

NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA 118156196

Date In: 3/12/18-14:55	Job description	Date & Time Completed	Done by
Ref No: NA/AIC 18021092/24	SAS e-filing		
Veh No: JMC1884	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 14/11/18-19:00	i-Motor Claim Form		
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: ( ) 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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100), INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
2nd 1:	For claiming against INC Only (wef 10 Jan 2005)		
2nd 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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/A INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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 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 Report	03/12/2018 14:55
Date Of Accident	16/11/2018 19:00
Exact Location Of Accident	23 PECK SEAH ST CARPARK
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SMC188Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH RUIRONG, ALVIN
NRIC No	S8413705G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90263757
Alternative Phone No	OFFICE-90263757
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	AMG GLC43 4MATIC COUPE (R19 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	REPORTING ONLY
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	1800092129
Cover Note Number	

**Driver**

Name of Driver	GOH RUIRONG, ALVIN
NRIC No	S8413705G
Date Of Birth	08/05/1984
Occupation	INDOOR
Date Of Driving Pass	25/07/2009
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90263757
Fax Number	
Contact Number	OFFICE-90263757
EMail Address	NOEMAIL

Address	79 POH HUAT ROAD #03-23
Postcode	546787
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	NO COLLISION
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?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 KILLINEY ROAD , <b>POSTCODE:</b> 239572 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7359999 - <b>FAX NO:</b> 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181130/2007.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

## 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)**

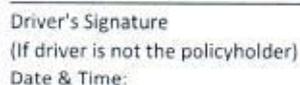
I understand, acknowledge, agree and consent that:

- (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.



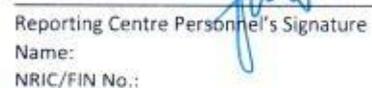
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Policyholder's Signature  
Date & Time:



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



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



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 16/11/18 ) (DD/MM/YYYY), TIME: ( 19:00 ) (HH:MM)

LOCATION: 23 Pede Semb St. carpark.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMC 1884  
b) INSURANCE COMPANY: ALS  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING  ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Goh Ruirom, Alvin (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S84132056 CONTACT: 90263757  
c) ADDRESS: 79 Pehurst Road #03-23 (546382)

\*d) DATE OF BIRTH: ( 5/5/1984 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 25/2/2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /  NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES /  NO)

7. a) REPORTED TO POLICE (YES /  NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SU4 15276 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
( 1 )

\* No of passenger  
(including driver)  
(      )

\* No of passenger  
(including driver)  
(      )

Email =

Fax =

VIDEO =





Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

**CONTINUATION OF REPORT**

**Brief Details.**

On 22/11/2018, I received a letter from LKK Auto Consultants Pte Ltd, stating that they are acting on behalf of my insurer, AIG Asia Pacific Insurance Pte Ltd to settle a third party claim against me for an accident with a vehicle (SLH1527G) which happened on 16/11/2018 along/at open carpark of 23 Peck Seah Street (Lot 103)

I wish to state that on 16/11/2018 between 1900hrs to 2000hrs, I drove alone to Tras St carpark to look for a lot to park at however there was no available lot. I then drove to 23 Peck Seah open carpark but there was also no lot available for me to park. I then had made a three-point turn to exit the carpark. I recalled that I did not hit anything and I did not hear anything. Nobody had approached me as well. I ended up parking at another place to go for my dinner.

When I received the letter from LKK Auto Consultants, I immediately made a check on my vehicle however there is no damages, no dents, no scratches. My vehicle has in-car camera as well. I made a check but I cannot retrieve the footage due to the incident being two weeks back. My insurance side has advised me to lodge a Police report.



# SINGAPORE POLICE FORCE



T/20181130/2007

3 of 3

Report No. T/20181130/2007

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Staff Sgt AZIANA BINTE AB AZIZ 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/11/2018 00:28
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:  
Authentication Stamp NP168	  

REPUBLIC OF SINGAPORE DRIVING LICENCE

002823476B



License Number: S8413705G

Name: GOH RUIRONG, ALVIN

Birth Date: 08 May 1984

Issue Date: 14 Jul 2018



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	25 Jul 2009



NP 428A

REPUBLIC OF SINGAPORE

SINGAPORE

IDENTITY CARD NO. S8413705G

S8413705G

Name

GOH RUIHONG, ALVIN

吴

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荣

Race

CHINESE

Date of birth

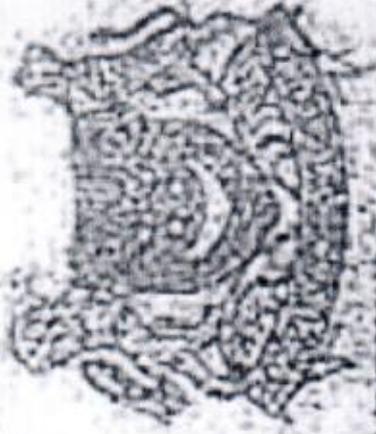
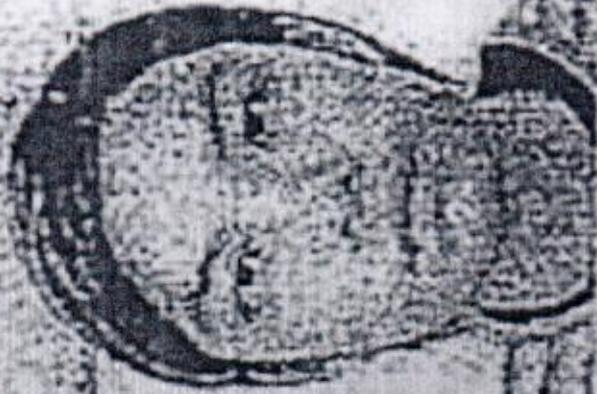
08-05-1984

Sex

M

Country of birth

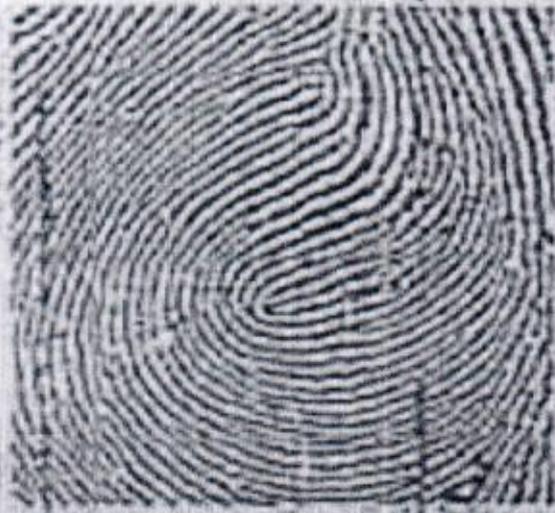
SINGAPORE



380033



UNIT NO. S8413705G



Date of Issue

27-07-2004

79 Poh Huat Road, Fontaine Parry 1103-23  
S(546737) (A10612013 S8413705G)



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

**Name of Policyholder** : GOH RUIRONG, ALVIN  
**Period of Insurance** : 10 Aug 2018 To 09 Aug 2019  
**Engine No.** : 27682330861598  
**Chassis No.** : WDC2533642F478868

**Vehicle No.** : SMC188Y  
**Policy No.** : 1800092129  
**Endorsement No.** :  
**Issued Date** : 20 Aug 2018

### ABOUT THE COVER

**Make/Model** : MERCEDES Benz GLC43 AMG  
**Engine Capacity/Tonnage** : 2,996.00 CC  
**Driver Restriction** : NA  
**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 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 - \$2000 Theft - \$0 Flood Cover - \$0

**Section 2**  
Property Damage - \$0

Windscreen : \$100

**Named Driver and EXCESS (where applicable)**

GOH RUIRONG, ALVIN - \$2000 (Own Damage)

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

- Cycle & Carriage Eunus Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818
- Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

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.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: United Overseas Bank Limited

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).

0504612230

CYCLE & CARRIAGE - JASTAN  
239 ALEXANDRA ROAD  
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

**AIG Asia Pacific Insurance Pte. Ltd.**  
AUTHORISED REPRESENTATIVE

58CRKJ

1001436166/ACA/Docal