

NATIONAL Assessment Centre Services. [wef 1 Jan'03] MVA 118158207

Date In: 7/12/18 11:51	Job description	Date & Time Completed	Done by
Ref No: NA1AIG18022028/164	SAS e-filing		
Veh No: SLM 9798L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/12/18 15:30	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: GY8303J, 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

NA1808060

Claimant's Particulars:	Invoice Description	Amount (\$)	Billable	Add'l Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)			
Damaged Portion:	3) TP: 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			
Est. 1:	For claiming against INC Only (wef 10 Jan 2003)			
Est. 2/3:	6) TR: Re-inspection \$75			
	7) NI: Idao 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 (N11) against INC \$20			
	9) N12: Idao 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	07/12/2018 11:51
Date Of Accident	05/12/2018 15:30
Exact Location Of Accident	LOR 27A GEYLANG (GEYLANG RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9798L
Insured/Policyholder	
Name Of Registered Owner	NG YANG SIANG @ SECK FA SUE
NRIC No	S0207564D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96184888
Alternative Phone No	OFFICE-96184888

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	2100506633-01
Cover Note Number	-

Driver

Name of Driver	CHEW HOON LONG
NRIC No	S7563991J
Date Of Birth	01/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2004
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91785601
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	10 LOR 26 GEYLANG #06-04
Postcode	398485
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PARTNERSHIP
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

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 ATTACHED 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 Witness 1

Name	LEE KAY KIAT
Phone Number	86018720
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY8303J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LOW THIAM SENG
NRIC/Passport Number	S0978869G
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:



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

MY VEH WAS PARKED INFRONT THE COFFEE SHOP AT LOR 27A GEYLANG, BEFORE I LEAVE MY VEH, EVERYTHING WAS INTACT, WHEN I WENT BACK TO MY VEH, AN EYEWITNESS INFORM ME THE LORRY (BEARING NO GY8303J) WHICH WAS PARKED INFRONT OF ME REVERSING HIT ONTO MY VEH FRONT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (5 / 12 / 18) (DD/MM/YYYY), TIME: (15 : 30 .) (HH:MM)

LOCATION: Geylang Lor 27A # Geylang Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLM 9798L
b) INSURANCE COMPANY: AIG.
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: Parked.
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: Ng Yang Siang (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S 0207564 D. CONTACT: 96184888.
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chew Hoon Long (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91785601
c) ADDRESS: _____

- *d) DATE OF BIRTH: (___ / ___ / ___) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: partnership.
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: GY 8303J. MODEL: _____
b) DRIVER'S NAME: Low Thiam Seng
c) NRIC/FIN/PASSPORT: S 0978869 G. CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

witness. Lee Kay Kiat
86018720

email = V. Gym@Hotmail.com

fax =

video = no.

*No of passenger
(including driver)
(0)

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7563991J**




Name
CHEW HOON LONG

鄧 汉 隆

Race
CHINESE

Date of birth
01-06-1975

Sex
M

Country of birth
MALAYSIA

S7563991J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7563991J**

Personnel
CHEW HOON LONG

Birth Date **01 Jun 1975**

Issue Date **07 Aug 2009**




8843764



NRIC No. **S7563991J**



Nationality
MALAYSIAN

Date of issue
23-04-2007

10 LORONG 26 GEYLANG #06-04
SINGAPORE 398485

NRIC No: **S7563991J** Date: **03/04/2012** No: **6924975**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING C-ASSES)

CLASS	VEHICLE CLASSIFICATION	PASS DATE
Class 2B	Motorcycles =< 200 cc	06 Aug 2004
Class 3	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	06 Aug 2004

NP 428A





CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder	: Ng Yang Sang @Seck Fa Sue	Vehicle No.	: SLM9798L
Period of Insurance	: 19 Apr 2018 To 19 Apr 2019	Policy No.	: 2100500633-01
Engine No.	: 27091031045247	Endorsement No.	: 1
Chassis No.	: WDD246242J414881	Issued Date	: 08 Mar 2018

ABOUT THE COVER

Make/Model	MERCEDES BENZ B180 SEDAN STYLE		
Engine Capacity/Tonnage	: 1,595 00 CC	Sum Insured	: Market Value
Driver Restriction	: NA	Off Peak Car	: No
		First Year of Registration	: 2017
		Insuring with COE/PAF	: Yes

Person or Classes of Persons Entitled to Drive*

is the Policyholder
 or the Policyholder's family member or the Policyholder's partner or wife/husband (as defined in the Policy Schedule)
 or the Policyholder's family member or the Policyholder's partner or wife/husband (as defined in the Policy Schedule) who is a licensed driver and has held a valid driving licence for at least 12 months immediately prior to the start of the insurance period.
 The above is subject to additional conditions of cover and the terms, conditions and exclusions of the Policy Schedule.

Age Condition : All Age Condition

Lien/Retention as to use†

See only for motor services and motor vehicles and for the Policyholder's partner. This Policy does not cover use for hire or reward, driving school, driving test, driving practice, racing, road test, driving practice, road test, road test, or any other use not permitted by the terms, conditions and exclusions of the Policy Schedule.

19 Apr 2018 to 19 Apr 2019

* Licensed driver must be licensed in accordance with the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 180) and Section 96 of the Road Transport Act, 1987 (Singapore) who are to be licensed under the Motor Vehicle Act.

EXCESS

Section 1
 Fire : \$1,000 (Over Damage : \$0); Theft : \$0 (Fixed Cover : \$0)

Section 2
 Theft (Other than Fire) : \$0

Motorcycle : \$100

Named Driver and Excess (where applicable)

Ng Yang Sang @Seck Fa Sue - \$500 (Over Damage)

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

1. **Caroline Service Centre (P) (a private company, sgd)** : 440, 100, 100 Road 1 Singapore 438020 (438020)
 2. **Caroline Service Centre (S)** : 440, 100, 100 Road 1 Singapore 438020 (438020)
 For other Approved Reporting Centres (ARC) and Authorized Repairers (AR) for claims for vehicle accident emergency follow us +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or call our 24-hour toll-free emergency hotline at +65 6338 6200. Singapore, you may refer to AIG website www.aig.com.sg or call our 24-hour toll-free emergency hotline at +65 6338 6200. Singapore, you may refer to AIG website www.aig.com.sg or call our 24-hour toll-free emergency hotline at +65 6338 6200.

IMPORTANT NOTES

Hire Purchase, Company/Employee's Loan, Dealer Financial Services Africa & Asia Pacific Ltd

Please refer to the terms, conditions and exclusions of the Policy Schedule for details of the provisions of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 180), Part 1 of the Road Transport Act, 1987 (Singapore) and Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 180), Part 1 of the Road Transport Act, 1987 (Singapore).

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90482847

5708 & CARRIAGE ST
 23 ALEXANDRIA ROAD
 SINGAPORE 159002

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.



AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

18 Bras Basah Road, #18-01, Singapore 189558. Tel: +65 6338 6200. Fax: +65 6338 3723. www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

<p>What can the 24-hour AIG Auto Emergency Hotline provide for you?</p> <ul style="list-style-type: none"> • Provide assistance when you are involved in an accident • Provide assistance when you are involved in an accident • Provide assistance when you are involved in an accident • Provide assistance when you are involved in an accident • Provide assistance when you are involved in an accident 	<p>What should I do in the event of an accident?</p> <ul style="list-style-type: none"> • Stop your car and do not get out of your car if it is safe to do so • Do not discuss the accident with anyone other than the police • Report the accident to the police as soon as possible • Report the accident to the police as soon as possible • Report the accident to the police as soon as possible
<p>If you or any other person is injured in the accident:</p> <ul style="list-style-type: none"> • Do not move anyone who is injured unless it is necessary to do so • Do not discuss the accident with anyone other than the police • Do not discuss the accident with anyone other than the police • Do not discuss the accident with anyone other than the police • Do not discuss the accident with anyone other than the police 	<p>If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non injury H2 & H2e use:</p> <ul style="list-style-type: none"> • Report the accident to the police as soon as possible • Report the accident to the police as soon as possible • Report the accident to the police as soon as possible • Report the accident to the police as soon as possible • Report the accident to the police as soon as possible

LOSS OF USE CAR REPLACEMENT BENEFIT

Applicable only if this benefit is included in your motor insurance. Please refer to your Policy Schedule for details. Policy terms