

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 07/03/19	Job description	Date & Time Completed	Done by
Ref No: NA/AIG 1900472/13	SAS e-filing		
Veh No: SJ28993B	E-mail (w/thin 8hrs, AIC 2hrs)		
D.O.A: 26/01/19 0030	i-Motor Claim Form		
OD TP: <u>Reporting Only</u>	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: SJ2011L 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. ()

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

NA1901741	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	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:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat 1:	Invoice dated	Fee Charged	
Cat 2 / 3:	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	07/03/2019 09:26
Date Of Accident	26/01/2019 00:30
Exact Location Of Accident	TANJONG KATONG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8993B
Insured/Policyholder	
Name Of Registered Owner	DAVID TAN MING HONG
NRIC No	S2556864H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96181228
Alternative Phone No	OTHERS-97839627

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	ML350
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	1800034691
Cover Note Number	

Driver

Name of Driver	HUNG KING CHUNG
NRIC No	S6875610C
Date Of Birth	27/10/1968
Occupation	INDOOR
Date Of Driving Pass	24/10/1995
Driving Experience	23 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97839627
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	339 ONAN ROAD
Postcode	424731
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	COLLISION - HEAD TO REAR
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS2011L
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHONG KAI
NRIC/Passport Number	S9445694J
Contact Number	81269045
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

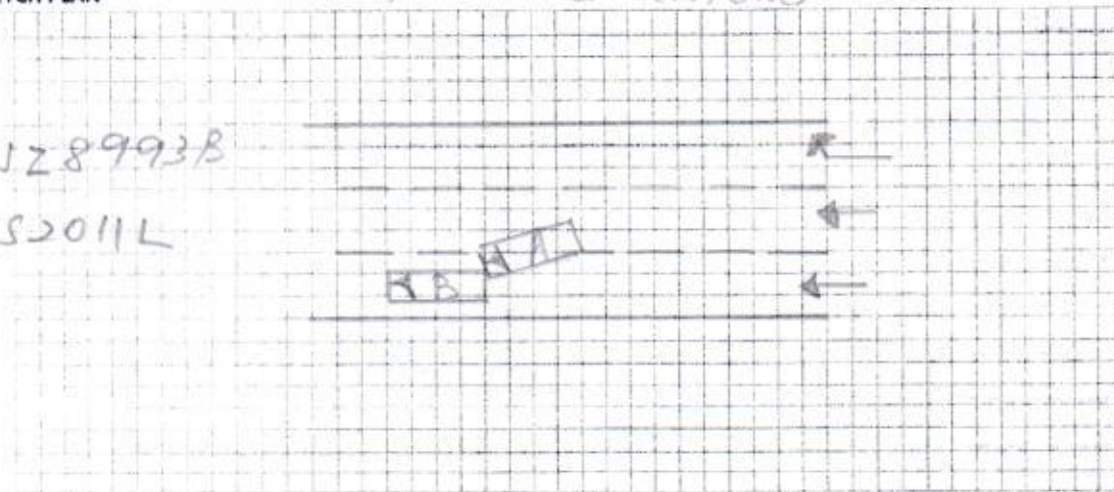
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

TANJONG KATONG RD

A- SJZ8993B

B- SJS2011L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Before the traffic junction of Tg Katong Complex and UOB One KM, my vehicle SJZ8993B hit another vehicle SJS2011L at the turn of traffic lights.

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.:



1 of 1

POLICE REPORT (NP299)

Report No. G/20190217/7021

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

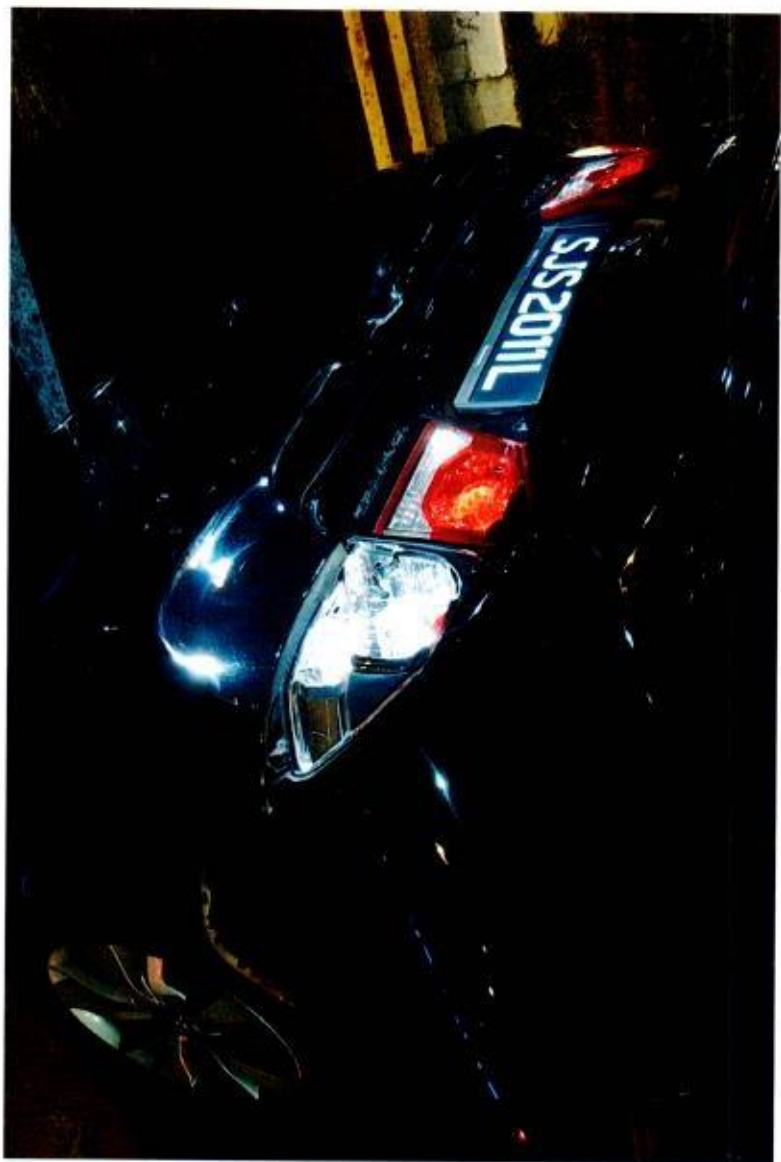
Date/Time Report Made 17/02/2019 16:47	Vide Report No.		Station Diary No.	
Name Of Informant HUNG KING CHUNG	Address 339 ONAN ROAD SINGAPORE 424731			
ID Type / ID No. NRIC NO / S6875610C	Contact No. Home/Office: Mobile: 97839627			
Nationality SINGAPORE CITIZEN	Email Address hungkcs@yahoo.com			
Occupation Management executive	Sex Female	Age 50	Date of Birth 27/10/1968	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 26/01/2019 00:30 - 26/01/2019 00:40	Location Of Incident TANJONG KATONG ROAD			

Brief details.

Before the traffic junction of Tg Katong Complex and UOB One KM, my vehicle SJZ8993B has hit another vehicle SJS 2011L at the turn of traffic lights.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/02/2019 16:47
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



AG

ACCIDENT STATEMENT

ACCIDENT DATE: 26/01/2019 (DD/MM/YYYY), TIME: 00:30 (HH:MM)

LOCATION: TANJONG KATONG ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJZ8993B
 b) INSURANCE COMPANY: AIG Asia Pacific Insurance Pte Ltd
 c) POLICY NUMBER: 1800034691
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes Benz ML350 3.5
 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: DAVID TAN MING HONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2556864H CONTACT: 96181228
 c) ADDRESS: 339, ONAN ROAD
S(424731)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HUNG KING CHUNG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6875610C CONTACT: 97839627
 c) ADDRESS: 339, ONAN ROAD
S(424731)

*d) DATE OF BIRTH: 27/10/1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 210 years

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear

b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Bedok Division HQ

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJS2011L MODEL: Honda
 b) DRIVER'S NAME: Lee Chong Kai, Rioram
 c) NRIC/FIN/PASSPORT: S9445694J CONTACT: 81269045

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: N/A MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (Including driver)
()

(WIFE)

* No of passenger
 (Including driver)
(2)

* No of passenger
 (Including driver)
()

Email =

fax =

VIDEO =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2556864H



Name

DAVID TAN MING HONG

陳明鴻

Race

CHINESE

Date of birth

15-04-1963

Sex

M

Country of birth

MALAYSIA

S2556864H



4662855



NRIC No. S2556864H

Date of issue

03-01-2011

Address

339 ONAN ROAD
SINGAPORE 424731

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S2556864H**

Name:

DAVID TAN MING HONG

Birth Date: **15 Apr 1963**

Issue Date: **24 Apr 2003**

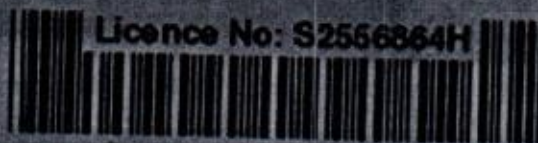


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES):

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
15 APR 1967
10 MAR

NP 428A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6875610C



Name

HUNG KING CHUNG

洪勁松

Race

CHINESE

Date of Birth

27-10-1968

Sex

F

Country of Birth

CHINA

S6875610C

29831



NRIC No. S6875610C



Blood Group Date of issue

A+

02-10-1997

339 ONAN ROAD
SINGAPORE 424731

NRIC No: S6875610C

Date: 05-07-2006

No: 5424328

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S6875610C**
Name:

HUNG KING CHUNG

Birth Date: **27 Oct 1968**

Issue Date: **02 Oct 2003**

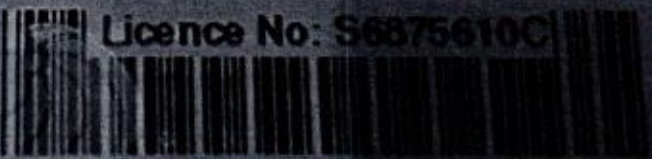


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

24 Oct 1995



428A



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : David Tan Ming Hong
Period of Insurance : 28 Mar 2018 To 27 Mar 2019
Engine No. : 27296731626304
Chassis No. : WDC1641862A661237

Vehicle No. : SJZ8993B
Policy No. : 1800034691
Endorsement No. :
Issued Date : 06 Apr 2018

ABOUT THE COVER

Make/Model : MERCEDES BENZ ML350 3.5 [Sedan]
Engine Capacity/Tonnage : 3,498.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2011
Insuring with COE/PAF : 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 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 - \$1000 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

David Tan Ming Hong - \$1000 (Own Damage), HUNG KING CHUNG - \$1000 (Own Damage)

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

1. Euro's Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 67412338

2. Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 168 Pandan Loop Singapore 128378 67778388

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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: CITIBANK SINGAPORE

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).

0500660050

CYCLE & CARRIAGE - CORPORATE

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

5903AN



AIG Asia Pacific Insurance Pte. Ltd
AIG Building
78 Shenton Way
#07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME : HUNG KING CHUNG
VEHICLE NUMBER : SJZ 8993 B
DATE/ TIME OF ACCIDENT : 26/01/2019 100:30
PLACE OF ACCIDENT : Tanjong Katong Road
THIRD PARTY VEHICLE (IF ANY) : SJS 2011 L

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

From 8A, Clifton Vale to home (339, Chan Road)

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

refer to Police Report and pictures

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

None


NAME:

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, David Tam (NRIC No. S2556864H) hereby confirm that the Singapore Accident Statement lodged by me on 26/01/2019 at 00:30 hours pertaining to the accident involving motor car Reg. No: SJZ8993B, in which I was the driver are true and accurate to the best of my knowledge, information and belief. HUNG KING Chung (IC: 86875610C)

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature

:

Name of Insured / Driver

:

Nric No.

:

Date

:

Signature

:

Name of Policyholder

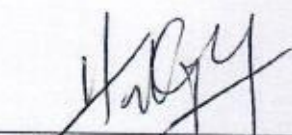
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Nric No.

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Date

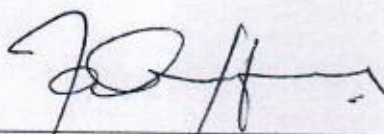
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Hung King Chung

86875610C

6 March 2019



David Tam

S2556864H

6 March 2019