

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MNA 119141938**

Date In: 27/12/19-19:09	Job description	Date & Time Completed	Done by
Ref No: NA/1161921903/24	SAS e-filing		
Veh No: SDV284	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/12/19-14:15	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 <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **SDV284** 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

	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) 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:-	6) TR: Re-inspection \$75		
Dat. 1:	7) N1: Idac DA + SMRT Survey \$160		
Dat. 2/3:	8) NTUC Additional Services:-		
	9) N12: Idac Mobile 30		
	*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 (N/A INC) against INC \$20		
	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	25/10/2019 19:09
Date Of Accident	25/10/2019 14:15
Exact Location Of Accident	JLN EUNOS TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV28H
Insured/Policyholder	
Name Of Registered Owner	NAH KEOK SEEP
NRIC No	S1247078I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97973268
Alternative Phone No	OFFICE-97973268

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250 AMG LINE (R19 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	2100500348-02
Cover Note Number	

Driver

Name of Driver	NAH KEOK SEEP
NRIC No	S1247078I
Date Of Birth	14/04/1957
Occupation	INDOOR
Date Of Driving Pass	26/02/1991
Driving Experience	28 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97973268
Fax Number	
Contact Number	OFFICE-97973268
EMail Address	NOEMAIL

Address	BLK 552 BEDOK NORTH AVENUE 1 #12-490
Postcode	460552
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	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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV248U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH YONG KWANG
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	NAH KEOK SEEP
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SDV28H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

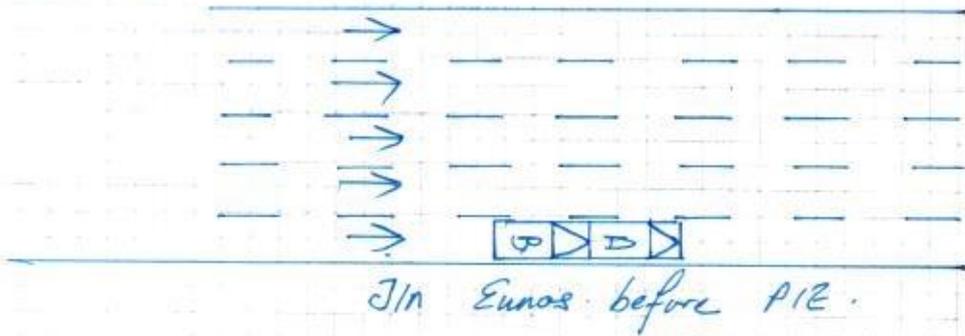


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

- (A) SDV 28 H.
- (B) SLV 248 U.

BLK 17
Eunos Crescent



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/10/19 at @ 1415 hrs, I was travelling in my vehicle (SDV 28H) along Jln Eunos towards Hougang before PIE on the extreme right lane. I slow down and stopped due to traffic jammed ahead. Suddenly, a car (SLV 248U) from behind collided onto the rear portion of my vehicle.

DECLARATION

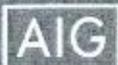
I/We declare the foregoing particulars are true in every respect.


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.	SDV 28 H	Model / Make	Mercedes E250 AMG
Date of Accident	25 / 10 / 19		
Time of Accident	14 15 HRS		
Location of Accident	Jln Emas before PIE		
Exact purpose use during accident	Private Used		
Name of Owner	NAH KEOK SEEP		
Telephone No.	H/P: 9797 3268	Home:	Office:
NRIC	S 12470781		
Address	BLK 552, Bedok North Ave 1 #12-490 (S) 460552		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive	<input type="checkbox"/> Third Party	<input type="checkbox"/> Third Party / Fire / Theft
Policy No.	2100500348-02		
Name of Driver	<input checked="" type="checkbox"/> As Above If No,		
NRIC	Any Passengers: N.A.		
Date of birth	14/04/1957		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	26/02/1991		
Gender	Male	/	<input checked="" type="checkbox"/> Female
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	<input checked="" type="checkbox"/> No,	If yes, Reg No.	
Relationship	Employee,	If no, state <i>Owner</i>	
Weather condition	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Other
Road Surface	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Other
Any Injuries	No,	<input checked="" type="checkbox"/> If Yes, Who?	
Name And Contact No.	Nah Keok Seep (H/P: 9797 3268)		
Name And Contact No.			
Police Report	<input checked="" type="checkbox"/> No,	If Yes, Where?	
Vehicle B No.	SLV 248 U	Any Passengers:	N.A.
Name of Driver	Koh Yong Kwang	Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A	Witness Contact:	N.A.
Accident Portion	Rear Portion		
Camera Recorder	<input checked="" type="checkbox"/> Yes / No		
Email Address	-		
PARTICULAR WORKSHOP	TwinCar		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Teng		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Nah Keok Seep
Period of Insurance : 14 Feb 2019 To 13 Feb 2020
Engine No. : 27492030819453
Chassis No. : WDD2130452A115400

Vehicle No. : SDV28H
Policy No. : 2100500348-02
Endorsement No. :
Issued Date : 25 Jan 2019

ABOUT THE COVER

Make/Model : MERCEDES Benz E250 Sedan AMG Line
Engine Capacity/Tonnage : 1,991,00 CC **Sum Insured** : Market Value **First Year of Registration** : 2017
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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Nah Keok Seep - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Eunos Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061618
2. Cycle & Carriage Pandan Loop Service Center - Body Cars & Repair Add: 188 Pandan Loop Singapore 128378 62061618

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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

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, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504380245

CYCLE & CARRIAGE - STANLE
239 ALEXANDRA ROAD
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Joanne

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

Joanne Leong