

# NATIONAL Assessment Centre Services

[wef 1 Jan 2005] MNA18058310

Date In: 4/5/18 - 14:59	Job description	Date & Time Completed	Done by
Ref No: NA/A1918008196/24	SAS e-filing		
Veh No: 5A3377M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 3/5/18 - 17:30	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 5AE48952	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% 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 repairer.

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

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

Remarks:-	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

NA1802803	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	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 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	04/05/2018 14:59
Date Of Accident	03/05/2018 17:30
Exact Location Of Accident	AYE TWDS MCE/CTE AFTER LOWER DELTA RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG3377M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUEK BOON KIAT
NRIC No	S1789843D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97719739
Alternative Phone No	OFFICE-97719739

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180 STYLE (R16 LED)
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	2100444574-02
Cover Note Number	

### Driver

Name of Driver	QUEK GEK MING
NRIC No	S9070774D
Date Of Birth	19/01/1990
Occupation	INDOOR
Date Of Driving Pass	06/03/2012
Driving Experience	6 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97719739
Fax Number	
Contact Number	OFFICE-97719739
Email Address	NOEMAIL

Address	73A LORONG MYDIN
Postcode	416879
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

#### 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?	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)	1

#### 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

REFER TO STATEMENT.

#### 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	SGE4895Z
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	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	QUEK GEK MING
Approximate Age	

Injuries Sustain

BODY

Injured person in which vehicle?

SJG3377M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode


## 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 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 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. 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:

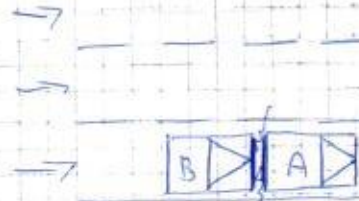
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

AGE TOWARD MCE/CTE  
AFTER UNIT DELTA AD EXIT

VEHICLE A - SJG 3377M

VEHICLE B - SGE 4995Z



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG AGE TOWARDS MCE/CTE DIRECTION. I WAS ON THE EXTREME RIGHT LANE.

WHILE DRIVING STRAIGHT AHEAD, AND DUE TO THE VEHICLE INFRONT BRAKE TO COMPLETE STOP AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE BEARING (SGE 4995Z) THAT COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - SJG 3377M

VEHICLE B - SGE 4995Z

## 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.:

<b>Vehicle No.</b>	SGA 3377M	<b>Model / Make</b>	MERC BENZ B180
<b>Date of Accident</b>	03/05/18		
<b>Time of Accident</b>	1730	<b>HRS</b>	
<b>Location of Accident</b>	A18E TOWARDS MCE/CTE AFTER LOWER DELTA RD EXIT		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	QUEK BOON KIAT		
<b>Telephone No.</b>	<b>H/P :</b>	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S1799343 D		
<b>Address</b>	73A CORONH MVDIN S(41687A)		
<b>Claim type</b>	OD	<u>THIRD PARTY</u>	REPORTING ONLY
<b>Insurance Company</b>	AIG		
<b>Type of Coverage</b>	<u>Comprehensive</u>	Third Party	Third Party / Fire /Theft
<b>Policy No.</b>	2100444574-01000		
<b>Name of Driver</b>	As Above If No, QUEK GEEK MINH		
<b>NRIC</b>	S20707740	<b>Any Passengers :</b>	NIL
<b>Date of birth</b>	19/01/1990		
<b>Occupation</b>	Outdoor	/	<u>Indoor</u>
<b>Driving License Pass Date</b>	06 MAR 2012		
<b>Gender</b>	Male	/	<u>Female</u>
<b>Contact No.</b>	<b>H/P :</b>	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	73A CORONH MVDIN S(41687A)		
<b>Driver have any own vehicle</b>	No	<b>If yes, Reg No.</b>	
<b>Relationship</b>	Employee,	<b>If no, state</b>	Daughter R
<b>Weather condition</b>	Clear	<u>Raining</u>	Other
<b>Road Surface</b>	Dry	<u>Wet</u>	Other
<b>Any Injuries</b>	No,	<b>If Yes, Who?</b>	
<b>Name And Contact No.</b>	QUEK GEEK MINH 97719739		
<b>Name And Contact No.</b>			
<b>Police Report</b>	<u>No</u>	<b>If Yes, Where?</b>	
<b>Vehicle B No.</b>	SGE 4895 Z	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	REAR		
<b>Camera Recorder</b>	Yes / <u>No</u>		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	N-SI AUTOMOTIVE PRE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n5i.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9070774D



Name

QUEK GEK MING

郭玉敏

Race

CHINESE

Date of birth

19-01-1990

Sex

F

Country of birth

MALAYSIA

S9070774D

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9070774D

Name

QUEK GEK MING

Birth Date 19 Jan 1990

Issue Date 06 Mar 2012



002048931F



3670431

NRIC No. S9070774D



Date of issue

01-02-2005

73A LORONG MYDIN  
SINGAPORE 418879

NRIC No: S9070774D

Date: 16/01/2015

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

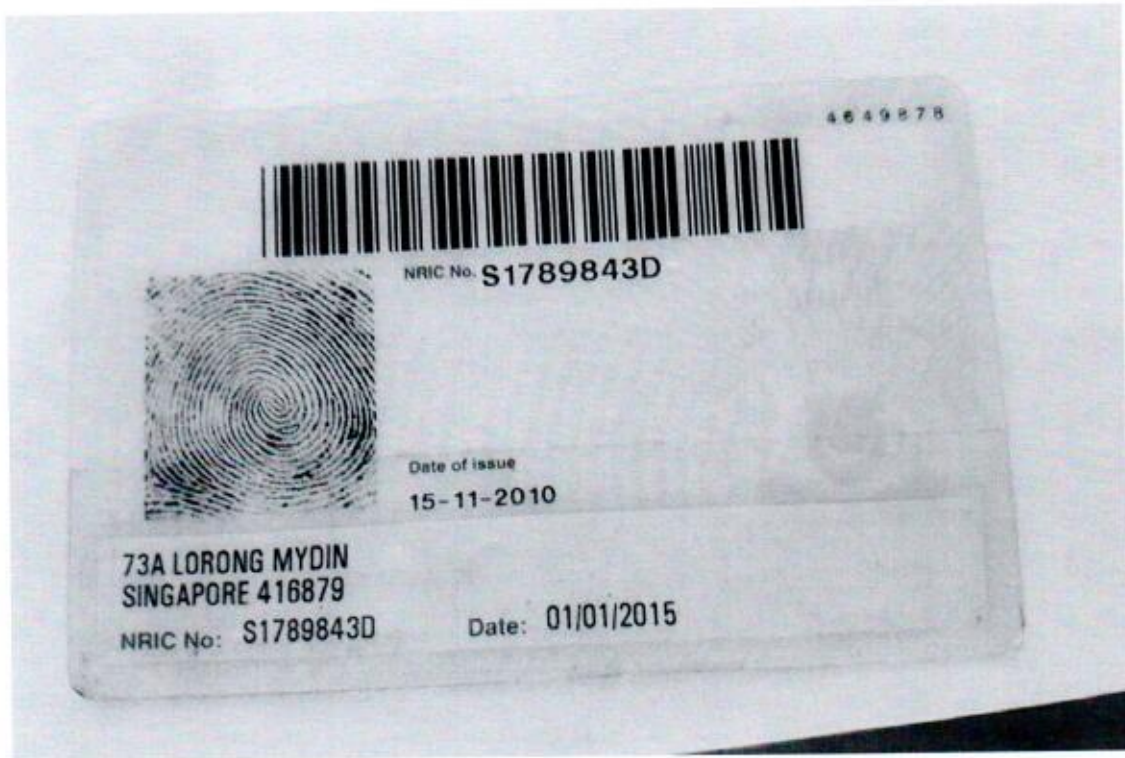
EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto)  $\leq$  3000kg 06 Mar 2012  
with  $\leq$  7 passengers, exclusive of the driver; and  
other motor vehicles without clutch pedals  $\leq$  2500kg



Licence No: S9070774D

NP 428A





# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Quek Boon Kiat  
 Period of Insurance : 28 Dec 2017 To 27 Dec 2018  
 Engine No. : 27091030846423  
 Chassis No. : WDD2462422J375711

Vehicle No. : SJG3377M  
 Policy No. : 2100444574-02  
 Endorsement No. :  
 Issued Date : 17 Nov 2017

### ABOUT THE COVER

Make/Model : MERCEDES BENZ B180 SEDAN STYLE  
 Engine Capacity/Tonnage : 1,595.00 CC Sum Insured : Market Value First Year of Registration : 2015  
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : 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 "Young and/or Inexperienced Driver Excess" ("YIDP") 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

#### 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 2000cc

\* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

Section 1  
 Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreens - \$100

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

Quek Boon Kiat - \$500 (Own Damage)

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

1. Euro Service Center (For accident reporting only): A/C: 029-188 Puan T. Singapore: 806609 67412038

2. Pandan Loop Service Center - Body Care & Repair (For all claim repair & accident reporting): A/C: 188 Pandan Loop Singapore: 020322 57778386

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency helpline at +65 (0)6 415 2723. 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: DBS BANK LTD

\* We hereby notify that the policy is subject to the conditions of insurance attached hereto and to the provisions of the Motor Vehicle Act, 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act, 1987 (Malaysia).

0504380242

CYCLE & CARRIAGE - SECUR

209 ALEXANDRA ROAD

SINGAPORE 116830

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE

20, Serangoon Way, #02-10, MO Building, SINGAPORE 556110 | Tel: +65 6415 2723 | [www.aig.com.sg](http://www.aig.com.sg)