

**NATIONAL Assessment Centre Services** (only 1 form)

Job description: SAS e-Mailing

Date & Time Completed: 16/12/2023 16:13

Done by: N/A

1-Motor Claim Form

1-Motor W/O (Vehicle ID No. & VIN)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Vehicle

Particulars: Yell No: SUR 2657E

Owner / Driver: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( )

Incurred / Driver Liability: ( )

Year of Registration: ( )

Excess: ( )

Loading: \$1,000 ( ) / \$2,000 ( )

Walk-In Customer / Customer's Information strictly Confidential & Strictly NO Motor of Repetition

Total Loss Case: ( ) to e-mail Insurer URGENTLY

Drive-In ( ) / Towed-In ( )

Invoice: YES ( ) / NO ( )

Towing Co: ( )

Apply for Transport Allowance ( ) / Courtesy Car ( )

QC Check / Post Repair Inspection

Upload Recovery Photo (Repair Cost > \$3000)

Injury: ( )

Other: ( )

NA2301487

Invoice Preparation Checklist

1) A/R: Accident Report	(350)	
2) D/A: Damage Assessment	(21500)	INC (550)
3) T/P: Towing Fee		\$1050
4) P/E: Follow-Up Survey		\$125
5) P/E: Follow-Up Survey (Basic)		\$50
6) T/R: Towing Fee		\$75
7) N/A: No Acc. Survey		\$100
8) N/A: Additional Fee		
9) C/C: Courtesy Car / Transport Allowance		\$5
10) P/E: Post Repair Inspection		\$15
11) P/E: Post Repair Inspection		\$15
12) P/E: Post Repair Inspection		\$15
13) P/E: Post Repair Inspection		\$15
14) P/E: Post Repair Inspection		\$15
15) P/E: Post Repair Inspection		\$15

Checked by (Engr-In-Charge):

Signature: ( )

Date: ( )



## 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	19/05/2023 16:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/05/2023 20:00 (SGT)
Exact Location of Accident	Eunos Link, Singapore
Additional Location Information	BEFORE BEDOK RESERVOIR ROAD JUNCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR8680S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO ENG HOCK
NRIC No	SXXXX597C
Email Address	ehte068@yahoo.com
Mobile Phone No	(Phone) +65-97946778
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-trail
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	1997

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070116491-01

#### DRIVER

Name of Driver	TEO ENG HOCK
NRIC No	SXXXX597C
Date Of Birth	08/06/1964
Occupation	Indoor

Date Of Driving Pass	29/05/1985
Driving experience	38 YEARS
Gender	Male
Mobile Number	(Phone) +65-97946778
Alt. Phone Number	-
Email Address	ehte068@yahoo.com
Address	21 ELLIOT ROAD #01-05
Address complement	-
Postcode	458703
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	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
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

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR2657E
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) ..... -



## 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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan

Vehicle A: SDR8680S

Vehicle B: CLR7057E

Times Link

Bedok Reservoir Rd

Describe Circumstance of the Accident

On the stated date and time, I, vehicle A,  
was stationary when vehicle B suddenly collide  
onto my vehicle's rear left portion.

Declaration

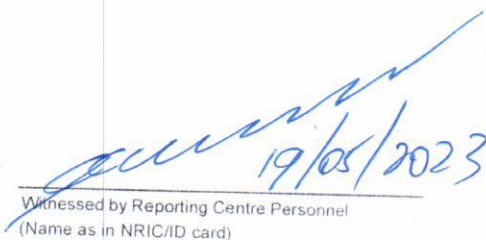
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

  
19/05/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident?

Owner / Driver / Both

Date of Accident:

18/05/2023

Time of Accident:

8:00

(AM / PM)

Location of Accident:

EUNOS Link before Bedok Reservoir Rd Junction

Country/State of Loss:

SG

Type of Accident:

Head to Rear

Weather Condition: Clear / Raining

Road Surface: Dry / Wet

If Not in List, please specify

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

Yes / No

If No, please state action to be taken

Third Party / Reporting Only

Was any foreign vehicle involved in accident?

Yes / No

If yes, please state Vehicle No & Vehicle Type:

No. of vehicles Involved in the accident (include own vehicle) 02

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Yes / No

Was the accident reported to the police?

Yes / No

If yes, police station name:

Was notice of Prosecution given?

Yes / No

If yes, against whom?

Files

Are accident photos available for attachment?

Yes / No

Was there any video captured?

Yes / No

Was there any audio captured?

Yes / No

Details of Own Vehicle

Vehicle Registration No: SDR 8680S

Vehicle Category: Private

Vehicle Manufacturer: Nissan Vehicle Model: X-Trail

Transmission: Manual / Auto Cc: \_\_\_\_\_

Exact purpose for which vehicle was being used at the time of accident:

Private Car / Private Use / Employment

No. of passengers (including driver) 01

Passenger Name: \_\_\_\_\_

Gender: Male / Female

Passenger Name: \_\_\_\_\_

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: Alfa

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: TEO ENG HOKE

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: 96295976

Email: EHTED068@YAHOO.COM

Mobile No: 97946778

Alt. No Type: Home / Office / Not in List

If Not in List, please specify \_\_\_\_\_

Owner Alt Phone No: \_\_\_\_\_



### Driver's Information

Is the driver the policy holder? Yes / No

Name of Driver: As above.

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driving Pass Date: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Occupation: Indoor / Outdoor

Driver Owner Relationship \_\_\_\_\_

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: \_\_\_\_\_

Handling Insurer: \_\_\_\_\_

### TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No

If yes, please provide:

(i) Vehicle Registration No: SLR 2657E

(ii) Vehicle Category: Commercial

(iii) No. of passengers (including driver) 01 male.

Passenger Name: \_\_\_\_\_

Gender: Male / Female

### Translation

Was the Sketch Plan Statement translated from another language?

Yes / ☒ No

Name of Translator: \_\_\_\_\_

ID Type: \_\_\_\_\_  
NRIC / Passport or FIN / Work Permit

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

What is the original language used in the statement?

☒ English / Mandarin / Malay / Tamil / Others: \_\_\_\_\_

**Please attach the following documents:**

- Original report in original language
- Translated report to English

### Injured Person's Details

Was anyone injured in the accident? Yes / ☒ No

Any injured conveyed to hospital by Ambulance? Yes / ☒ No

If yes, please provide:

(i) Name: \_\_\_\_\_

(ii) Gender: \_\_\_\_\_ Male / Female

(iii) Injured Person in which Vehicle? \_\_\_\_\_

(iv) Full Address: \_\_\_\_\_

### Witness Details

Was there any witnesses? Yes / ☒ No

If yes, please provide:

Witness Name: \_\_\_\_\_

Witness Contact: \_\_\_\_\_





NISSAN AUTO PROTECTOR PRIVATE VEHICLE

## NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Teo Eng Hock  
Period of Insurance : 05 Aug 2022 To 04 Aug 2023  
Engine No. : MR20731733C  
Chassis No. : JN1JANT32Z0012618

Vehicle No. : SDR8680S  
Policy No. : 2070116491-01  
Endorsement No. :  
Issued Date : 22 Jun 2022 9:54

### ABOUT THE COVER

Make/Model : NISSAN X-TRAIL  
Engine Capacity/Tonnage : 1,997.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2020  
Insuring with COE/PARF : Yes

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\$53,000 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

#### 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)

Tan Eng Hock - \$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, Suth Lok Yang Road Singapore 628099 62622212
- 3 Autolubon 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](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: United Overseas Bank 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)

0500610572

TAN CHONG CREDIT PTE LTD-LCC

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE  
SINGAPORE 589623

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPOCC