

<b>NATIONAL Assessment Centre Services</b>		Date & Time Completed	Done by
Date In: 27/01/18	Job description		
Ref No: NA/AIG18001653/13	SAS e-filing		
Veh No: SK07091A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/01/18 1400	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		
TP Insurer:		Tel:	Fax:

Preferred Wksp / INC Assign Wksp / QW: (TWINCAR	INC ( ) / Non-INC ( )
TP Particulars:	Veh No: 5LD1053C
Owner / Driver: ( )	Period: ( )
Policy No: ( )	Date: Time: Cover Type: ( )
Confirmed by: ( ) % [Note-Est. Status (WO): N: 0-20%, P: 21-79%, F: 80-100%]	
Insured/Driver Liability: ( )	Warranty: YES ( ) / NO ( )
Year of Registration: ( )	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

Claimant's Particulars:-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	INC (\$80)		
Contact No:	2) DA: Damage Assessment (\$100);	\$40/\$45		
Damaged Portion:	3) TF: Towing Fee	\$120		
	4) FT: Follow-Through Survey	\$30		
	5) FT: Follow-Through Survey (Resurvey)	\$75		
	6) TR: Re-inspection	\$160		
	7) N1: Idac DA + SMRT Survey			
	8) NTUC Additional Services:-			
	OD*	\$5		
	*N5: Courtesy Car / Tpt Allowance	\$10		
	*N6: Repair Co-ordination	\$25		
	*N7: Post Repair Inspection	\$5		
	*N8: DV / Collect Excess Coordination	\$20		
	TP (N11): TP (N/A INC) against INC	30		
	9) N12: Idac Mobile			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
Auditors' Comments:-	Invoice dated	Fee Charged		
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 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 ability.
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 Report	27/01/2018 10:10
Date Of Accident	26/01/2018 14:00
Exact Location Of Accident	BUKIT BATOK EAST AVE 3 TWDS TOH TUCK AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU7091A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO THONG HUAT
NRIC No	S1074876C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96701314
Alternative Phone No	OTHERS-96701314

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100424223-02
Cover Note Number	

### Driver

Name of Driver	TEO THONG HUAT
NRIC No	S1074876C
Date Of Birth	09/09/1940
Occupation	INDOOR
Date Of Driving Pass	14/02/1974
Driving Experience	43 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96701314
Fax Number	
Contact Number	OTHERS-96701314
Email Address	NOEMAIL

Address	BLK 14 TECK WHYE LANE
	#06-200
Postcode	680014
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LIM GUN HOY
	GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD1053C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



## SKETCH PLAN

### IMPORTANT NOTICE

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

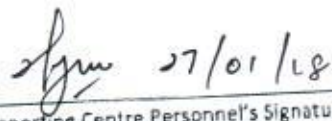
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:



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

 27/01/18

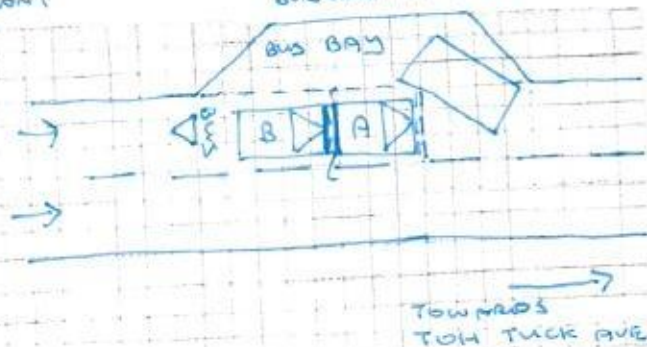
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN

BUKIT BATOK EAST AVE 3 IN FRONT  
BLK 283

BUS STOP ID: 43189



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG BUKIT BATOK EAST AVE 3 ON THE LEFT LANE  
TOWARDS TOH TUCK AVE DIRECTION.

WHILE APPROACHING TO BUS STOP ID: 43189 IN FRONT OF BLOCK  
283, AS THERE WAS A BUS TURNING OUT FROM THE BUS BAY  
TO THE PRIORITY BUS LANE WITH THE (MUST GIVE WAY SIGN INDICATOR)  
SO I SLOW DOWN TO COMPLETE STOP TO GIVE WAY TO THE  
BUS. SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY  
VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE BEARING  
(SLD 1053C) HAD COLLIDED TO THE REAR OF MY VEHICLE.  
WHILE I BRAKE TO COMPLETE STOP TO GIVE WAY TO THE BUS  
COMING OUT FROM THE BUS BAY.

VEHICLE A - SKM 7091A

VEHICLE B - SLD 1053C

## 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:

17/01/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



<b>Vehicle No.</b>	SKU 7091A		Model / Make	CLA 180 MERCE
Date of Accident	26/01/2018			
Time of Accident	1400	HRS		
Location of Accident	BUKIT BATOK EAST AVE 3 TOWARDS TOH TUCK AVE DIRECTION			
Exact purpose use during accident	PRIVATE USE			
<b>Name of Owner</b>	TEO THONG HUAT		Office :	
Telephone No.	H/P : 9670 1314	Home :		
NRIC	S1074976C			
Address	BLK 14 TECK WYHE LANE #06-200 S (680014)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	AIG			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	2100424223-02			
<b>Name of Driver</b>	As Above If No,		Any Passengers : 1 FEMALE	
NRIC				
Date of birth	09 SEP 1940			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	14 FEB 1974			
Gender	Male / Female			
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state OWNER		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	TEO THONG HUAT	9670 1314		
Name And Contact No.	LIM GUN HOY	9190 7360		
Police Report	No,	If Yes, Where?		
<b>Vehicle B No.</b>	SLD 1053C		Any Passengers :	
Name of Driver			Contact No. :	
<b>Vehicle C No.</b>			Any Passengers :	
<b>Vehicle D No.</b>			Any Passengers :	
<b>Vehicle E no.</b>			Any Passengers :	
<b>Vehicle F No.</b>			Any Passengers :	
<b>Vehicle G No.</b>			Witness Contact :	
Witness Name				
Accident Portion	REAR			
Camera Recorder	Yes / No			
Email Address				
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	IAN			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg			

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0237583D



Name

LIM GUN HOY



Race

CHINESE

Date of Birth

10-10-1951

Sex

F

Country of Birth

SINGAPORE

S0237583D

2415404



NRIC No. S0237583D



Blood Group

A+

Date of issue

25-09-1994

Address

APT BLK 239 BUKIT BATOK EAST AVENUE 5  
#11-177  
SINGAPORE 2365



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1074876C



Name

TEO THONG HUAT

張 通 發

Race

CHINESE

Date of birth

09-09-1940

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1074876C

Name:

TEO THONG HUAT

Birth Date: 09 Sep 1940

Issue Date: 17 Dec 2003



4323031



NRIC No. S1074876C

Date of issue

17-12-2008

Address

APT BLK 14 TECK WHYE LANE  
#06-200  
SINGAPORE 680014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

14 Feb 1974



NP 428A





# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Teo Thong Huat  
Period of Insurance : 13 Aug 2017 To 12 Aug 2018  
Engine No. : 27091030711467  
Chassis No. : WDD1173422N241291

Vehicle No. : SKU7091A  
Policy No. : 2100424223-02  
Endorsement No. :  
Issued Date : 02 Aug 2017

### ABOUT THE COVER

Make/Model : MERCEDES BENZ CLA180 URBAN  
Engine Capacity/Tonnage : 1,595.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2015  
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 \$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

#### 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 (15 days) 2000cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$1300 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

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

Teo Thong Huat - \$1300 (Own Damage)

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

1. Eunice Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 406650 67412338  
2. Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 168 Pandan Loop Singapore 126376 67778386

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.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: MERCEDES-BENZ FINANCIAL SERVICES (S) LTD

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, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1958 (Malaysia).

0500660394

CYCLE & CARRIAGE - ANGELA  
239 ALEXANDRA ROAD  
SINGAPORE 159930 ANSP-MOTOR  
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

Jackie Lim