

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

SM08287E0002

Date In: 14/07/2023 16:37
 Ref No: X/48/11428001163/Y
 Veh No: SLQ 215PJ
 D.O.A: 13/07/2023 18:50

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 3hrs, AIC 2hrs)		
i-Motor Claim Form		
i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
i-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

OD / TP / Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: GBJ 3461G

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

NA2302129

Invoice Preparation Checklist

Am't (\$)

Am't

1st Bill

Add

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 : Idao 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 (N'n INC) against INC \$20		
9) N12: Idao Mobile \$30		

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

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	14/07/2023 16:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/07/2023 18:50 (SGT)
Exact Location of Accident	Tampines Rd, Singapore
Additional Location Information	NEAR JUNCTION OF HOUGANG AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2158J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE YEW KOON
NRIC No	SXXXX585I
Email Address	irismaylee@hotmail.com
Mobile Phone No	(Phone) +65-96502972
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	1700022740-06

DRIVER

Name of Driver	LEE YEW KOON
NRIC No	SXXXX585I
Date Of Birth	09/05/1956
Occupation	Indoor

Date Of Driving Pass	28/01/1991
Driving experience	32 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96502972
Alt. Phone Number	-
Email Address	irismaylee@hotmail.com
Address	BLK 206A COMPASSVALE LANE #03-77
Address complement	-
Postcode	541206
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 - Major/Minor Rd
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)	2
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	-

PASSENGER 1

Name	APHINANTHIPPHAYAKUN WILAI
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ3461G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
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

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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' 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

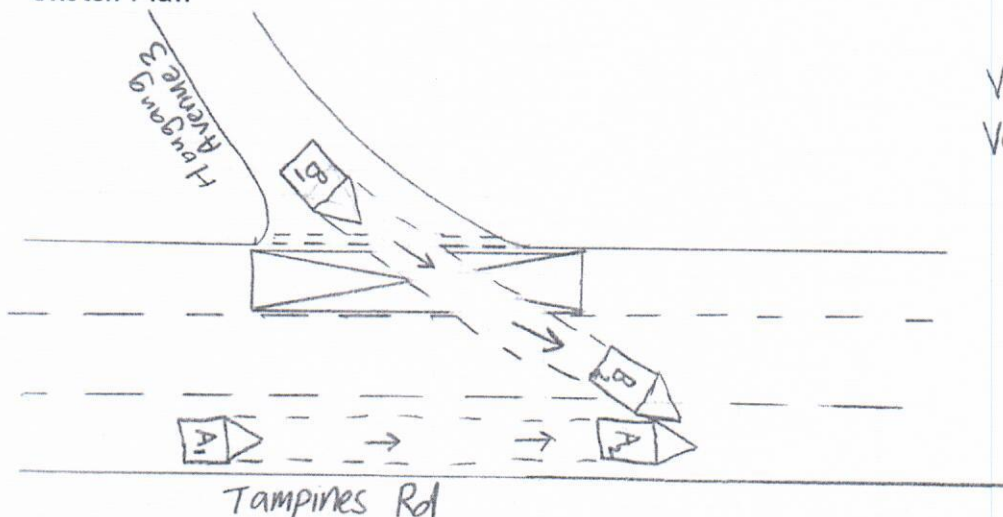
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: SLQ 2158J

Vehicle B: GBJ 3461G


Describe Circumstances of the Accident


On 13 July at about 6.50 pm while driving on the extreme lane of Tampines Rd (near junction of Hongkong Ave 3) a truck Reg No GBJ3461G swag into my path and collided into the left hand and side of my car.

The collision damage the front headlamp & front fender, front bumper and wheel arch.

Declaration

We declare the foregoing particulars are true in every respect.

 14/7/23
Policyholder's Signature / Date & Time

 14/7/23
Driver's Signature (If driver is not the policyholder) / Date & Time

 14/07/2023
Witnessed by Reporting Centre Personnel

Personal Particulars of Owner & Driver (Vehicle A)

5

Date of Accident: 13/07/2023 (dd/mm/yy) Time of Accident: 18:50 (24-HR-FORMAT)
Vehicle No.: SLQ2158J Vehicle Make & Model: NISSAN X-TRAIL
*Transmission: ☐ Manual ☒ Auto *C.c.: 2000
Exact location of Accident: TAMPINES ROAD NEAR JUNCTION OF HOUGANG AVE 3
Policyholder's Name: LEE YEW KOON NRIC/FIN/REG No.: S11675851
*Policyholder's email address: it'smaylee@hotmail.com
Driver's Name: LEE YEW KOON NRIC/FIN/REG No.: S11675851
*Driver's email address: it'smaylee@hotmail.com
Driver's Contact No.: 96502972 Company Contact No (If any): -
Date of birth: 09/05/1956 Driving Pass Date: 28/01/1991
Driver's Address: BLK 206A COMPASSVALE LANE #03-77 (S) 541206
Insurance Company: AIG
Policy No.: 1700022740-06 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please CIRCLE one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____
What do you wish to claim? (Please TICK one only)
☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)
Type of Accident
☐ Chain Collision ☐ Head To Rear ☐ Side Swipe ☐ Other HEAD TO SIDE
Occupation (nature job) ☒ Indoor ☐ Outdoor *No. of Passengers / Including Driver: 2
*Passanger Name: APHINANTHIPPHAYAKUN WILAI Gender: Male / Female
*Passanger Name: _____ Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____
Was there any video captured by your car Car camera? ☐ Yes / ☒ No
Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____
Injuries Sustain: _____ Injured Person in Which Vehicle: _____
Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBJ34616
Driver's Contact No: _____ Insurance Company: _____
2. Driver's Name / IC No (If Any): _____ Vehicle No: _____
Driver's Contact No: _____ Insurance Company: _____
*Independent Witness (If Any): _____ Contact No: _____
Preferred Workshop Name: _____ Contact No: _____

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lee Yew Koon
Period of Insurance : 30 Jun 2023 To 29 Jun 2024
Engine/Motor No. : MR20020209C
Chassis No. : JN1JANT32Z0003346

Vehicle No. : SLQ2158J
Policy No. : 1700022740-06
Endorsement No. :
Issued Date : 07 Jun 2023 9:07

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 : 2017
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\$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 : 35 years old and above

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 1960, 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)

Lee Yew Koon - \$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, 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 Apple App Store or Google Play Store

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).