

NATIONAL Assessment Centre Services.

Jan 1 Jan 05. **MAA 119115055**

Date In:	Job description	Date & Time Completed	Done by
31/08/2019 10:38	SAS e-filing		
Ref No: UP 19191015400/Y	E-mail (John Burs, AIC 2hrs)		
Veh No: SKG 7071R	I-Motor Claim Form		
DOA: 30/08/2019 10:15	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Vch No: **SKG 4353H** 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: ()

- Reminders:
- 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	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/245	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
Date:	6) TR: Re-inspection \$75	
	7) NI: Idco DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (Via INC) against INC \$20	
	9) NI: Idco 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	31/08/2019 10:38
Date Of Accident	30/08/2019 10:15
Exact Location Of Accident	CTE TOWARDS SLE BEFORE CLEMENCEAU EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG7077R
Insured/Policyholder	
Name Of Registered Owner	CHIA CHOO SIAN
NRIC No	S2007077C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96779068
Alternative Phone No	OTHERS-96779068

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180K
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	2100303224-07
Cover Note Number	

Driver

Name of Driver	CHIA CHOO SIAN
NRIC No	S2007077C
Date Of Birth	08/08/1949
Occupation	INDOOR
Date Of Driving Pass	29/04/1976
Driving Experience	43 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96779068
Fax Number	
Contact Number	OTHERS-96779068
Email Address	NOEMAIL

Address	131 SERANGOON AVENUE 3 #06-03 CHILTERN PARK
Postcode	556112
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	CHAIN COLLISION
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	3
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

PLEASE REFER TO SKETCH PLAN

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	SGQ4353H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLG8804R
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

CHIA CHOO SIAN

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SKG7077R

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.
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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:

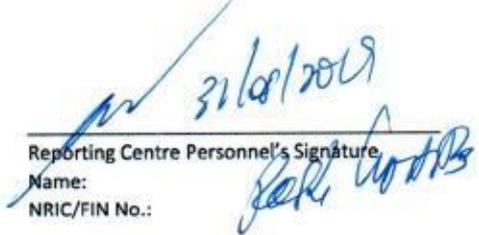
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

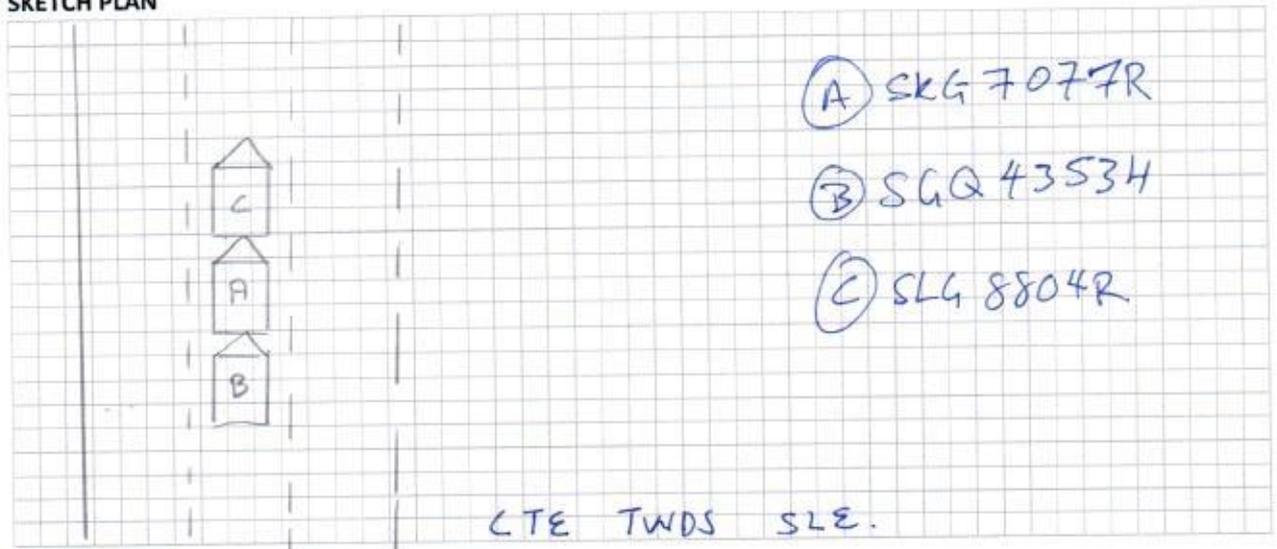


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30 AUG 2019 @ 1015 HRS, I WAS DRIVING ALONG CTE TWDS SLE.
WHEN THE FRONT VEHICLE STOPPED. I FOLLOW SUIT. SUDDENLY
VEHICLE B COLLIDED INTO ME AND PUSHED ME FWD.

POLICE REPORT 7/20190830/2019

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:

 31/08/2019

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



**SINGAPORE
POLICE FORCE**



T/20190830/2079

1 of 3

Report No. T/20190830/2079

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/08/2019 13:02	Vide Report No.: E/20190830/0063	Station Diary No.: 18
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Informant's Particulars

Name of Informant: CHIA CHOO SIAN		Address: 131 SERANGOON AVENUE 3 #06-03 SINGAPORE 556112	
ID Type / ID No.: NRIC NO / S2007077C		Contact No.: Home/Office: Mobile: 96779068	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 70	Date of Birth: 08/08/1949	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SALES DIRECTOR		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/08/2019 10:15	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY ALONG CTE TOWARDS SLE AFTER OUTRAM EXIT				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGQ4353H	Car				Slightly Damaged	0
SKG7077R	Car	MERCEDES BENZ	C 180 KOMPRESSOR	Grey	Slightly Damaged	0
SLG8804R	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20190830/2079

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20190830/2079

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKG7077R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100303224-07	06/06/2019	05/06/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIA CHOO SIAN	ID No.	S2007077C
Related Vehicle	SKG7077R (Car)	Contact No.	96779068
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/08/2019	Date Discharge	30/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above-mentioned date, time and place, I was travelling along the left lane of the two lane road along CTE towards SLE after Outram exit. Suddenly, the vehicle in front of me, SLG8804R, braked and came to a stop. I braked as well and managed to stop in time. However, that was when I felt an impact to the rear of my vehicle, caused by the vehicle travelling behind me, SGQ4353H. The impact caused my vehicle to surge forward, colliding into the vehicle in front of me. In total, it was a 3-car collision. All 3 drivers came out of our vehicles to inspect on our vehicles. One of the other drivers then called for TP and ambulance. Both soon arrived and the driver of the third vehicle was conveyed to hospital. We were also provided with TP reference no. E/ 20190830/0063.

After the accident, I felt some pain on my neck areas and went to seek medical treatment at a clinic and was given 3-days outpatient MC.

I do not have any in-car camera.



**SINGAPORE
POLICE FORCE**



T/20190830/2079

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20190830/2079

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /
Staff Sgt SHAWN YUEN CHI WENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/08/2019 13:02

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No.: 65476904

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 30-Aug-2019

ACCIDENT TIME: 1015

LOCATION: CTE TWDS SLE BEFORE CLEMENCEAU EXIT

VEHICLE NUMBER: SKG7077R

INSURED NAME: CHIA CHOO SIAN

NRIC / FIN: S2007077C

CONTACT: 96779068

MAKE: MERCEDES

MODEL: BENZ C180K

Are you claiming under your own insurance policy for repair to your vehicle?

() Yes, If No, Pls Select: () Third Party () Reporting Only

INSURANCE COMPANY: AIG

TYPE OF POLICY: Comprehensive

POLICY NUMBER: 2100303224-07

EXPIRY DATE: 05-Jun-2020

NAME DRIVER: CHIA CHOO SIAN

NRIC / FIN: S2007077R

CONTACT: 96779068

DATE OF BIRTH: 08-Aug-1949

DRIVING PASS DATE: null

OCCUPATION: Indoor

GENDER: Female

EMAIL ADDRESS:

ADDRESS OF DRIVER: 131 SERANGOON AVENUE 3 #06-03 CHILTERN PARK SINGAPORE 556112

Relationship Of The Driver With The Insured: Owner

Number Of Passenger Include Driver: 1 Driver

NAME	NRIC/FIN/BC	GENDER	INJURED
CHIA CHOO SIAN	S2007077R	Female	<input checked="" type="checkbox"/>

INJURY DETAILS: 1 Driver, 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? No

Was There Accident Reported To The Police? No

Police Report Number:

Details Of 3rd Party	Name	NRIC	Contact	No.of Paxs(incl' driver)
Veh B SGQ4353H				Not Sure
Veh C: SL6 8804R				Not Sure

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2007077C



Name

For LKK/NAC Use Only

CHIA CHOO SIAN



谢 芝 炫

Race

CHINESE

Date of Birth

08-08-1949

Sex

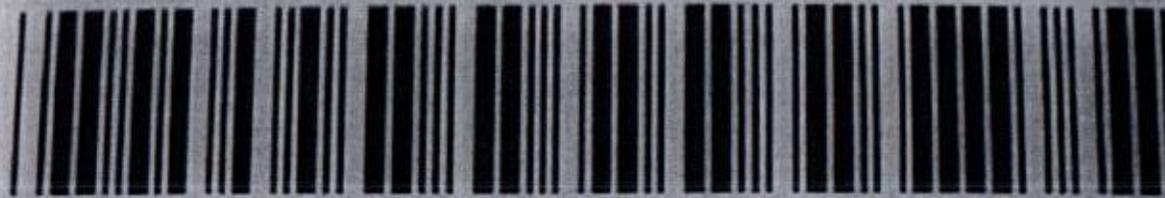
F

Country of Birth

MALAYSIA



3087632



NRIC No. **S2007077C**



For LKK/NAC Use Only

Blood Group	Date of issue
A+	03-07-1999

131 SERANGOON AVENUE 3 #06-03
SINGAPORE 556112

NRIC No: **S2007077C**

Date: **24/05/2017**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2007077C**

Name:

CHIA CHOO SIAN

*For LKK/NAC Use Only
For LKK/NAC Use Only*

Birth Date: **08 Aug 1949**

Issue Date: **16 May 2003**



000491217C

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

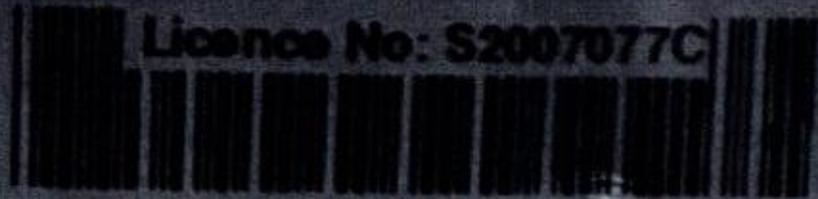
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
29 Apr 1976

For LKK/NAC Use Only

NP 428A

Licence No: S2007077C





CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Chia Choo Sian
Period of Insurance : 06 Jun 2019 To 05 Jun 2020
Engine No. : 27191031353100
Chassis No. : WDD2040452A690268

Vehicle No. : SKG7077R
Policy No. : 2100303224-07
Endorsement No. :
Issued Date : 17 May 2019

ABOUT THE COVER

Make/Model : MERCEDES BENZ C180K BE
Engine Capacity/Tonnage : 1,597.00 CC **Sum Insured** : Market Value **First Year of Registration** : 2012
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 - \$500 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Chia Choo Sian - \$500 (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 128376 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: NA

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).

0500660374

CYCLE & CARRIAGE - EDTANG
 239 ALEXANDRA ROAD
 SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

AIGSGMOBILEAPP

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	077C
Vehicle Details	
Vehicle No.:	SKG7077R
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Sep 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C 180 KOMPRESSOR
Primary Colour:	Grey
Manufacturing Year:	2012
Engine No.:	27191031353100
Chassis No.:	WDD2040452A690268
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$30,328.00
Original Registration Date:	06 Jun 2012
First Registration Date:	06 Jun 2012
Transfer Count:	0
Actual ARF Paid:	\$30,328.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Jun 2022
PARF Rebate Amount:	\$18,196.00
Intended COE Rebate Details	
COE Expiry Date:	05 Jun 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$56,501.00
COE Rebate Amount:	\$15,145.00
Total Rebate Amount:	\$33,341.00

The information contained herein is correct as at 30 Aug 2019

OK