kung2@yahoo.com.sg Address BLK 51 CHAI CHEE STREET #07-306 Address complement Postcode 460051 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 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name ONG JENNY 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 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 **DETAILS OF OTHER VEHICLE PROPERTY 1** 

**GBG1007P** 

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	2
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	
Details of property demaged in against	<b>≅</b> :
No. Of Passenger (Including Driver)	<b>=</b> 2:
No. Of Passenger (including Driver)	<b>*</b> C

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number Vehicle Manufacturer	SGA3231S
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	-
Contact Number	1500 17 <u>1</u> 2
Address	2
Address complement	
Postcode	20
Insurance Company Name	
Nature Of Damage	
9	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

161			-	_		-
IN	J	IJ	7	E	U	1

MOSILE	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	KUNG GUAN WAH (JIANG YUANHUA) Male (Phone) +65-91997000 SLIGHT INJURY SNA3413B Yes No
INJURED 2	
Name of injured person Gender Phone No Address	ONG JENNY Female -

Approximate Age Years Old
Injuries Sustained
SLIGHT INJURY
Injured person in which vehicle?
SNA3413B
Were seat belts worn?
Yes

Was this injured conveyed to hospital by ambulance?

Address Complement

Post Code

#### 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 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)

Lunderstand, 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 & Time

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

& time

Witnessed by Reporting Centre Personnel

Sketch Plan

Bedok	North	AUSHABHI3B	
Rond		B GBG IOSTI P	
		C SGA 32315	
		B. I.	

Describe Circumstances of the Accident

Describe direamstances of the Accident
on 30/06/2022 at about 4:30pm 1 was
travelly along Bedok North Road toward
Tuckellan
Tampines. I was saw slowed down to a
stop due to the projet trustic. Siddenly relicie
B hit the rear of my namule and conved.
not beg may venicle to not the front vehicle. I was
probled in a 3 vehicles cham collinion.

## 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	: 30/06/2022 Accident Time : 430pm (24-HR-Format)	
	Who reported the accident?	: Owner / Driver / Both	
	Accident Place	: Bedok North Road towards Tampines	
	Vehicle No (Car Plate No)	: SNA 3413B Make/Model: Nissan Kicks	
	Insurance Company	: AIG Policy No: 7210054161-01.	
	Fleet Policy	: YES MO	
	Type of Coverage	: Comprehensive / Third Party / Third Party Fire & Theft	
	Name of Owner / IC No	: 37303510D Kung Guan Wah. (m)	
	Owner Contact No	: q194 7000 Owner's HpCompany Tel	
	Driver Name / IC No	: As above.	
	Driver's Date of Birth	: 501 1973 Driver's License Pass Date: 11 04 1 1996	
	Relationship of Driver	: Spouse / Parents / Children / Sibling / Employee / Other: Owner.	
	Driver's Address	: B51 Chui Chee st #07-306 5 460051.	
	Driver's Contact No	:1)	
	Driver's Occupation	: INDOOR / OUTDOOR (e.g. working inside or outside office)	
	Email Address	: michael-kung 2@ yahoo. com.sg	
	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 & 1 passenger.	
	Was ther any video footage? Exact purpose used at time of accident Any injury (If Yes, Pls State)	: YES / NO : Private Use / Private Hire / Work Purpose : Yes (1 Driver & 1 Passenger)	
20	B Other Party Driver's Particular (if any)  3rd VEH A: GBG 1007 P. Name & Contact No:		
	VEH #: SGA 32315 .	Name & Contact No:	
	VEH ¢:	Name & Contact No:	
	VEH Ø:	Name & Contact No:	

\*NEW - Passenger's Name & Gender:

Ong Jenny (Female)

wolf



## CERTIFICATE OF INSURANCE

## NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: KUNG GUAN WAH (JIANG YUANHUA)

Period of Insurance

: 28 May 2022 To 27 May 2023

Engine No.

: HR12361114C

Chassis No. : MNTFEAP15Z0000617 Vehicle No.

: SNA3413B

Policy No.

**Issued Date** 

: 7210054161-01

Endorsement No.

: 27 Apr 2022

#### ABOUT THE COVER

Make/Model

: NISSAN Kicks E-Power

Engine Capacity/Tonnage: 1,198.00 CC

Sum Insured : Market Value

First Year of Registration : 2021

Driver Restriction

: NA

Off Peak Car: No

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 to pay an additional sum of S\$\$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 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

KUNG GUAN WAH (JIANG YUANHUA) - \$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: 19 Lorong 8 Toa Payoh Singapore 319255 63570753

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: HL Bank

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).

0500610426

TAN CHONG CREDIT PTE LTD-YKM

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589623 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.