

# NATIONAL Assessment Centre Services

Print / Jan 2005 MJA 1907234

Date In: 15/1/19:10	Job description	Date & Time Completed	Done by
Ref No: NA/1907234/24	SAS e-filing		
Veh No: 565868311	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 15/1/19 - 15:20	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: 649822	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:- (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


NA 1907234	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		Est. Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	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):	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$3			
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile 30			
Cat. 2 / 3:	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	15/04/2019 19:10
Date Of Accident	14/04/2019 15:20
Exact Location Of Accident	OLD AIRPORT RD FOOD CENTRE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB8683H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIEW SIEW GUAT
NRIC No	S0942730I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98578839
Alternative Phone No	OFFICE-98578839

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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	1900088360
Cover Note Number	

### Driver

Name of Driver	TOR TAT BENG
NRIC No	S0089196G
Date Of Birth	05/09/1951
Occupation	INDOOR
Date Of Driving Pass	02/04/1977
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91353993
Fax Number	
Contact Number	OFFICE-91353993
Email Address	NOEMAIL

Address	32 MARIAM CLOSE
Postcode	508673
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	SIDE SWIPE
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

REFER TO 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GW9582Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: ;
	GENDER: ;



## SKETCH PLAN


### IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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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:

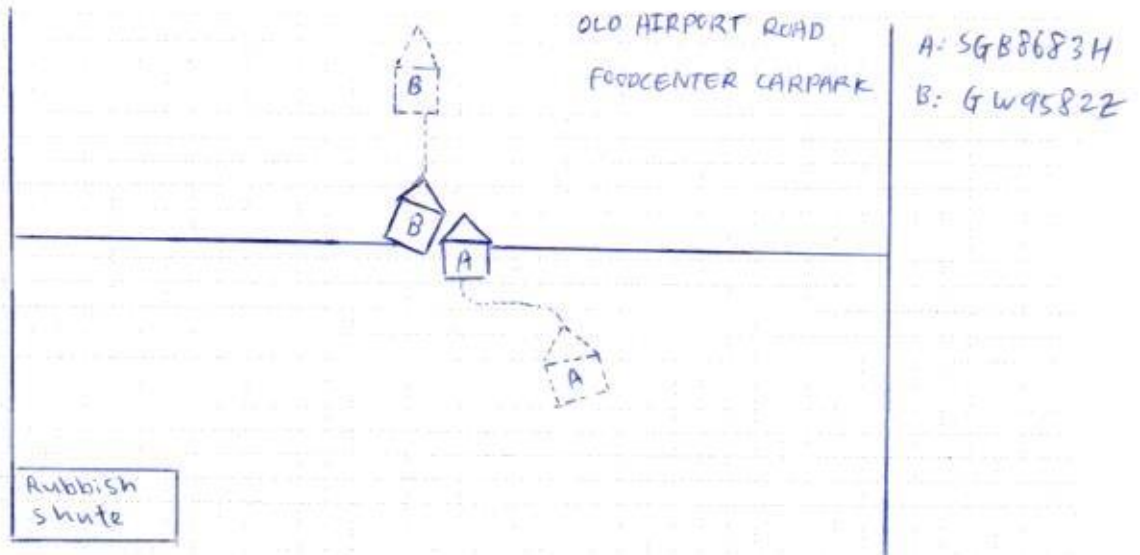
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14th April 2019, I was driving towards old airport road foodcenter carpark. Before reaching the car park area, I slowed down my vehicle to move into the parking area. At the time i reached the parking area, Veh B (GW95822) is reversing and I stopped to give way to Veh B. But Veh B hit into the front of my car when it reverse to left before completely moved out from the parking lot. Then we alighted and exchange information. No one is injured.

## DECLARATION

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

Amir  
Policyholder's Signature  
Date & Time:

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

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



VEHICLE NO : 5G82683H		MAKE/MODEL : MERCEDES BENZ E200	
Date of Accident	14/04/2019	Time: 15:20	Foreign Veh Involved YES / <u>NO</u>
Location of Accident	OLG AIRPORT ROAD FOODCENTER		Foreign Veh No
Country of Loss	SINGAPORE		
Vehicle Damaged			No. of Veh Involved : 2
Claim Type	OD / <u>TP</u> / REPORTING		Was There Any Witness YES / <u>NO</u>
INSURANCE CO	PSG		Name of Witness :
Coverage	Comprehensive/TPFT/Third Party Only		Contact No :
Policy No	1100088360		
Fleet Policy	YES / <u>NO</u>		
		<b>OTHER VEHICLES</b>	
OWNER / CO. NAME	LIEW SIEW GUAT		<b>VEHICLE B</b> 6W482Z
NRIC / Co's Reg No.	509427301		Category :
Address	32 MARTIN CLOSE SINGAPORE		Driver's Name :
	508673		NRIC No :
Contact / Mobile No	98578839		Contact No :
Email Address	NOEMAIL		No. of Passenger : 1 (M)
Date of Birth	14/03/1953		
Gender	M / <u>F</u>		<b>VEHICLE C</b>
DRIVER'S NAME	TOR TAT BENGL		Category :
NRIC No	508673		Driver's Name :
Address	32 MARTIN CLOSE SINGAPORE		NRIC No :
	508673		Contact No :
Contact / Mobile No	91353993		No. of Passenger :
Email Address	NOEMAIL		
Date of Birth	05/09/1951		<b>VEHICLE D</b>
Gender	M / <u>F</u>		Category :
LICENSE PASSED DATE			Driver's Name :
			NRIC No :
Occupation	Indoor / Outdoor		Contact No :
Relation with Owner	HUSBAND		No. of Passenger :
Does Driver Own Any Other Veh ? YES / <u>NO</u>			
Vehicle Reg No			
Insurance Co			
Weather Condition	Clear / Raining / Others		Video Captured : Yes / No
Road Surface	Dry / Wet / Others		
<b>INJURED</b> : YES / <u>NO</u>			
Name of Injured			Police Report : YES / <u>NO</u>
Convey To Hospital by Ambulance	YES / NO		If YES, Where :
<b>NO. OF PASSENGERS</b> : -			
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
<b>REMARKS</b> :			
Name of Workshop	SUCCESS UNITED PTE LTD		Contact No :
Address	2 Kaki Bukit AutoHub		Email :
	KAKI BUKIT AVE 2, #01-33/#02-29		
	Singapore 417921		
	Tel: 6746 1515 Fax: 6748 5015		

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S09427301**  
 Name: **LIEW SIEW GUAT**

Birth Date: **14 Mar 1953**  
 Issue Date: **26 Nov 2003**

001018028G




**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S09427301**



Name

**LIEW SIEW GUAT**

柳秀玉

Race

**CHINESE**

Date of Birth

**14-03-1953**

Sex

**F**

Country of Birth

**SINGAPORE**

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

**PASS DATE**

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

**15 Sep 1973**

NP 428A



**NRIC No. S09427301**



Blood Group

**O+**

Date of issue

**15-05-1993**

**32 MARIAM CLOSE  
 SINGAPORE 508673**

**S09427301**

**10/08/2013**



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0089196G

Name

TOR TAT BENG

Birth Date: 05 Sep 1951

Issue Date: 12 Jul 2004



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0089196G



Name

TOR TAT BENG

杜達明

Race

CHINESE

Date of birth

05-09-1951

Sex

M

Country of birth

SINGAPORE

S0089196G



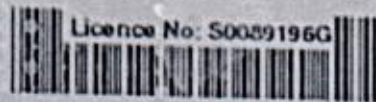
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

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

PASS DATE

02 Apr 1977

NP 428A



Licence No: S0089196G

4471543



NRIC No. S0089196G



Date of Issue

10-09-2009

32 MARIAM CLOSE  
SINGAPORE 508673

S0089196G

19/07/2013



**AIG****CERTIFICATE OF INSURANCE****AUTOPLUS PRIVATE VEHICLE**

**Name of Policyholder** : LIEW SIEW GUAT  
**Period of Insurance** : 11 Apr 2019 To 10 Apr 2020  
**Engine No.** : 27186030019895  
**Chassis No.** : WDD2120482A130718

**Vehicle No.** : SGB8683H  
**Policy No.** : 1900088360  
**Endorsement No.** :  
**Issued Date** : 11 Apr 2019

**ABOUT THE COVER**

**Make/Model** : MERCEDES BENZ E200 CGI BE  
**Engine Capacity/Tonnage** : 1,796.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2010  
**Insuring with COE/PARF** : Yes

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-feeding, 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 1500cc - 1600cc Optional

\* 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 - \$800 Theft - \$0 Flood Cover - \$0

**Section 2**  
 Property Damage - \$0

**Windscreen** : \$100

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

LIEW SIEW GUAT - \$800 (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 must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
 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:** HONG LEONG FINANCE LTD

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).

0503982000

KHC HOLDINGS PTE. LTD.

389A BALESTIER ROAD

SINGAPORE 329796

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
 AUTHORISED REPRESENTATIVE

Seah Lan Ng