

# NATION 17 Assessment Centre Services

|                            |                                          |                        |          |
|----------------------------|------------------------------------------|------------------------|----------|
| Date In: 22/08/22          | Job description: SAS e-filing            | Date & Time Completed: | Done by: |
| Ref No: NA/AIC 22008011/13 | E-mail (within 2hrs. AP/ 2hrs):          |                        |          |
| Veh No: SJW 9934           | i-Motor Claim Form                       |                        |          |
| DOA: 20/08/22 1557         | i-Motor W/O (Within 2hrs. TP 4hrs)       |                        |          |
| OD: (TP) Reporting Only    | i-Photo Uploaded                         |                        |          |
| TP Insurer:                | Assessment/Survey Report                 |                        |          |
|                            | Ass't Report by Fax / Hand to Owner/Wksp |                        |          |

|                                          |                                                            |                       |
|------------------------------------------|------------------------------------------------------------|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:                                                       | Fax:                  |
| TP Particulars:                          | Veh No: 510 6223X                                          | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |                                                 |                       |                       |
|---------------------------------|-------------------------------------------------|-----------------------|-----------------------|
| NA 2202280                      | <b>Invoice Preparation Checklist</b>            | Am't (\$)<br>1st Bill | Am't (\$)<br>Add Bill |
| Claimant's Particulars :-       | 1) AR: Accident Reporting (\$30);               |                       |                       |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |                       |                       |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                     |                       |                       |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |                       |                       |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |                       |                       |
| Auditors' Comments :-           | For claiming against INC Only (wef 10 Jan 2005) |                       |                       |
| Cat 1:                          | 6) TR: Re-inspection \$75                       |                       |                       |
| Cat 2 / 3:                      | 7) N1: Idac DA + SMRT Survey \$160              |                       |                       |
|                                 | 8) NTUC Additional Services:-                   |                       |                       |
|                                 | OD*                                             |                       |                       |
|                                 | *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 30                          |                       |                       |
|                                 | Invoice dated                                   | Fee Charged           |                       |
|                                 | Invoice 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 Actual 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              | 22/08/2022 15:13 (SGT)        |
| Reported by                     | Both                          |
| Date of Accident                | 20/08/2022 15:57 (SGT)        |
| Exact Location of Accident      | Singapore                     |
| Additional Location Information | SERANGOON RD SLIP RD INTO CTE |
| Country/State of Loss           | Singapore                     |

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJW993U

#### INSURED/POLICYHOLDER

|                          |                        |
|--------------------------|------------------------|
| Is company?              | No                     |
| Name Of Registered Owner | WONG KOK YONG JOHNNY   |
| NRIC No                  | SXXXX513E              |
| Email Address            | johnnywongsg@gmail.com |
| Mobile Phone No          | (Phone) +65-93261330   |
| Alternative Phone No     | -                      |

#### VEHICLE PARTICULARS

|                                                                              |                           |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer                                                                 | Nissan                    |
| 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                                                                           | 1500                      |

#### INSURANCE COMPANY

|                                   |                                      |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company         | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | 7210096583                           |

#### DRIVER

|                |                      |
|----------------|----------------------|
| Name of Driver | WONG KOK YONG JOHNNY |
| NRIC No        | SXXXX513E            |
| Date Of Birth  | 04/01/1967           |
| Occupation     | Indoor               |

|                                                              |                        |
|--------------------------------------------------------------|------------------------|
| Date Of Driving Pass                                         | 02/11/1985             |
| Driving experience                                           | 36 YEARS AND 9 MONTHS  |
| Gender                                                       | Male                   |
| Mobile Number                                                | (Phone) +65-93261330   |
| Alt. Phone Number                                            | -                      |
| Email Address                                                | johnnywongsg@gmail.com |
| Address                                                      | BLK 635 VEERASAMY RD   |
| Address complement                                           | #04-162                |
| Postcode                                                     | 200635                 |
| 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)                                                             | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |
| Translator's name                                                                                   | -   |
| Translator's ID                                                                                     | -   |
| Translator's phone number                                                                           | -   |
| Translator's email                                                                                  | -   |
| Original language used in the statement                                                             | -   |

#### 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?       | Yes           |
| Reasons for not uploading a video of the accident | WITH WORKSHOP |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SLD6223X    |
| Vehicle Manufacturer        | -           |
| Vehicle Model               | -           |
| Vehicle Variant             | -           |
| Vehicle Colour              | -           |
| Vehicle Category            | Private car |
| Name of Driver              | -           |

|                                         |           |
|-----------------------------------------|-----------|
| NRIC No                                 | SXXXX465I |
| 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             | SJU892M             |
| Vehicle Manufacturer                    | -                   |
| Vehicle Model                           | -                   |
| Vehicle Variant                         | -                   |
| Vehicle Colour                          | -                   |
| Vehicle Category                        | Private car         |
| Name of Driver                          | SO CHEN TAO,BRANDON |
| NRIC No                                 | SXXXX025Z           |
| 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                              | WONG KOK YONG JOHNNY |
| Gender                                              | Male                 |
| Phone No                                            | -                    |
| Address                                             | -                    |
| Address Complement                                  | -                    |
| Post Code                                           | -                    |
| Approximate Age Years Old                           | -                    |
| Injuries Sustained                                  | BACK & NECK          |
| Injured person in which vehicle?                    | SJW993U              |
| 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.
2. This Form must be completed by the Policyholder and/or the Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

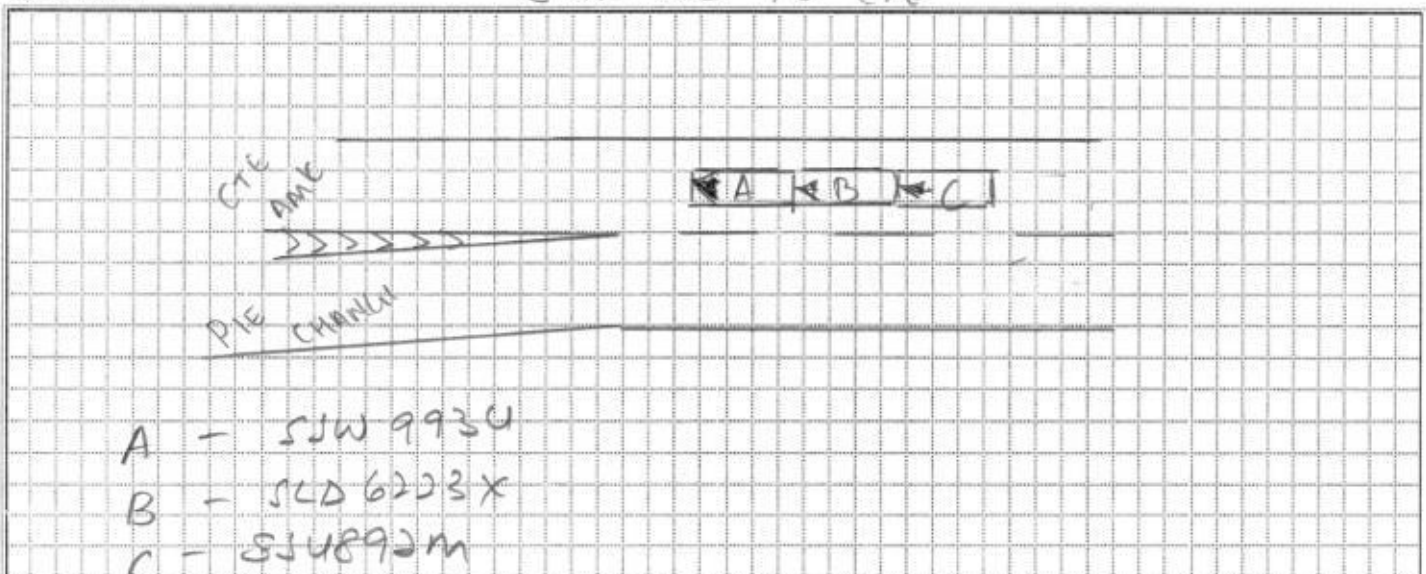
 22/8/22  
Policyholder's Signature / Date & Time

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

 22/08/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan

SLIP RD TO CTE




Describe Circumstance of the Accident

I was travelling from slip road to CTE. Suddenly I felt the impact from my rear. When I came out, I was involved in a chain collision of 3 vehicles.


Declaration

I/We declare the foregoing particulars are true in every respect.

 22/8/22

Policyholder's Signature / Date & Time

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

 22/08/22

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09228M0005 Vehicle Registration No: SVW9934  
Name (as shown in NRIC): WONG KOIC YONG NRIC/FIN/Passport No: SXXXXX513E  
JOHNNY  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: BLK 635 VEERASAMY RD H04-162 Singapore (200635)  
Contact (Tel): \_\_\_\_\_ Mobile No.: 93261330  
Email Address: \_\_\_\_\_  
Date of Accident: 20/08/22 Time of Accident: 15:57  
Place of Accident: SERANGKUN RD SLIP RD INFO CTE  
Insurance Company: AIG

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND POLICY NO

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

shym 23/08/22  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

# ACCIDENT STATEMENT

ACCIDENT DATE: 20/08/22 (DD/MM/YYYY) TIME: 15:57 (HH:MM)

LOCATION: BRANDOL RD SCIA RD TO CTE

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SJW993U

b) INSURANCE COMPANY: AIG

c) POLICY NUMBER: 7210096583

d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT

e) MAKE & MODEL: NISSAN SYLPHY AUTO / MANUAL 1.5

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE

h) PURPOSE OF USING AT ACCIDENT TIME:

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)

IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

## 2. INSURED / POLICY HOLDER

a) NAME: WONG KOK YONG JOHNNY (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S1793513E CONTACT: 93261330

c) ADDRESS: BLK 635 VEERASAMY RD  
#04-162 (200635)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

a) NAME: AS ABOVE (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 04/01/1967 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 02/11/1985

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS

b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) BACK & NECK

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLD 623X MODEL: \_\_\_\_\_

b) DRIVER'S NAME: ANG SEN WAY

c) NRIC/FIN/PASSPORT: S8473465E CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: SJU892M MODEL: \_\_\_\_\_

e) DRIVER'S NAME: SO CHEN TAO, BRANDOWN

f) NRIC/FIN/PASSPORT: S88310252 CONTACT: \_\_\_\_\_

Email = Johnnywongsg@gmail.com

fax = \_\_\_\_\_

video = yes, with workshop





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Wong Kok Yong Johnny  
**Period of Insurance** : 03 Sep 2021 To 02 Sep 2022  
**Engine No.** : HR15279349B  
**Chassis No.** : JN1BAAG11Z0110603

**Vehicle No.** : SJW993U  
**Policy No.** : 7210096583  
**Endorsement No.** :  
**Issued Date** : 23 Aug 2021

### ABOUT THE COVER

**Make/Model** : NISSAN SYLPHY 1.5

**Engine Capacity/Tonnage** : 1,498.00 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

**Age Condition** : 40 years old and above

**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 Optional**

\* 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 - \$600 Theft - \$0 Flood Cover - \$600

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

Wong Kok Yong Johnny - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. 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**: 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).

0502263000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

Puay Khoo Goh