

# NATIONAL Assessment Centre Services

Date In: 29/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/16/9009509/13	SAS e-filing		
Veh No: 5GP100C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/05/19 0840	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: ( M GARAGE Tel: Fax: )

TP Particulars: Veh No: SHD3125M 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

NA/1903919

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

## Invoice Preparation Checklist

- |   | Amt (\$)<br>1st Bill | Amt (\$)<br>Add Bill |
|---|----------------------|----------------------|
| 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:-                   |                      |                      |
| 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:n INC) against INC \$20         |                      |                      |
| 9) N12: Idac Mobile 30                          |                      |                      |

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 29/05/2019 15:48  
 Date Of Accident 29/05/2019 08:40  
 Exact Location Of Accident JUNG OF IRRAWADDY RD & THOMSON RD  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SGP100C  
**Insured/Policyholder**  
 Name Of Registered Owner YEO SUAT NEO ELIZABETH  
 NRIC No S0001713B  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-97500028  
 Alternative Phone No OTHERS-97500028

### 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 2100458896-03  
 Cover Note Number

### Driver

Name of Driver DOMINIC SOH WEI WEN  
 NRIC No S7721674Z  
 Date Of Birth 02/08/1977  
 Occupation INDOOR  
 Date Of Driving Pass 22/11/2000  
 Driving Experience 18 YEARS AND 6 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-97500444  
 Fax Number  
 Contact Number  
 Email Address NOEMAIL

Address	BLK 43 JALAN TIGA #04-20
Postcode	390043
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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)	2
Passenger 1	NAME: : HENRY GENDER: : MALE

#### 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

PLS REFER TO THE ATTACHED 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	SHD3125M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	DOMINIC SOH WEI WEN
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SGP100C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## 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:

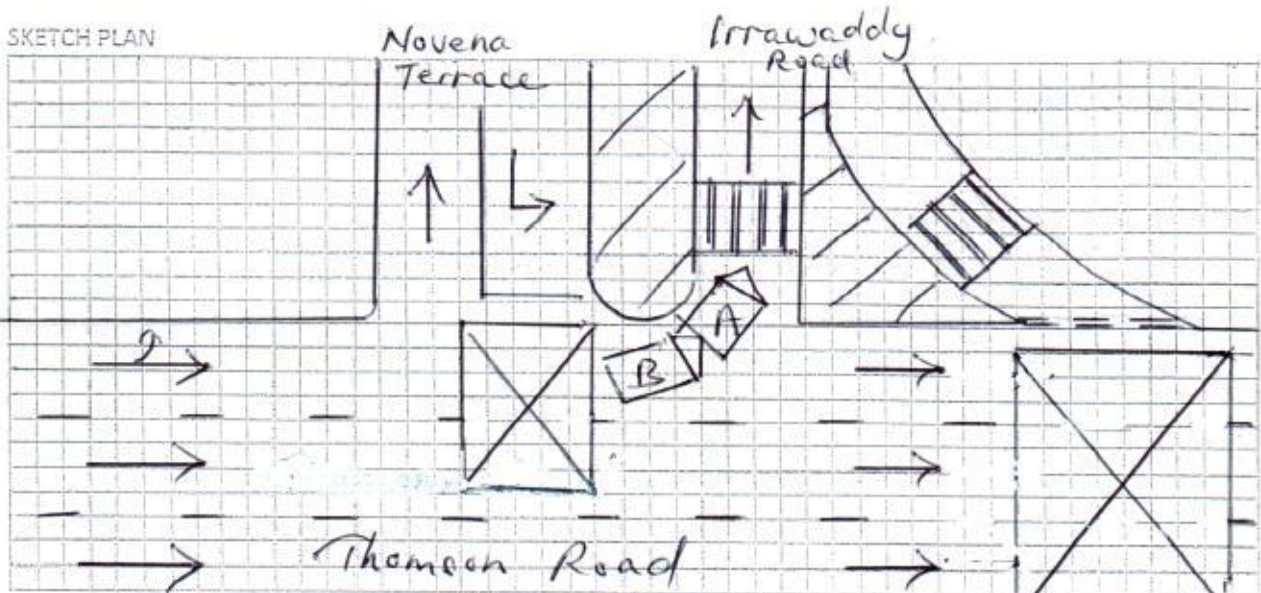
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/05/2019 at about 0840 hrs at Junction of Irrawaddy Road and Thomson Road. I was travelling on the extreme left lane along Thomson Road and making a Left turn into Irrawaddy Road. While doing so, I came to a stop before the Pedestrian crossing to give way to the pedestrian to cross. Suddenly I felt a great impact from the Rear and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) SGP 100 C  
(B) SHD 3125 M

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

## 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.:



pls email to  
mg3solution@gmail.com.

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 29/5/19	Time: 08.40	(hh:mm) 24 hr format
Location Junction of Irrawaddy Road and Thomson Road		
Vehicle Number S6P100C		
Insured Name YEO SUAT NEO ELIZABETH		
NRIC / FIN S0001713B	Contact Number 9750 0028	
Make MERCEDES	Model BENZ E200 SEDAN EDITION E (R18 LED SE)	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting		
Insurance Company AIG ASIA PACIFIC		
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number 2100458896-03		
Name of Driver DOMINIC SOH WEI WEN		( ) Same as Insured
NRIC / FIN S7721674Z	Contact Number 9750 0444	
Date of Birth 02/08/1977		
Driving Pass Date 22/11/2000		
Occupation ( / ) Indoor ( ) Outdoor		
Gender ( / ) Male ( ) Female		
Email Address DOMINIC.SOH@hotmail.com		( ) NO EMAIL
Address of Driver B1K43 JALAN TIGA #04-20 S(390043)		
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No		
If No, Relationship of the Driver with the Insured		
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( / ) Children ( ) Sibling		
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 ( / ) Clear ( ) Raining ( ) Others		
Road Surface ( / ) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No		
Was anybody injured in the accident? ( / ) Yes ( ) No		
If yes, injured detail Driver back & neck pain		
Was there any video captured by Car Camera? ( ) Yes ( / ) No		
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact
Veh B SHD 3125M		
Veh C		
Veh D		
Veh E		
Veh F		

Include Driver 2 person only.  
Passenger - HARRY (MALE)

DRIVER  
SGP100C

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7721674Z



Name

DOMINIC SOH WEI WEN

苏伟文

Race

CHINESE

Date of birth

02-08-1977

Sex

M

S7721674Z

Country of birth

SINGAPORE

463581



NRIC No. S7721674Z



Date of issue

17-09-2010

APT BLK 43 JALAN TIGA #04-20  
SINGAPORE 390043

NRIC No: S7721674Z

Date: 07/11/2012

No: 7290266



DRIVER

SGP100C

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait photo of a man with glasses.

Licence Number: **S7721674Z**  
Name: **DOMINIC SOH WEI WEN**  
Birth Date: **02 Aug 1977**  
Issue Date: **01 Sep 2010**

Barcode: 001888277H

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

		<b>EFFECTIVE DATE</b>
<b>Class 2B</b>	<b>Motorcycles =&lt; 200 cc</b>	<b>26 Dec 2007</b>
<b>Class 3</b>	<b>Motor Cars =&lt; 3000kg with =&lt;7 passengers, exclusive of the driver; and other motor vehicles =&lt; 2500kg</b>	<b>22 Nov 2000</b>

NP 428A

Licence No: S7721674Z

Owner  
SGP100C

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0001713B



Name

YEO SUAT NEO ELIZABETH



楊雪娘

Race

CHINESE

Date of Birth

03-08-1953 F

Country of Birth

SINGAPORE

150115



NRIC No. S0001713B



Blood Group Date of issue

A+ 09-12-1993

100 ARTHUR ROAD  
SINGAPORE 439831

NRIC No: S0001713B

Date: 16-06-2006

No: 5421929





# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

**Name of Policyholder** : Yeo Suat Neo Elizabeth  
**Period of Insurance** : 01 Apr 2019 To 31 Mar 2020  
**Engine No.** : 27492030576356  
**Chassis No.** : WDD2120342B308425

**Vehicle No.** : SGP100C  
**Policy No.** : 2100458896-03  
**Endorsement No.** :  
**Issued Date** : 11 Mar 2019

### ABOUT THE COVER

**Make/Model** : MERCEDES Benz E200 2.0 Sedan Edition E  
**Engine Capacity/Tonnage** : 1,991.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2016  
**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-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 - \$800 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

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

Yeo Suat Neo Elizabeth - \$800 (Own Damage)

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

1. Cycle & Carriage Eunus 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: Daimler Financial Services Africa & Asia Pacific 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).

0504380207

CYCLE & CARRIAGE - ANNE  
239 ALEXANDRA ROAD  
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

SSPM2B