

NATIONAL Assessment Centre Services

[Ref: 1 Jan 08]

NA/19086598

Date In: 03/07/2018 14:18	Job description	Date & Time Completed	Done by
Ref No: NA/19086598/1780/Y	SAS e-filing		
Veh No: 869 90	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 02/07/2018 19:18	i-Motor Claim Form		
OD <input checked="" type="radio"/> 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: 869 4812K	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/1904985	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add. Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$80)	
Contact No:	3) TP: 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 2015)		
Cat. J:	6) TR: Re-inspection	\$75	
Cat. 2/3:	7) N1: Idm DA + SMRT Survey	\$160	
1/1/1	8) NTUC Additional Services:		
	9) N3: Courtesy Car / Tpl 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: Idm Mobile	\$30	
	Invoice dated	Pen Charged	
	Invoice dated	Fee Charged	

07-MAY-2018 16:36

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	03/07/2019 14:18
Date Of Accident	02/07/2019 19:15
Exact Location Of Accident	SLIP ROAD (LENTOR AVENUE & YISHUN AVENUE 1)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ9D
Insured/Policyholder	
Name Of Registered Owner	NG HOO LIONG
NRIC No	S2127128D
Email Address	NGCHINCHONG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-85222001
Alternative Phone No	OTHERS-97886929

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 COUPE-2.0 (R18) LED (A)
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	1800117836
Cover Note Number	

Driver

Name of Driver	NG CHIN CHONG (HUANG ZHENZONG)
NRIC No	S7302740C
Date Of Birth	15/01/1973
Occupation	INDOOR
Date Of Driving Pass	11/09/1992
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85222001
Fax Number	
Contact Number	OTHERS-97886929
EMail Address	NGCHINCHONG@YAHOO.COM.SG

Address	3 SEMBAWANG CRESCENT #01-07
Postcode	757094
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?	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?	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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGY4372K
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CRYSTAL WONG YAN LING
NRIC/Passport Number	S8125249A
Contact Number	87823579
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

Veh A: 9G 9 D
Veh B: SGY4372K

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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

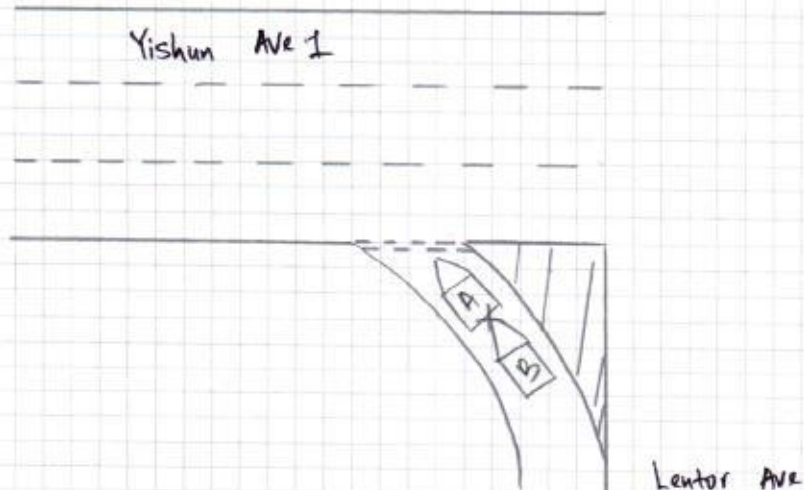

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/July/2019 1237pm


Reporting Centre Personnel's Signature
Name: Res. 1. 
NRIC/FIN No.:

Veh A: 56B 9D
Veh B: 56Y 4372K

Veh B: S6Y4372K



While i was stationary at the junction to check traffic coming on my right. However Vehicle B did not stop her vehicle and collided to my vehicle.

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

Driver's Signature
(If driver is not the policyholder)
Date & Time: 2/2/11

Date & Time: 3/July/2019 1237pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

03/02/2029

Personnel's Signature: 

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 2/July/2019 *Time of Accident: 19:15
*Accident Location: Slip Road (Lentor Ave & Yishun Ave 1)

Vehicle Details

*Vehicle Number: SGQ9D *Make & Model: Mercedes Benz E200 Coupe (R18 LED)

Insured / Policyholder

*Owner Name: NG HOO LIONG *NRIC: S2127128 D
*Address: 9 Jalan Wajek Singapore 588461
*Email: ngchinchong@yahoo.com.sg *HP: 8522 2001
*Occupation: - (Indoor / Outdoor) *Tel / H / Other: -

Driver () same as above

*Driver Name: NG CHIN CHONG *NRIC: S7302740C
*Address: Blk 3 Sembawang Crescent #01-07 S(757094)
*Date of Birth: 15/01/1973 *Driving Pass Date: 11 Sept 1992 *HP: 97886529
*Email: ngchinchong@yahoo.com.sg *Gender: Male / Female
*Occupation: PM (Indoor / Outdoor) *Tel / H / Other: -
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder : -)

Passengers Details

*P/Name: - (Male/Female) *P/Name: - (Male/Female)
*P/Name: - (Male/Female) *P/Name: - (Male/Female)

Insurance Company

*Insurer: AIG *Coverage: C / TPFT / TPO *Policy No: -

Detail of other vehicle / Property 1

Vehicle No.: SGY4372K
Make & Model: Toyota
Vehicle Category: -
Name of Driver: Crystal Wong Yan Ling
NRIC : S8125249A
HP : 87823579
No. of Passengers (Including Driver): 01

Detail of other vehicle / Property 2

Vehicle No.: -
Make & Model: -
Vehicle Category: -
Name of Driver: -
NRIC : -
HP : -
No. of Passengers (Including Driver): -

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others:
*Weather conditions: Clear / Raining / others: - *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: -
*Witness: Yes / No (Name: - NRIC : - HP: -)
*Accident reported to police: Yes / No *Summon against whom: -
*Injured party: Yes / No *No. of passengers (include driver): -
-I/Name: - *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: - *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE **DRIVING**

Portrait of NG CHIN CHONG

License Number: **S7302**
Name:

NG CHIN CHONG
(HUANG ZHENZONG)

For LKK/NAC Use Only

Birth Date: 15 Jan 1973
Issue Date: 23 Oct 2003

Barcode: 1000947291C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7302740C**



NAME
NG CHIN CHONG
(HUANG ZHENZONG)

黄振宗

Race
CHINESE

Date of birth
15-01-1973

Sex
M

Country of birth
SINGAPORE

For LKK/NAC Use Only

DRIVER

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
11 Sep 1992

For LKK/NAC Use Only



NP 428A



4349909

NRIC No: **S7302740C**



For LKK/NAC Use Only

Date of issue
27 Oct 2000

3 SEMBAWANG CRESCENT #01-07
SINGAPORE 757094

NRIC No: **S7302740C**

Date: **07/11/2016**

PUBLIC DRIVING LICENCE

Licence Number: **S2127128D**


Name: **NG HOO LIONG**

For LKK/NAC Use Only

Birth Date: **07 Dec 1943**

Issue Date: **12 Jan 2004**

001085210B



REPUBLIC OF SINGAPORE
IDENTITY CARD NO **S2127128D**



Name: **NG HOO LIONG**

黄琥量 For LKK/NAC Use Only

Race: **CHINESE**

Date of birth: **07-12-1943**

Country/Place of birth: **SINGAPORE**

Sex: **M**



Insured

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 Feb 1971

For LKK/NAC Use Only

NP 428A



6144733

For LKK/NAC Use Only

IRIC No: **S2127128D**

Date of issue: **12-03-2019**

Address: **9 JALAN WAJEK SINGAPORE 588461**




NAME MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : NG HOO LIONG
 Period of Insurance : 09 Oct 2018 To 08 Oct 2019
 Engine No. : 27492031571505
 Chassis No. : WDD2383422F073651

Vehicle No. : SGO9D
 Policy No. : 1800117836
 Endorsement No. :
 Issued Date : 12 Oct 2018

ABOUT THE COVER

Make/Model : MERCEDES Benz E200 Coupe
 Engine Capacity/Tonnage : 1,991.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2018

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" ("YIDER") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 3 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.

Class 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, 1967 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$1500 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

NG HOO LIONG - \$1500 (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 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, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612215

CYCLE & CARRIAGE - DK

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

78 Shenton Way #07-16 AIG Building S070120 | T +65 6419 3000 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.