

NATIONAL Assessment Centre Services

[Part 1 Jan 2003]

MNA 119165938

Date In: 17/12/19 13:45	Job description	Date & Time Completed	Done by
Ref No: MA1 AIG 190 22156/64	SAS e-filing		
Veh No: SDB 3968E	E-mail (within 5hrs, AIC 2hrs)		
DDA: 8/12/19 23:20.	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars:	Veh No: SLF 6535K.	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: 30-100%]	
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: 67894616)	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

Client's Particulars:	MA1909301	Invoice Preparation Checklist	Am't (\$)	Remarks
Driver/Owner:		1) AR: Accident Reporting (\$30)	30.00	
Contact No:		2) DA: Damage Assessment (\$100)	INC (\$30)	
Damaged Portion:		3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey	\$120	
Auditors' Comments:		5) FT: Follow-Through Survey (Resurvey)	\$30	
		For claiming against INC Only (wef 10 Jan 2003)		
		6) TR: Re-inspection	\$75	
		7) NI: Idao DA + SMRT Survey	\$160	
		8) NTUC Additional Services:-		
		ON:		
		*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: Idao 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	17/12/2019 13:45
Date Of Accident	08/12/2019 23:20
Exact Location Of Accident	323C SENGKANG EAST WAY(RUBBISH CHUTE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDB3968E
Insured/Policyholder	
Name Of Registered Owner	LEE KIAN SANG
NRIC No	S1573288A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97536483
Alternative Phone No	OFFICE-97536483

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	2100503412-02
Cover Note Number	

Driver

Name of Driver	LEE WINSTON
NRIC No	S9370112G
Date Of Birth	10/05/1993
Occupation	INDOOR
Date Of Driving Pass	30/07/2018
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88286803
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	119 MIMOSA CRESCENT
Postcode	808067
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF6535K
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)


SKETCH PLAN


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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 lodging 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 based 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 (a) 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.

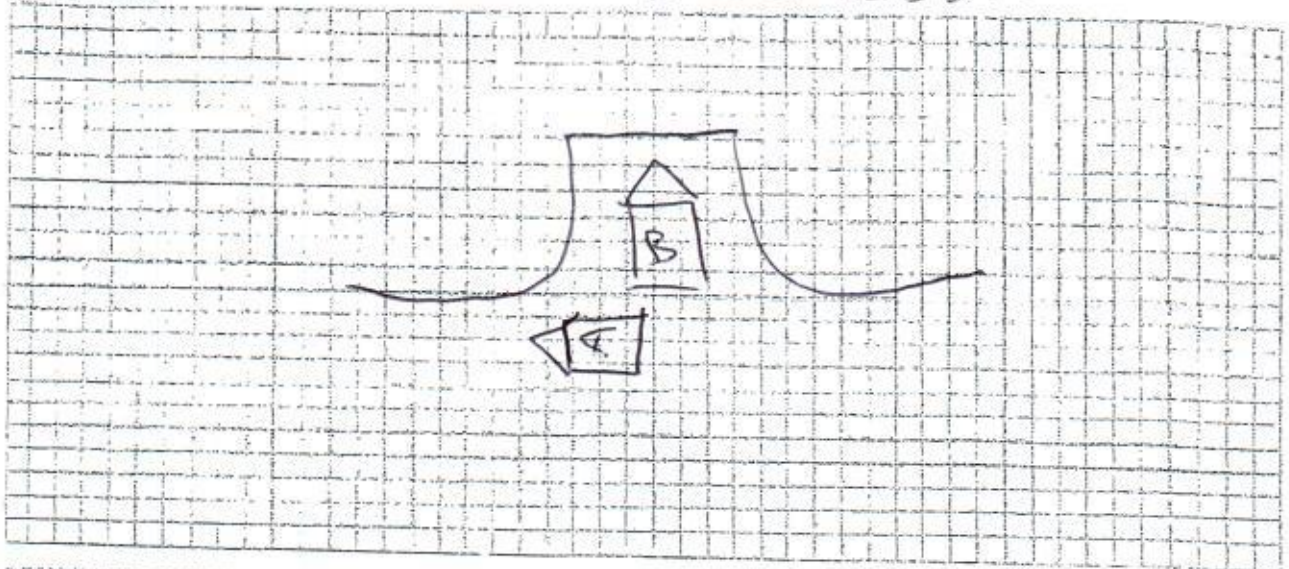

Policyholder's Signature
Date & Time:


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


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

A-SDB3968E ~~veh A-SDB3968B~~
B-SLF6535K

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time. I was stationary waiting for my friend. Suddenly veh B reverse and collided onto my car.

DECLARATION

(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 : 08/12/19 Accident Time: 2320 (24-HR-Format)
Accident Place : 323C Sengkang East Way (Rubbish chute)
Vehicle Reg. No. (Car Plate No.) : SDB 3968E
Vehicle Make/Model : Merc CL A180
Insurance Company : ~~AIG~~ AIG Policy No. 2100503412-02
Owner or Company Name / IC No. : Lee Kian Sang S1573288A
Owner or Company Contact No. : 97536483 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Lee Winston S9370112G
DRIVER'S Date Of Birth : 10/05/1993 DRIVER'S License Pass Date 30/30/2018
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others : _____
DRIVER'S Address : 119 Mimosa Crescent
DRIVER'S Contact No. / Alt No. : 1) 88286803 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : vigosstan@hotmail.com
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): 03 2 F passenger
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

Other Party Driver's Particular (if any)

Vehicle Reg. No: 82F6535K

Vehicle Make/Model: Merc

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Vehicle Reg. No: _____

Vehicle Make/Model: _____

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Policy No. : 2100503412-02

Period of Insurance : 09 Mar 2019 to 08 Mar 2020

Issued Date : 23 Jan 2019

ABOUT THE POLICYHOLDER

Name of Policyholder : Lee Kian Sang
 Address : 540 MILTONIA CLOSE
 #04-16 MILTONIA RESIDENCES
 SINGAPORE 768114
 Occupation/Nature of Business : Proprietor/Business Owner/Company Owner

ABOUT THE VEHICLE

Registration No. : SDB3968E Engine Capacity/Tonnage : 1,595.00 CC
 Chassis No. : WDD2050402R251703 Engine No. : 27491030859054
 Seating Capacity : 5 First Year of Registration : 2017 Body Type : Sedan
 Make/Model : MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE
 Hire Purchase Company/Employer's Loan : MayBank

ABOUT THE COVER

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

Other Key Policy Benefits :

Act of God, Key Replacement Cover- \$2000, Personal Effects- \$1000, Loan Protection, PA Insured- \$100000, Fixture and Accessories (Cosmetic)- \$5000, Loss of Use 2000cc, PA to Authorised Driver / Unnamed Passengers- \$10000, New For Old (36 months), Glass Roof/ Moon Roof/ Sun Roof/ Panoramic Glass Roof, Dealer + AIG Authorised Workshops, Strike, Riots and Civil Commotions, Solar Film- \$1150, In-Car Camera Excess Waiver, 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
 Lee Kian Sang - \$1800 (Own Damage)

PREMIUM

Premium	: \$	3,849.85
GST (7%)	: \$	269.49
Total	: \$	4,119.34

\$500.00 Insurance Credits Rebate
 Your Premium includes the following discount(s):
 Loyalty Discount - 5.00%, No Claim Discount - 10%