

NATIONAL Assessment Centre Services (v1.1 1/1/2001)

1311848013804

Date In: 29/01/2018 12:01	Job description	Date & Time Completed	Done by
Ref No: NAB/00661/200/1686/1	SAS e-tiling		
Veh No: STB 866L	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 22/01/2018 12:46	I-Motor Claim V/print		
OD: TP / Reporting Only	I-Motor W/O (within 24 hrs, TP 2hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yell No: SJN 589TD	INC () / Non-INC ()	
Owner / Driver:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: () % (Note: B/L Status (WO): NI 0-20%; P: 21-79%; P: 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 rep/aler.

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

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: INC hotline 6788 0016	Date & Time Completed	Done by
1) Apply for Trans-in Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: _____

Date/Time	Actions

NAB00661	Invoice Preparation Charge		
1) AR: Accident Reporting (\$3.00)			
2) DA: Damage Assessment (\$100)	INC (240)		
3) TP: Towing Fee	\$40/\$43		
4) FT: Follow-Through Survey	\$150		
5) FT: Follow-Through Survey (Resurvey)	\$20		
Excess/claim apply INC Only (over 10 hrs 2100)			
6) TR: Re-inspection	\$15		
7) NI: NI DA + SMRT Survey	\$160		
8) NTUC Additional Services			
9) NI: NI			
10) NI: Courtesy Car / Tel Allowance	\$3		
11) NI: Repair Coordination	\$10		
12) NI: Post Repair Inspection	\$25		
13) NI: DY / Collect Excess Coordination	\$3		
14) TP (NI) / TP (Non-INC) against INC	\$20		
15) NI: NI	\$0		
Invoice dated	Fee Charged		
Invoice paid	View Payment		

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	29/01/2018 12:01
Date Of Accident	27/01/2018 12:40
Exact Location Of Accident	JALAN EUNOS SLIP ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFB866L
Insured/Policyholder	
Name Of Registered Owner	GAN CHENG PENG
NRIC No	S1207253H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96388825
Alternative Phone No	OTHERS-96388825

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S300L
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	2100283400-06
Cover Note Number	

Driver

Name of Driver	YAP LAY HOON
NRIC No	S1284000D
Date Of Birth	17/03/1958
Occupation	INDOOR
Date Of Driving Pass	26/06/1978
Driving Experience	39 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96388825
Fax Number	
Contact Number	OTHERS-96388825
Email Address	NOEMAIL

Address	12 TOH AVENUE
Postcode	508038
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	2
Was any body injured in the Accident?	NO
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN5897D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

SKETCH PLAN

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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:

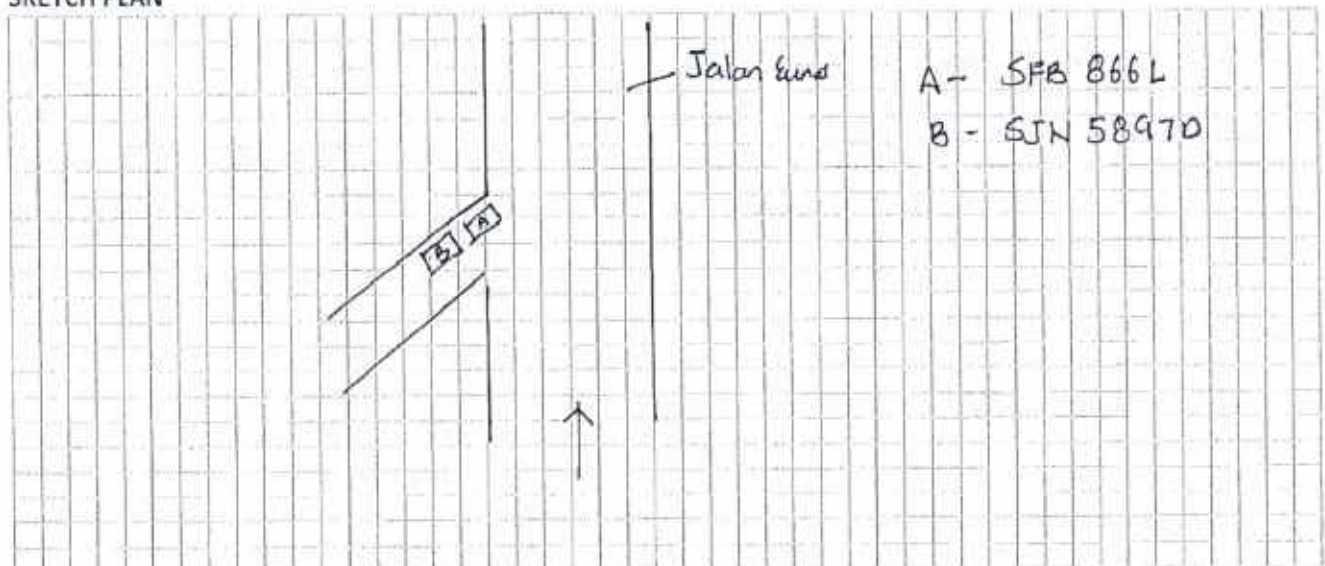
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary while waiting for the front car to move suddenly I felt an impact on the rear portion of my vehicle. I came out and discovered a car bearing SJN 5897D have hit my rear portion of my vehicle.

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:

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

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	27/1/18	TIME:	1240 pm	(hh:mm) 24 hrs Format
LOCATION	Jalan Eunos Slip Rd.			
VEHICLE NUMBER	SFB 866 L.			
INSURED NAME	GAN Cheng Peng.			
NRIC / FIN	S1207253H	CONTACT:	96388825	
MAKE	Mercedes.	MODEL	S300 L	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only				
INSURANCE COMPANY	AIG			
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT				
POLICY NUMBER :	2100283400-06			
NAME DRIVER :	YAP LAY HOON		() SAME AS INSURED	
NRIC / FIN	S1284000D	CONTACT:	96388825	
DATE OF BIRTH:	17/3/58			
DRIVING PASS DATE :				
OCCUPATION :	(<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER :	() MALE (<input checked="" type="checkbox"/>) FEMALE			
EMAIL ADDRESS:	() NO EMAIL			
ADDRESS OF DRIVER:	12 Toh Avenue 6508038			
Number Of Passenger Include Driver:	3 pax Include Driver			
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO				
If No, Relationship Of The Driver With The Insured				
() Owner (<input checked="" type="checkbox"/>) Spouse () Friend () Relative () Children () Sibling () Others				
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others				
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO				
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO				
If YES, Injured details :				
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO				
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO				
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party		Name / NRIC Abdul Hamid (5006760118) Contact 92999935		
Veh B	SJN 5897 D			
Veh C				
Veh D				
Veh E				
Veh F				
Veh G				

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S1284000D**
Name: **YAP LAY HOON**

Birth Date: **17 Mar 1958**
Issue Date: **19 May 2003**



DRIVER

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	26 Jun 1978

NP 420A

Licence No: S1284000D



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1284000D



Name



YAP LAY HOON

葉麗雲

Race

CHINESE

Date of Birth

17-03-1958

Sex

F

Country of Birth

SINGAPORE



1634440



NRIC No S1284000D

Blood Group Date of issue

O+

30-01-1994

12 TOH AVENUE
SINGAPORE 508038

NRIC No: S1284000D

Date: 27/12/2009

No: 6290238

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1207253H



Name

GAN CHENG PENG

颜 清 平

Race

CHINESE

Date of birth

26-01-1956

Sex

M

S1207253H



Country/Place of birth

SINGAPORE

Insured

5269504



NRIC No. S1207253H



Date of issue

28-01-2014

Address

12 TOH AVENUE
SINGAPORE 508038

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 7253H

Vehicle Details

Vehicle No.: SFB866L

Vehicle to be Exported: No

Intended De-registration
Date: 31 Jan 2018

Vehicle Make: MERCEDES BENZ

Vehicle Model: S300L

Primary Colour: White

Manufacturing Year: 2011

Engine No.: 27294631960485

Chassis No.: WDD2211542A434695

Maximum Power Output: 170.0 kW (227 bhp)

Open Market Value: \$86,274.00

Original Registration Date: 21 Dec 2011

First Registration Date: 21 Dec 2011

Transfer Count: 0

Actual ARF Paid: \$86,274.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry
Date: 20 Dec 2021

PARF Rebate Amount: \$56,078.00

Intended COE Rebate Details

COE Expiry Date: 20 Dec 2021

COE Category: E - Open Category

COE Period(Years): 10

QP Paid: \$65,058.00

COE Rebate Amount: \$24,721.00

Total Rebate Amount: \$80,799.00

The information contained herein is correct as at 29 Jan 2018

OK