

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **MA119094783-01**

Date In: 19/1/19-17:30	Job description	Date & Time Completed	Done by
Ref No: MA11615287/24	SAS e-filing		
Veh No: JUC11040	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 19/6/19-17:30	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: Vch No: **hanky** 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:	Date & Time Completed	Done by
(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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			In Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP : Towing Fee	\$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey	\$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey)	\$30		
Ref. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Ref. 2/3:	6) TR : Re-inspection	\$75		
	7) N1 : Idac DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	Q1)*			
	*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	\$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	19/07/2019 17:32
Date Of Accident	19/06/2019 13:30
Exact Location Of Accident	7 KALLANG PLACE CARPARK GANTRY
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1104C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MEN KIM FATT
NRIC No	S6979839Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96856736
Alternative Phone No	OFFICE-96856736

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA180 (R18 BI)
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	2100495186-02
Cover Note Number	

#### Driver

Name of Driver	MEN KIM FATT
NRIC No	S6979839Z
Date Of Birth	30/10/1969
Occupation	INDOOR
Date Of Driving Pass	22/05/1986
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96856736
Fax Number	
Contact Number	OFFICE-96856736
EMail Address	NOEMAIL

Address	BLK 65 KALLANG BAHRU #05-315
Postcode	330065
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	COLLIDED INTO PROPERTY
Weather Conditions	RAINING
Road Surface	WET

**Other Information**

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

**Details of Police Action**

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2969999 - FAX NO: 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

REFER TO POLICE REPORT - A/20190717/2134.

**Attachment(s)**

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	GANTRY
Vehicle Make/Model/Colour	G.TECH PTE LTD
Details Of Properties	
Vehicle Category	GOVERNMENT
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.:



<b>Vehicle No.</b>	SLK1104C	Model / Make	MERCO BENZ GLA 180
Date of Accident	19/06/19		
Time of Accident	1330	HRS	
Location of Accident	7. Kallang Place Carpark Gundry		
Exact purpose use during accident	Private Used.		
<b>Name of Owner</b>	Men Kim Fatt		
Telephone No.	H/P: 96856736	Home:	Office: 62929133
NRIC	S 6979839Z		
Address	Blk 65, Kallang Bahru #05-315 S' 330065		
Claim type	OD	(THIRD PARTY)	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.	2100495186-02		
<b>Name of Driver</b>	As Above If No, Men Kim Fatt		
NRIC	S 6979839Z	Any Passengers:	1 (female)
Date of birth	30/10/1969		
Occupation	Outdoor / (Indoor)		
Driving License Pass Date	22 May 1986		
Gender	(Male) / Female		
Contact No.	H/P: 96856736	Home:	Office: 62929133
Address	Blk 65, Kallang Bahru #05-315 S' 330065		
Driver have any own vehicle	(No, )	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	(Raining)	Other
Road Surface	Dry	(Wet)	Other
Any Injuries	(No, )	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
<b>Vehicle B No.</b>	G. Tech Pte Ltd	Any Passengers:	
Name of Driver		Contact No.:	
<b>Vehicle C No.</b>		Any Passengers:	
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E no.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
Witness Name		Witness Contact:	
<b>Accident Portion</b>	front Portion.		
Camera Recorder	(Yes) No		
Email Address	shihay_lee @ si financialpress.com		
<b>PARTICULAR WORKSHOP</b>	Twinair Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>			
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales @ n51.com.sg		



**SINGAPORE  
POLICE FORCE**



A/20190717/2134

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**POLICE REPORT (NP299)**

Report No. A/20190717/2134

Police Station Of Origin  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

Date/Time Report Made 17/07/2019 17:36		Vide Report No.		Station Diary No. 29	
Name Of Informant MEN KIM FATT		Address APT BLK 65 KALLANG BAHRU #05-315 SINGAPORE 330065			
ID Type / ID No. NRIC NO / S6979839Z		Contact No. Home/Office		Mobile 96856736	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Chief operating officer/General Manager		Sex Male	Age 49	Date of Birth 30/10/1969	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 19/06/2019 13:30		Location Of Incident 7 KALLANG PLACE UNNAMED SINGAPORE 339153 Exit Gantry			

**Brief details.**

On the 19/06/2019 at around 1330hrs, I was driving my vehicle bearing licence plate no. SLK1104C. I was about to exit the gantry. I waited for the gantry to open and I drove past. After moving forward, the gantry barrier came up and while I moved forward, the barrier became loose and dropped on my vehicle. The barrier dropped on the top right side of my vehicle damaging the right top portion of my vehicle. There were scratches on the top right corner of my vehicle and also on the right head lights. I made a check on the barrier and realized it was secured with cable ties to the machine. It came loose and

Signature Of Officer Recording The Report: A / Sgt 2 GLENN CHEAH YONG QUAN 		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 17/07/2019 17:36	
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / ASP LEE WEI LIANG COLBY Contact No.: 65573346		Classification Of Case:	

Authentication Stamp







**SINGAPORE  
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190717/2134

dropped of my vehicle.

I called G-Tech the company of the barrier and they informed me to claim wait for insurance. I have called them to check in regards to the insurance claims but they kept replying me to wait. I have consulted my insurance company and they have advised me to file a report for insurance claims.

As such, I am lodging this report for insurance claims. That is all.

Signature Of Officer Recording The Report: A / Sgt 2 GLENN CHEAH YONG QUAN <i>gcy</i>
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / ASP LEE WEI LIANG COLBY Contact No.: 65573346

Signature Of Informant: <i>Lee</i>
Date/Time: 17/07/2019 17:36
Classification Of Case:

Authentication Stamp



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA119094783 Vehicle Registration No: SLK1104C  
Name (as shown in NRIC) : MEN KIM FATT NRIC/FIN/Passport No : S6979839Z  
(\*~~Vehicle Driver~~ / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 65 KALLANG BAHRU #05-315 Singapore(330065)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96856736  
Email Address : \_\_\_\_\_  
Date of Accident : 19/06/2019 Time of Accident : 13:30  
Place of Accident : 7 KALLANG PLACE CARPARK GANTRY  
Insurance Company : AIG Asia Pacific Insurance Pte. Ltd.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend date of accident  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6979839Z



Name  
**MEN KIM FATT**  
文 錦 發  
Race  
**CHINESE**  
Date of birth  
**30-10-1969** Sex  
**M**  
Country/Place of birth  
**MALAYSIA**

S6979839Z



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S6979839Z

Name:

**MEN KIM FATT.**

Birth Date: 30 Oct 1969

Issue Date: 15 Apr 2003



000388666E

For LKK/NAC Use Only

5248535



NRIC No: S6979839Z



Date of issue  
17-12-2013

Address  
APT BLK 65 KALLANG BAHRU  
#05-315  
SINGAPORE 330065

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	22 M
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 May
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	24 Sep 2002



Licence No: S6979839Z

NP 428A



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

**Name of Policyholder** : Men Kim Fatt  
**Period of Insurance** : 05 Jan 2019 To 04 Jan 2020  
**Engine No.** : 27091031081957  
**Chassis No.** : WDC1569422J298561

**Vehicle No.** : SLK1104C  
**Policy No.** : 2100495186-02  
**Endorsement No.** :  
**Issued Date** : 04 Dec 2018

### ABOUT THE COVER

**Make/Model** : MERCEDES Benz GLA180  
**Engine Capacity/Tonnage** : 1,595.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2017  
**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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

**Age Condition** : 40 years old and above

**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)

Men Kim Fatt - \$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: 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, 1959 (Malaysia).

0504380233

CYCLE & CARRIAGE - JULI  
239 ALEXANDRA ROAD  
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

SSPGMM