

# NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MNA 119031311

Date In: 8/13/19 10:49	Job description	Date & Time Completed	Done by
Ref No: NAI AIG 1900 4260 164	SAS e-filing		
Veh No: SPA 868 L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/13/19 15:00	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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:

SKT 27 84 Y

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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time	Actions

NAI 1901781

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

Amc (\$)

Amc (\$)

Add Bill

1) AR: Accident Reporting (\$30);

30.00

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee

\$40/\$45

4) FT: Follow-Through Survey

\$120

5) FT: Follow-Through Survey (Resurvey)

\$30

For claiming against INC Only (wof 10 Jan 2003)

6) TR: Re-inspection

\$75

7) NI: Idao DA + SMRT Survey

\$160

8) NTUC Additional Services:-

OD:

\*N5: Courtesy Car / Tpt Allowance

\$3

\*N6: Repair Co-ordination

\$10

\*N7: Post Repair Inspection

\$25

\*N8: DV / Collect Excess Coordination

\$3

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	08/03/2019 10:49
Date Of Accident	07/03/2019 15:00
Exact Location Of Accident	SLE TWDS BKE B4 LENTOR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFA868L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZHANG YUMING
NRIC No	S2673708G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96219511
Alternative Phone No	OFFICE-96219511
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	S400
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100479608-02
Cover Note Number	-
<b>Driver</b>	
Name of Driver	ZHANG YUMING
NRIC No	S2673708G
Date Of Birth	14/04/1956
Occupation	INDOOR
Date Of Driving Pass	08/10/1997
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96219511
Fax Number	
Contact Number	OFFICE-96219511
EMail Address	NOEMAIL

Address	2 GILSTEAD ROAD #33-01
Postcode	309061
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	COLLISION - CHANGE/CROSS LANE
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)	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 ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT2784Y
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:

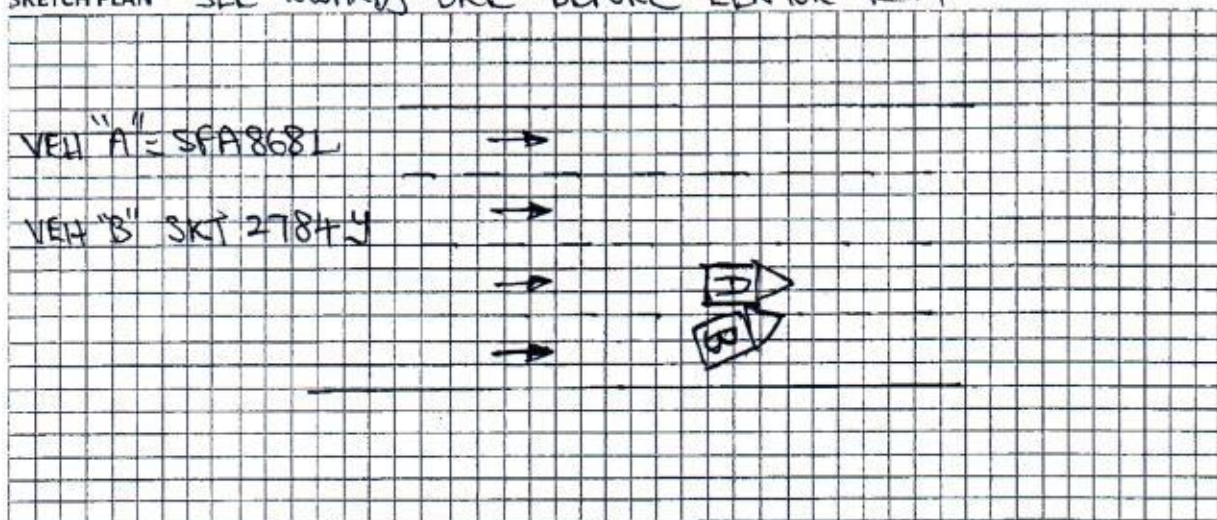
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN SLE TOWARDS BKE BEFORE LENTOR EXIT.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time. I was driving vehicle "A" along the stated venue. Suddenly, I felt an impact on my right, and vehicle "B" had swerved into my lane, and damaged my right portion of my vehicle.

DECLARATION

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

x

Policyholder's Signature

Date & Time:

x

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Date of Accident : 7/3/2019 Accident Time: 1500 (24-HR-Format)  
Accident Place : SLE TOWARDS BKE BEFORE LENTOR EXIT.  
Vehicle No. (Car Plate No.) : SFA868L Make/Model: MERCEDES S 400  
Insurance Company : AIG Policy No: 2100479608-02  
Owner or Company Name / IC No. : Zhang Yuming S2673708 G  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 96219511 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : As above  
DRIVER'S Date Of Birth : 14/4/1956 DRIVER'S License Pass Date 08/10/1997  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee Others OWNER  
DRIVER'S Address : 2 GILSTEAD ROAD #33-01  
DRIVER'S Contact No. / Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (including Driver): 01  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): \_\_\_\_\_

Other Party Driver's Particular (if any)

Vehicle No: <u>(B) SKT 2784 Y</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2673708G



Name

ZHANG YUMING



張 玉 明

Race

CHINESE

Date of Birth

14-04-1956

Sex

M

Country of Birth

CHINA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2673708G

Name

ZHANG YUMING



Birth Date: 14 Apr 1956

Issue Date: 04 Aug 2003





3274161



NRIC No. S2673708G

Blood Group - Date of issue 10-12-2002

Address:  
2 GILSTEAD ROAD #33-01  
SINGAPORE 309081

NRIC No: S2673708G Date: 23/12/2014 (R)

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

- Class 2B Motorcycles not exceeding 200 cc
- Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
08 Oct 1997  
08 Oct 1997



Licence No: S2673708G

NP 428A



## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Zhang Yuming  
 Period of Insurance : 24 Aug 2018 To 23 Aug 2019  
 Engine No. : 27682430371711  
 Chassis No. : WDD2221652A258734

Vehicle No. : SFA868L  
 Policy No. : 2100479608-02  
 Endorsement No. :  
 Issued Date : 11 Jul 2018

## ABOUT THE COVER

Make/Model : MERCEDES BENZ S400L BE SEDAN  
 Engine Capacity/Tonnage : 2,996.00 CC Sum Insured : Market Value First Year of Registration : 2016  
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : 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 - \$2200 Theft - \$0 Flood Cover - \$0

## Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Zhang Yuming - \$2200 (Own Damage)

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

1 Cycle & Carriage Eunos Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818  
 2 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: MayBank

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, 1976 (Malaysia).

0604380242

CYCLE & CARRIAGE - SEE 12-14

239 ALEXANDRIA ROAD

SINGAPORE 116023

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE

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