

# NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

NA1909235

Date In: 11/1/2009 17:38	Job description	Date & Time Completed	Done by
Ref No: NA1909235	SAS e-filing		
Veh No: SN 9832P	E-mail (2 jobs max, AIC 2 hrs)		
DOA: 10/12/2008 12:55	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SCR 5051Y	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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury:
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Date/Time:	Location:

NA1909235	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$35	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$35	
	TP (NI) / TP (Non INC) against INC \$20	
	9) NI: Idao Mobile \$30	
	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	11/12/2019 17:38
Date Of Accident	10/12/2019 12:55
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN9832P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEE YEAN CHIN
NRIC No	S8178526J
Email Address	SALES@MIA.COM.SG
Mobile Phone No	(LOCAL) +65-81380853
Alternative Phone No	OTHERS-93834818

### 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	1700086364-01
Cover Note Number	

### Driver

Name of Driver	LAI CHOOI LONG
NRIC No	S7983907H
Date Of Birth	10/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	03/09/2004
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81380853
Fax Number	
Contact Number	OTHERS-93834818
Email Address	SALES@MIA.COM.SG

Address	BLK 319C ANCHORVALE DRIVE #02-52
Postcode	543319
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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	2
Was any body injured in the Accident?	NO
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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR5691Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN FATT THUNG
NRIC/Passport Number	S7584657F
Contact Number	90281692
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

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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.

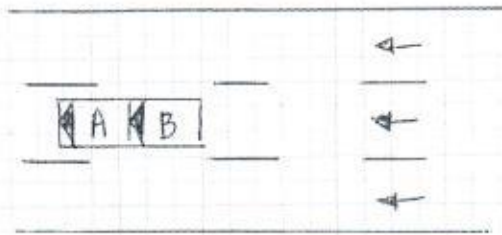
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

PIE towards Tuas Before Tox Peyoh Exit

SKETCH PLAN



Vehicle A = SJN 9832P

Vehicle B = SKR 5691Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling straight at the stated venue. As the front vehicle stopped, I followed suit. Suddenly vehicle B hit onto my vehicle rear portion.

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.:



Date of Accident : 10/12/2019 Accident Time: 12.59 (24-HR-Format)  
Accident Place : ~~THE~~ PIE towards Tuas Before Toa Payoh Exit  
Vehicle No. (Car Plate No.) : SJN 9832P Make/Model: MERCS E200  
Insurance Company : AIG Policy No: 1702086364-01  
Owner or Company Name /IC No. : TEE YEAH CHIN 58178526J  
Owner or Company Contact No. : Owner's Hp 81380853 Company Tel  
DRIVER'S Name / IC No. : Lai Chooi Long S7983907H  
DRIVER'S Date Of Birth : 10/3/1979 DRIVER'S License Pass Date 3/9/2004  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Husband  
DRIVER'S Address : Blk 319c Anchorvale Drive #02-52 S(543319)  
DRIVER'S Contact No./ Alt No. : 1) 2) 93834818  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address : sales@mia.com.sg  
Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET  
Reporting Type : Reporting Only Claim Other Party Claim Own Insurance  
Number of Passengers (Including Driver): 1  
Was there any video Captured by car camera YES NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): NIL

Other Party Driver's Particular (if any)

Vehicle No: SKR 5691Y  
Vehicle Make/Model:  
Name Driver: Chan Fatt Thung  
IC No. Driver/Contact: S7584657F  
90281692

Vehicle No:  
Vehicle Make/Model:  
Name Driver:  
IC No. Driver/Contact:

\* NEW - Passenger's name & gender:



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : TEE YEAN CHIN  
Period of Insurance : 11 Dec 2018 To 10 Dec 2019  
Engine No. : 27492031015325  
Chassis No. : WDD2130422A231629

Vehicle No. : SJN9832P  
Policy No. : 1700086364-01  
Endorsement No. :  
Issued Date : 24 Oct 2018

### ABOUT THE COVER

Make/Model : MERCEDES Benz E200 Sedan Exclusive  
Engine Capacity/Tonnage : 1,991.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2017  
Insuring with COE/PAF : 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. 169) 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

Windscreens : \$100

#### Named Driver and Excess (where applicable)

TEE YEAN CHIN - \$800 (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 62661818  
2. Cycle & Carriage Pandan Loop Service Center - Body Cam & Repair Add: 186 Pandan Loop Singapore 120378 62661818

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](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: DBS BANK LTD

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612267

CYCLE & CARRIAGE - ACHIN  
239 ALEXANDRA ROAD  
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

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