

NATIONAL Assessment Centre Services

Date In 09/12/19	Job description	Date & Time Completed	Done by
Ref No NA/A1619021669/13	SAS e-filing		
Veh No 5JK73195	E-mail (within 8hrs. AP: 2hrs)		
DOA 07/12/19 2025	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within OD: 2hrs, TP: 4hrs)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (TWINCAR)	Tel:	Fax:
TP Particulars:	Veh No: GBD9246D	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

NA1909243	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 30		

Auditors' Comments :-

Cat. 1: _____

Cat. 2 / 3: _____

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	09/12/2019 17:18
Date Of Accident	07/12/2019 20:25
Exact Location Of Accident	ALONG CIRCUIT RD L/P 77
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK7319J
Insured/Policyholder	
Name Of Registered Owner	SIEW WENG KEE@LIM KEE CHYE
NRIC No	S1142545C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98517441
Alternative Phone No	OTHERS-98517441
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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	1900243047
Cover Note Number	
Driver	
Name of Driver	SIEW WENG KEE@LIM KEE CHYE
NRIC No	S1142545C
Date Of Birth	12/10/1943
Occupation	INDOOR
Date Of Driving Pass	12/09/1966
Driving Experience	53 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98517441
Fax Number	
Contact Number	OTHERS-98517441
EMail Address	NOEMAIL

Address	230 TAI KENG GARDENS
Postcode	535468
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD9246D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GAO PENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SIEW WENG KEE@LIM KEE CHYE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJK7319J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

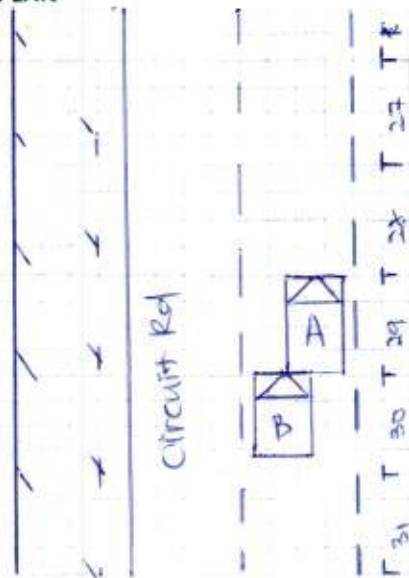
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



Lamp post no 77

Vehicle A: SJK 7319J

Vehicle B: GBD 9246D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On the above date & time, I was driving my vehicle A (SJK 7319J) traveling along circuit Rd on second lane of a 3-lanes, road. Somewhere at the lamp post no. 77, my vehicle was stationary on most right of second lane while waiting for the car park lot. Out of sudden, vehicle B (GBD 9246D) came from rear and the front portion of vehicle B 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.	SJK 7319J		Model / Make	Mercedes Benz E200
Date of Accident	7/12/2019			
Time of Accident	2025	HRS		
Location of Accident	Along Circuit Rd Lamp post 77			
Exact purpose use during accident	Private use			
Name of Owner	Siew Weng Kee @ Lim Kee Chye			
Telephone No.	H/P : 98517441	Home :	Office :	
NRIC	S1142545C			
Address	230 Tai Kong Gardens 8 (535468)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	AIG			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	1900243047			
Name of Driver	As Above If No,			
NRIC	Any Passengers : -			
Date of birth	12/10/1943			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date				
Gender	Male / Female			
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state Owner		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	Siew Weng Kee @ Lim Kee Chye 98517441			
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	GBD 9246D		Any Passengers : -	
Name of Driver	Gao Peng		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			Witness Contact :	
Accident Portion	Rear portion			
Camera Recorder	Yes / No			
Email Address	scx8686@hotmail.com			
PARTICULAR WORKSHOP	TwinCar Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Ting			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg			

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Policy No. : 1900243047

Period of Insurance : 01 Nov 2019 to 31 Oct 2020

Issued Date : 01 Nov 2019

ABOUT THE POLICYHOLDER

Name of Policyholder : Siew Weng Kee @Lim Kee Chye
Address : 230 Tai Keng Gardens
SINGAPORE 535468

Occupation/Nature of Business : Executives

ABOUT THE VEHICLE

Registration No. : SJK7319J	Engine Capacity/Tonnage : 1,796.00 CC
Chassis No. : WDB2110412B12B322967	Engine No. : 27195631057333
Seating Capacity : 5	First Year of Registration : 2008
Make/Model : MERCEDES BENZ E200 1.8 [Sedan]	Body Type : Sedan
Hire Purchase Company/Employer's Loan : NA	

ABOUT THE COVER

Sum Insured : Market Value	Off Peak Car : No
Driver Restriction : NA	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 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.

Other Key Policy Benefits :

Act of God, Dealer + AIG Authorised Workshops, Loss of Use 2000cc, Strike, Riots and Civil Commotions, PA to Authorised Driver / Unnamed Passengers- \$10000, PA Insured- \$100000, Fixture and Accessories (Cosmetic)- \$5000, Solar Film- \$1150, In-Car Camera Excess Waiver, Glass Roof/ Moon Roof/ Sun Roof/ Panoramic Glass Roof, NCD Protector, Key Replacement Cover- \$2000, Personal Effects- \$1000, Loan Protection, Loyalty Home Cover.

EXCESS

Section 1
Fire - \$0 Own Damage - \$1800 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver
SIEW WENG KEE @LIM KEE CHYE - \$1800 (Own Damage), LAM FOONG CHANG - \$1800 (Own Damage)

PREMIUM

Premium	: \$	1,739.79
GST (7%)	: \$	121.79
Total	: \$	1,861.58

Your Premium includes the following discount(s):
Safe Driver Discount - 5.00%, Loyalty Discount - 10.00%, No Claim Discount - 50%