

NATIONAL Assessment Centre Services

per 1 Jan 05 NA119379854

Date In: 12/6/17 - 14:33	Job description	Date & Time Completed	Done by
Ref No: NA119379854	SAS e-filing		
Veh No: 333333	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/6/19 - 09:30	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: 333333	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 100455	Invoice Preparation Checklist	Ant (\$) Inc Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	QD*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac 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 19/06/2019 14:53
Date Of Accident 19/06/2019 09:00
Exact Location Of Accident STILL RD TWDS ECP
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJG3377M
Insured/Policyholder
Name Of Registered Owner QUEK BOON KIAT
NRIC No S1789843D
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-97963377
Alternative Phone No OFFICE-97963377

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model B180 STYLE (R16 LED)
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 2100444574-03
Cover Note Number

Driver

Name of Driver QUEK LE MIN
NRIC No S9519223H
Date Of Birth 30/05/1995
Occupation INDOOR
Date Of Driving Pass 18/03/2014
Driving Experience 5 YEARS AND 3 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-90685009
Fax Number
Contact Number OFFICE-90685009
EMail Address NOEMAIL

Address	73A LORONG MYDIN
Postcode	416879
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)	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	XD7727K
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)	1

DETAILS OF INJURED PERSON 1

Name	QUEK LE MIN
------	-------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJG3377M

YES

NO


SKETCH PLAN


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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:

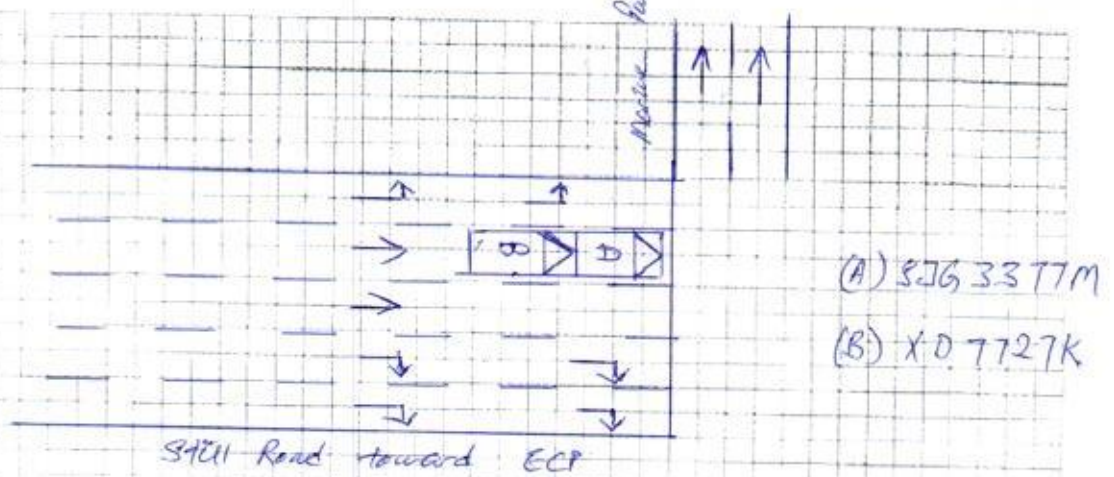
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 19/06/19 at @ 0900 hrs, I was travelling in my vehicle (SJG 3377M) along Still Road towards ECP before the junction of marine Parade Road. While approaching the said junction, the traffic light turns amber and I slow down and stopped. Few seconds later, a truck (XD 7727K) from behinds collided onto the rear portion of my vehicle.

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.:

Vehicle No.	SJG 3377 M	Model / Make	Mercedes B180
Date of Accident	19/06/19		
Time of Accident	0900 HRS		
Location of Accident	Still Road towards ECP junction Marine Parade Road		
Exact purpose use during accident	Private used		
Name of Owner	Quek Boon Kiat		
Telephone No.	H/P: 9796 3377	Home :	Office :
NRIC	S1789843D		
Address	8AA Lorong Masikan (S) 417289		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	2100444574-03		
Name of Driver	As Above If No, Quek Le Min		
NRIC	S9519223H	Any Passengers :	N/A
Date of birth	30/05/1995		
Occupation	Outdoor	/	<u>Indoor</u>
Driving License Pass Date	18/03/2014		
Gender	Male	/	<u>Female</u>
Contact No.	H/P: 9068 5009	Home :	Office :
Address	873A, Lorong Myden (S) 416879		
Driver have any own vehicle	<u>No</u>	If yes, Reg No.	
Relationship	Employee	If no, state	Daughter
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	No	<u>If Yes, Who?</u>	
Name And Contact No.	Quek Le Min (H/P: 9068 5009)		
Name And Contact No.			
Police Report	<u>No</u>	If Yes, Where?	
Vehicle B No.	XD 7727 K	Any Passengers :	N/A
Name of Driver			
Vehicle C No.			
Vehicle D No.			
Vehicle E no.			
Vehicle F No.			
Vehicle G No.			
Witness Name	N/A	Witness Contact :	N/A
Accident Portion	Rear Portion		
Camera Recorder	Yes <u>No</u>		
Email Address	lemin95@hotmail.com		
PARTICULAR WORKSHOP	Twinkl		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9519223H**

Name: **QUEK LE MIN**

Birth Date: **30 May 1995**

Issue Date: **18 Mar 2014**

002286248D

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9519223H



Name: **QUEK LE MIN**

Race: **CHINESE**

Date of birth: **30-05-1995**

Country of birth: **SINGAPORE**

Sex: **F**

Driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

EFFECTIVE DATE 18 Mar 2014

For LKK/NAC Use Only



NP 428A



4506679

NRIC No: **S9519223H**



Date of issue: **07-01-2010**

73A LORONG MYDIN
SINGAPORE 416879

NRIC No: **S9519223H**

Date: **16/01/2015**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1789843D**

Name:

QUEK BOON KIAT

Birth Date: **13 Nov 1967**

Issue Date: **10 Jan 2003**



000102912F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1789843D**



Name:

QUEK BOON KIAT

郭文桔

Race:

CHINESE

Date of birth:

13-11-1967

Country of birth:

SINGAPORE

Sex:

M

S1789843D



For LKK/NAC Use Only

Owner

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

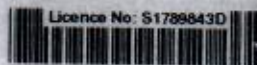
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

04 Dec 1985

29 Aug 1989

For LKK/NAC Use Only



Licence No: **S1789843D**

NP 428A



4649878

NRIC No: **S1789843D**



Date of issue:

15-11-2010

**84A LORONG MARICAN
SINGAPORE 417289**

NRIC No: **S1789843D**

Date: **07/06/2019**

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Quek Boon Kiat
 Period of Insurance : 28 Dec 2018 To 27 Dec 2019
 Engine No. : 27091030846423
 Chassis No. : WDD2462422J375711

Vehicle No. : SJG3377M
 Policy No. : 2100444574-03
 Endorsement No. :
 Issued Date : 26 Nov 2018

ABOUT THE COVER

Make/Model : MERCEDES BENZ B180 SEDAN STYLE
 Engine Capacity/Tonnage : 1,595.00 CC Sum Insured : Market Value First Year of Registration : 2015
 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)

Quek Boon Kiat - \$2200 (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: 186 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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK 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).

0504380242

CYCLE & CARRIAGE - SEEMHP
 239 ALEXANDRA ROAD
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPOSD