

NATIONAL Assessment Centre Services. MAY 19 2009

Date In: 07/01/2009 14:52	Job description	Date & Time Completed	Done by
Ref No: NHA/HG19000329/Y	SAS e-filing		
Veh No: SBW 85K	E-mail (w/da 2hrs, AIC 2hrs)		
D.O.A: 05/01/2009 13:15	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: SGM 7961D	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% F: 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date	Time	Actions

XIA1900205

Client Particulars	Invoice Particulars	Amount	Balance
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/145		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idco DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (NI1): TP (Non INC) against INC \$20		
	9) NI2: Idco Mobile \$30		

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	07/01/2019 14:52
Date Of Accident	05/01/2019 13:15
Exact Location Of Accident	PIE TOWARDS CHANGI AFTER THOMSON EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBW85K
Insured/Policyholder	
Name Of Registered Owner	PEH OON HUI
NRIC No	S2611879D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82534237
Alternative Phone No	OTHERS-82534237

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S400L-3.0 R19 LED (A)
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	2100432611-03
Cover Note Number	

Driver

Name of Driver	LIM HONG MUI
NRIC No	S1681947F
Date Of Birth	17/12/1965
Occupation	INDOOR
Date Of Driving Pass	21/12/1984
Driving Experience	34 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82534237
Fax Number	
Contact Number	OTHERS-82534237
Email Address	NOEMAIL

Address	1 SUNRISE CLOSE
Postcode	806598
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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

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	SGM7961D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN TEK SENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLU7258A
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE JIAYI

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM HONG MUI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SBW85K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN


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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: Rafael Tan
NRIC/FIN No.:

SKETCH PLAN

PIE TOWARDS CHANGI After Thomson Exit.			
			(A) SBN 85 K
			(B) SGM 7961D
			(C) SLU 7258A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Changi. Weather was clear and traffic was moderate. I noticed the front vehicle slowed down and stopped the vehicle, I followed suit and slowed down and stopped the vehicle. After a few second, I felt an great impact from the rear, the impact was so big that it pushed me forward and collided onto the vehicle in front. I alighted and realised it was a chain collision involving 3 vehicles.

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: 5 JAN 2019		TIME: 1315 HRS		(hh:mm) 24 hrs Format
LOCATION: PIE TWDJ CHANGI AFTER THOROM EXIT				
VEHICLE NUMBER: SBW 85K				
INSURED NAME: Yeh Don Hui				
NRIC / FIN: S26118790		CONTACT:		
MAKE: Mercedes Benz		MODEL: S400L (R19 LDO)		
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 () COMPREHENSIVE () THIRD PARTY () TPFT				
POLICY NUMBER: 2100432611-03				
NAME DRIVER: Lim Hong Mui				
() SAME AS INSURED				
NRIC / FIN: S1681947F		CONTACT: 82534237		
DATE OF BIRTH: 17.12.1965				
DRIVING PASS DATE: 21.12.1984				
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR				
GENDER: () MALE (<input checked="" type="checkbox"/>) FEMALE				
EMAIL ADDRESS: () NO EMAIL				
ADDRESS OF DRIVER: 1 SUNRISE CLOSE S(806598)				
Number Of Passenger Include Driver: 01 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 () 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? (<input checked="" type="checkbox"/>) YES () 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	No. of Paxs (incl' driver)	Contact	
Veh B SGM 7961D	CHEN TEK SENG	() / Not Sure (<input checked="" type="checkbox"/>)		
Veh C SLU 7258A	LEE JIAYI	() / Not Sure (<input checked="" type="checkbox"/>)		
Veh D		() / Not Sure ()		
Veh E		() / Not Sure ()		
Veh F		() / Not Sure ()		
Veh G		() / Not Sure ()		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1681947F**
 Name: **LIM HONG MUI**
 Birth Date: **17 Dec 1965**
 Pass Date: **30 Jun 2004**

001245312K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1681947F**



Name: **LIM HONG MUI**
林鳳妹
 Race: **CHINESE**
 Date of Birth: **17-12-1965** Sex: **F**
 Country of Birth: **SINGAPORE**

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

Class	Description	PASS DATE
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	21 Dec 1984

NP 428A

Licence No: **S1681947F**

0765928



NRIC No: **S1681947F**



Blood Group: **B+** Date of issue: **02-02-1993**
 Address: **110000**
 NRIC No: **110000** Date: **11/11/11** No: **2375579**

9406458



NRIC No. S2611879D



Nationality
MALAYSIAN
Date of issue
01-06-2016

Address
1 SUNRISE CLOSE
SINGAPORE 806598

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2611879D



Name
PEH OON HUI

Race
CHINESE

Date of birth
02-08-1963

Country/Place of birth
MALAYSIA

Sex
M



S2611879D



MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Vehicle No. : SEW85K
Policy No. : 2100432611-03
Endorsement No. :
Issued Date : 13 Sep 2018

ABOUT THE COVER

First Year of Registration	2015
Insuring with COE/PARF	Yes

You agree to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIED") if You are or Your Authorized Driver (named or unnamed) is under the age of 25 and has less than 3 years' driving experience.

The 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, 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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party) Act, 1938, as amended, are indicated under these headings.

EXCESS

Section 2
Property Damage - \$0

Windscreens : \$100

en Con Hu \$2000 (Oen Damage)

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

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS)

Jyle & Cargill Estates Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62361818
 Jyle & Cargill Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818
 Other Approved Reporting Centres/NG Authorized Repairers, please contact us for details.
 NG 50 Mobile App: Simply search and download it to your phone.

Owner: Approved Reporting Centres/A/G Authorised Repairs, please contact our 24-hour accident emergency hotline at +65 6328 6200. Alternatively, you may refer to A/G website www.ag.gov.sg

PORTANT NOTES

9 Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

Policy 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. 140) and Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

10375

& CARRIAGE - ANTANG
EXANDRA ROAD
PORE 15K/30 ANSP-MOTOR

Written by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1879D
Vehicle Details	
Vehicle No.:	SBW85K
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	S400L (R19 LED)
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	27682430251272
Chassis No.:	WDD2221652A202427
Maximum Power Output:	245.0 kW (328 bhp)
Open Market Value:	\$96,961.00
Original Registration Date:	15 Oct 2015
First Registration Date:	15 Oct 2015
Transfer Count:	0
Actual ARF Paid:	\$146,530.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Oct 2025
PARF Rebate Amount:	\$109,897.00
Intended COE Rebate Details	
COE Expiry Date:	14 Oct 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$65,501.00
COE Rebate Amount:	\$43,913.00
Total Rebate Amount:	\$153,810.00

The information contained herein is correct as at 07 Jan 2019

OK