

# NATIONAL Assessment Centre Services.

[ver 1 Jan 03] MMA 119008597.

Date In: 18/11/19 15:13	Job description	Date & Time Completed	Done by
Ref No: MA1 AIG19001172 1h4.	SAS e-filing		
Veh No: SLC 8968 Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/11/19 15:30.	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: SJS 71560	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 repaler.

( ) 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

MA1900538	Invoice/Preparation Checklist	Am (\$)	Ref: Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2003)		
Ref 1:	6) TR: Re-Inspection \$75		
Ref 2/3:	7) N1: 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 (N-in INC) against INC \$20		
	9) N12: Idao 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 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	18/01/2019 15:13
Date Of Accident	17/01/2019 15:30
Exact Location Of Accident	TESSENSOHN ROAD CARPARK LOT 40
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLC8968Y
Insured/Policyholder	
Name Of Registered Owner	TOH MUI ENG
NRIC No	S1730330I
Email Address	CHERYL.TOH72@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96226389
Alternative Phone No	OFFICE-96226389
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLC 250 4MATIC
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	1800052752
Cover Note Number	-
Driver	
Name of Driver	TOH MUI ENG
NRIC No	S1730330I
Date Of Birth	18/09/1965
Occupation	INDOOR
Date Of Driving Pass	17/11/1988
Driving Experience	30 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96226389
Fax Number	
Contact Number	OFFICE-96226389
Email Address	CHERYL.TOH72@GMAIL.COM

Address	19 STRATTON DRIVE
Postcode	806889
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , <b>POSTCODE:</b> 550108 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2849999 - <b>FAX NO:</b> 63431742
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE FAIL TO UPLOAD
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS7156U
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.

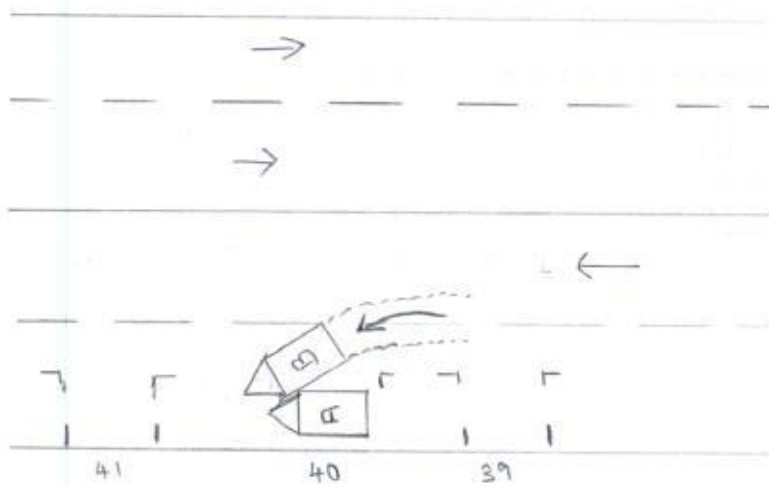
Policyholder's Signature  
Date & Time:

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

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

A: SLC 8968 Y

B: SJS 71564



Tessensohn Road

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/01/2019, my vehicle A (SLC 8968 Y) was parked along Tessensohn Road in carpark lot 40. I am not in the vehicle when the accident happened. When I returned to my vehicle A, my video alert me that an impact had occurred to my vehicle A. I then saw a note left on my vehicle A written by vehicle B (SJS 71564) driver stating that he had knocked into my vehicle A at 1530 HRS on the same day.

No one was injured.

#### DECLARATION

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

Policyholder's Signature  
Date & Time:

18/1/19

Driver's Signature  
(If driver is not the policyholder)

18/1/19

Reporting Centre Personnel's Signature  
Name:

*[Signature]*



Particular of Insured / Driver & Details of the Accident

Location of Accident: Tessensohn Road carpark lot 40

Date of Accident: 17/01/2019

Landmark of Accident Area: \_\_\_\_\_

Time of Accident: 1530 HRS

Purpose when vehicle was used at the time of accident: Stationary. No one in car.  
(eg. Going Home)

Details of Own Vehicle

Vehicle Registration Number: SLC 8968Y

Make / Model: Mercedes GLC250

Claiming Own insurance: YES (NO)

If No, Reporting only / Third Party Claim

Name of Preferred workshop: OPTIMA WERKE PTE LTD Contact: 6484 9919

Insured / Policy Holder

Name of Registered Owner: TOH MUI ENG NRIC: S17303301

Address: 19 strathon Drive S806889

Driver

Name of Driver: TOH MUI ENG  
NO DRIVER (N/A) NRIC/ Fin: S17303301

Driving License Pass Date: 17/11/1988 DOB: 18/09/1965

Address: 19 strathon Drive S806889

Occupation: INDOOR / OUTDOOR Mobile No: 9622 6389

Gender: MALE (FEMALE) Other Contact: Home No. / Office / Others: \_\_\_\_\_

Vehicle registration No. of Driver's own vehicle (if applicable) \_\_\_\_\_ Insurance Company: AIG  
Applicable if driver and policyholder are two different person

Email: cheryl.toh72@gmail.com

Driver an employee: YES / NO (NO) If no, what is relationship with the policyholder: \_\_\_\_\_  
If Driver is a policyholder, please kindly ignore this question

Insurance Company

Fleet Policy: YES / NO Policy Number: 1800052752 Type of Coverage: Comprehensive

General information of Accident

Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS:

Weather Conditions: CLEAR / RAINING / OTHERS:

Road Surface: DRY / WET Material / Property damaged (YES) / NO

Any police report made: YES (NO) Injured party: YES (NO)  
For injured Party details, it must be supported by police report

Details of other vehicle Property 1

Vehicle Registration No: SJS 7156 U

Vehicle Make / Model / Colour: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

No. of Passenger (Including Driver): \_\_\_\_\_

NRIC: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Nature of Damage: \_\_\_\_\_

Details of Other vehicle Property 2

Shang Hui  
or  
Yolinda  
Please forward  
GIA to  
lily.loi@ow.sg.  
TQ.  
6484 9919  
BY  
Lily





**SINGAPORE  
POLICE FORCE**



T/20190118/2074

1 of 3

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

Report No. T/20190118/2074

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/01/2019 12:27	Vide Report No.:	Station Diary No.: 11
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**Informant's Particulars**

Name of Informant: TOH MUI ENG			Address: 19 STRATTON DRIVE SINGAPORE 806889		
ID Type / ID No.: NRIC NO / S1730330I			Contact No.: Home/Office: Mobile: 96226389		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 53	Date of Birth: 18/09/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: HOUSEWIFE			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/01/2019 15:30	Type of Location: Straight Road
Location: Along Road 1 TESSENSOHN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS7156U	Car				Slightly Damaged	0
SLC8968Y	Car	MERCEDES BENZ	GLC 250 4MATIC	Black	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC8968Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800052752	27/05/2018	26/05/2019





**SINGAPORE  
POLICE FORCE**



T/20190118/2074

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

2 of 3

Report No. T/20190118/2074

**CONTINUATION OF REPORT**

**Brief Details.**

On 17/01/2019 at around 1445hrs I had parked my vehicle (SLC8968Y) along Tessensohn Road carpark lot 40. When I left the vehicle everything was in order. On 17/01/2019 at around 1720hrs, I returned back to my vehicle and my car camera alerted me that an impact had occurred. I made a check and noticed that there is damage on the front right spoiler and the right rim. I then saw a note left on my vehicle windshield written by the owner whom had hit onto mine mentioning that earlier on at 1530hrs he had accidentally hit my vehicle and inform me to contact him at 98574072, Mr Rishi, vehicle number: SJS7156U. No one is injured during the process and I wish to state that during driving the front high beam would trigger off suddenly as well. I am lodging this report for record and my insurance purposes.



**SINGAPORE  
POLICE FORCE**



T/20190118/2074

3 of 3

Report No. T/20190118/2074

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

**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:

F /

Sgt 2 KOO LAY SIONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

18/01/2019 12:27

Classification Of Case:

Authentication Stamp  
NP168

Singapore Police Form



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S17303301**

Name: **TOH MUI ENG**

Birth Date: **18 Sep 1965**

Issue Date: **27 Sep 2003**

000867567K



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S17303301**


Name: **TOH MUI ENG**

卓梅櫻

Race: **CHINESE**

Date of Birth: **18-09-1965** Sex: **F**

Country of Birth: **SINGAPORE**

HP: 96276389

Email: cheryl.toh72@gmail.com

Occupation: Housewife

Passengers: 0

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

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3		17 Nov 1988

NP 428A



2173074

NRIC No: **S17303301**

19 STRATTON DRIVE  
SINGAPORE 806889

NRIC No: **S17303301** Date: **02-11-2003** No: **4818353**

Record Group: **A+** Date of issue: **25-06-1994**






# CERTIFICATE OF INSURANCE

## AUTOPLAN PRIVATE VEHICLE

**Name of Policyholder** : TOH MUI ENG  
**Period of Insurance** : 27 May 2018 To 26 May 2019  
**Engine No.** : 27492030588425  
**Chassis No.** : WDC2539462F048077

**Vehicle No.** : SLC8968Y  
**Policy No.** : 1800052752  
**Endorsement No.** :  
**Issued Date** : 10 May 2018

### ABOUT THE COVER

**Make/Model** : MERCEDES Benz GLC250  
**Engine Capacity/Tonnage** : 1,991.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2016  
**Insuring with COE/PAFF** : 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.

\* 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, 1997 (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

**Windscreen** : \$100

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

TOH MUI ENG - \$500 (Own Damage), TAN JUN XIANG - \$500 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For 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:** NA

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, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500656000

COWELL INSURANCE (AGENCY) P L  
8 BURN ROAD #09-09 TRIVEX

*M. J. J. J.*