

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA 118107807

Date In: 20/8/18 -16:34	Job description	Date & Time Completed	Done by
Ref No: NA/11/6180/5164/24	SAS e-filing		
Veh No: JKK8098C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/8/18-10:35	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: JKB 6514D	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:- (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

NA 1805237	Invoice Preparation Checklist	Ant (\$) Int Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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:-		
	QD*		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments :-			
Dat. 1:			
Dat. 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	20/08/2018 16:34
Date Of Accident	17/08/2018 10:35
Exact Location Of Accident	CTE TWDS SLE AFTER CAIRNHILL RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKK8098C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MARY TARUNO SEMBODO
NRIC No	S2207587Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92779809
Alternative Phone No	OFFICE-92779809
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	B 200 AT ABS AIRBAGS HID 2WD 5DR(CHROME)
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100349959-04
Cover Note Number	
<b>Driver</b>	
Name of Driver	SHAWN ANDERSEN PODIONO
NRIC No	S9828634I
Date Of Birth	04/09/1998
Occupation	INDOOR
Date Of Driving Pass	28/08/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92779809
Fax Number	
Contact Number	OFFICE-92779809
EMail Address	NOEMAIL

Address	BLK 12 BALMORAL ROAD #11-08
Postcode	259820
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	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?	
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: : DANNIAL 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

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	SKB6514D
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)	



## 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: 20-08-2018  
1525 hrs

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

# SKETCH PLAN

Vehicle A: SKK 8098C  
 Vehicle B: SKB 6514D

CTE towards SLE  
 After Carriageway Exit

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A stopped as the vehicle in front of me stopped. Suddenly vehicle B hit onto my vehicle rear portion.

Passenger: Dannial (male)

## DECLARATION

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

Policyholder's Signature  
 Date & Time:

Signature of Policyholder: [Signature]

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 20-08-2018

1524 hrs

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

[Signature]



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)  
Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 17/08/2018 (dd/mm/yy) Time of Accident: 10:35 (24-HR-FORMAT)  
Vehicle No.: SKK 8098C Vehicle Make & Model: Mercedes B200  
Exact location of Accident: CTE towards SLE after Cairnhill Exit  
Policyholder's Name / IC No.: Mary Tawano Sembodo /  
Driver's Name / IC No.: Shawn Andersen / 59828634I (As Above) ☐  
Driver's Contact No.: 9277 9809 Company Contact No.: \_\_\_\_\_  
Driver's Address: Blk 12 Balmoral Road #11-08 S(259820)  
Insurance Company: AIU Email address (if any): \_\_\_\_\_

**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)

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

☒ Private use / ☐ Work purpose

**Occupation (nature of job)** ☒ Indoor / ☐ Outdoor

**No. of Passengers (Including Driver):** 02 - Dental (male)

**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 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: SKB 6514D

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

Please email: [giareporting@gmail.com](mailto:giareporting@gmail.com)

GEMALTOGSPU106451980118

00000050286119

NRIC No / Colour  
**S9828634I/ BLUE**

Race  
**CHINESE**

Date Of Birth  
**04/09/1996**

Service Status  
**NSF**

Address

**Blk 12 BALMORAL ROAD  
#11-08 SINGAPORE 259820**

Blood Group  
**A (+)**

Country Of Birth  
**SINGAPORE**

Military Rank Status  
**ENLISTEE**

Sex  
**M**




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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 28 Aug 2017


NP 428A



 **SINGAPORE ARMED FORCES  
IDENTITY CARD**

Name  
**SHAWN ANDERSEN  
PODIONO**

NRIC No  
**S9828634I**



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S9828634I**  
Name: **SHAWN ANDERSEN PODIONO**

Birth Date: **04 Sep 1996**  
Issue Date: **28 Aug 2017**



**002718259H**



8121907



NRIC No. **S2207587Z**

Nationality  
**INDONESIAN**

Blood Group      Date of issue  
**O+                      14-06-1994**

**12 BALMORAL ROAD #11-08  
SINGAPORE 259820**

**S2207587Z**

**14/08/2013**

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S2207587Z**



Name

**MARY TARUNO SEMBODO**



Race

**CHINESE**

Date of Birth

**03-04-1972**

Sex

**F**

Country of Birth

**INDONESIA**





Name of Policyholder : Mary Taruno Sembodo  
 Period of Insurance : 02 Sep 2017 To 01 Sep 2018  
 Engine No. : 27091030180922  
 Chassis No. : WDD2462432J170866

Vehicle No. : SKK8098C  
 Policy No. : 2100349959-04  
 Endorsement No. :  
 Issued Date : 08 Aug 2017

#### ABOUT THE COVER

Make/Model : MERCEDES BENZ B200 CGI CHROME PKG  
 Engine Capacity/Tonnage : 1,595.00 CC Sum Insured : Market Value First Year of Registration : 2013  
 Driver Restriction : NA Off Peak Car : No 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 "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

#### 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, 1987 (Malaysia), are not to be included under these headings.

#### EXCESS

##### Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

##### Section 2

Property Damage - \$0

Windscreen : \$100

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

Mary Taruno Sembodo - \$800 (Own Damage) Salim Podiono - \$800 (Own Damage)

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

1. Einos Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408550 67412338

2. Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 138 Pandan Loop Singapore 128378 67778388

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 5200. 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

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 (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500660347

CYCLE & CARRIAGE - STHAN

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

S8CSAR