NATIONAL Assessment Cen	tre Services.	Ime! I Jamos MI	NA1191018~1		
Date In: 3 8 14-14:00	Jeb description		Date &Time Completed	Done	py.
Ref No: 44/16/19013607/24	SAS e-filing				
Veh No: (1/68274	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 3 8 19-12:00	i-Motor Clai	m Form			
	i-Motor W/C	(Within: OD 2hrs	, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uplo	aded			
	Assessment/St	arvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	الـــــــــــــــــــــــــــــــــ		The state of the s	ix:	)
TP Particulars: Veh No: Sc	44G 5 km	INC (	)/Non-INC( )	V.	
Owner / Driver: (		-	Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	Note-Est. Status (	WO): N: 0-20	0%; P: 21-79%. P: 80-10	00%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000	( )			
General Remarks;				Jan Silver	
( ) Walk-In Customer: Customer's in	nformation strictly Co	nfidential & Str	ictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Inst	urer URGENTLY.	19			
Drive-In ( )/ Towed-In ( ); Invo	ice: YES ( ) / I	NO( ); T	owing Co: (	-	)
Remarks:- (INC horline: 6788 6616)	No.		Date&Time Completed	Done	by
Apply for Transport Allowance ( )	Call and State Sta	)	•		
2) QC Check / Post Repair Inspection	(	,	***************************************		
3) Upload Resurvey Photo [Repair Cost>	\$30001 (	)			Apr = 2 (4 = 2 = 2
Injury:					-1,2M. P.T.
Date/Time Actions				MARICHETE RESPECTATION	
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Fire part of the Auto-

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

- 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	03/08/2019 14:00
Date Of Accident	03/08/2019 12:20
Exact Location Of Accident	AMK AVE 1 SPC PETROL STATION
Country/State of Loss	SINGAPORE
District Control of the Control of t	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT6827U
Insured/Policyholder	
Name Of Registered Owner	TAN SIEW PENG
NRIC No	S7578047H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91887757
Alternative Phone No	OFFICE-91887757
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA200 (R18)
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	REPORTING ONLY
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	1800149226

Driver

Cover Note Number

 Name of Driver
 TAN SIEW PENG

 NRIC No
 \$7578047H

 Date Of Birth
 13/05/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 11/04/2002

Driving Experience 17 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91887757

Fax Number

Contact Number OFFICE-91887757

EMail Address NOEMAIL

41 BANGKIT ROAD Address

#08-03

679978 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

YES

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

#### **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

ON STATED DATE AND TIME, AS I REVERSED MY VEHICLE AND ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B REAR RIGHT DOOR AS SHE WAS OPENING OF THE REAR RIGHT VEHICLE DOOR.

#### 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?

# DETAILS OF OTHER VEHICLE PROPERTY 1

SCY5988A Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No .:

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Hotement		

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.:

REPUBLIC OF SINGAPORE

JOENTITY CARD NO. S7578047H



TAN SIEW PENG

For LKK/NAC Use Only

578047H

**BRIVING LICENCE** 

TAN SIEW PENG

Buth Date 13 May 1975



CHINESE

Date of birth

13-05-1975 Country of birth MALAYSIA

For LKK/NAC Use Only

19-07-2010

41 BANGKIT ROAD #08-03 SINGAPORE 679978 NRIC NoS7578047H

Date: 08/10/2011

No: 6837001

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING (%: SS(ES)

PALS DATE

11 Apr 2002 11 Apr 2002

Motorcycles not exceeding 200 cc Motor Cers and Motor Tractors the weight of which unlader does not exceed 2500 kilograms

NP 428A

Class 2B

# CERTIFICATE OF INSURANCE

Name of Policyholder : TAN SIEW PENG

Period of Insurance : 18 Jan 2019 To 01 Apr 2020

Engine No. : 27091030240958 Chassis No. : WDD1173432N032542

: SLT6827U Vehicle No. Policy No. : 1800149226

Endorsement No.

**Issued Date** : 11 Dec 2018

ABOUT THE COVER

Make/Model MERCEDES BENZ CLA200 BE (AMG)

Engine Capacity/Tonnage : 1,595.00 CC Sum Insured : Market Value First Year of Registration : 2013 Driver Restriction NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

b) Any other person who is driving on the Policyholder's order or with his/har 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 years' driving expenence

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 tustion, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples 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, 1967 (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)

TAN SIEW PENG - \$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/AlG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AlG website www.aig.com.sg or AlG SG Mobile App. Simply search and download "AlG SG" from iTunes or Google Play.

## **IMPORTANT NOTES**

Hire Purchase Company/Employer's Loan: MayBank

I/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).

0500659000

INSMART (INSURANCE) AGENCY PTE NO 1 KAKI BUKIT ROAD 1 #02-27 ENTERPRISE ONE SINGAPORE 415934

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE