

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

MNA499/70506

Date In: 27/12/2009 19:06	Job description	Date & Time Completed	Done by
Ref No: XMA/AN/902280814	SAS e-filing		
Veh No: SLF 7788R	E-mail (Sole 2hrs, AIC 2hrs)		
DOA: 26/12/2009 21:25	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 Fax / Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMM 638M	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 rapolior.

() 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: _____

Date/Time:	Assessor:

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$40)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Ideal DA + SMRT Survey	\$160
	8) NIUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TP (Nil) / TP (Non INC) against INC	\$20
	9) NI3: Ideal 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	27/12/2019 19:06
Date Of Accident	26/12/2019 21:25
Exact Location Of Accident	SIMEI AVE (TAMPINES) B/F JUNCTION OF SIMEI ST 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7788R
Insured/Policyholder	
Name Of Registered Owner	KIM SUNG MI
NRIC No	SXXXX801E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83837788
Alternative Phone No	OTHERS-83837788

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLS 63 AMG
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	2100476078-03
Cover Note Number	

Driver

Name of Driver	KIM SUNG MI
NRIC No	SXXXX801E
Date Of Birth	26/05/1956
Occupation	INDOOR
Date Of Driving Pass	24/05/2010
Driving Experience	9 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83837788
Fax Number	
Contact Number	OTHERS-83837788
Email Address	NOEMAIL

Address	17A BRIGHT HILL CRESCENT
Postcode	579677
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 196 BISHAN STREET 13 , POSTCODE: 570196 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2589999 - FAX NO: 63536659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO SKETCH AND POLICE NOTICE OF REPORTING

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	SMM638M
Vehicle Make/Model/Colour	TOYOTA VELLFIRE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG JIAN WEI
NRIC/Passport Number	SXXXX883A
Contact Number	83222724
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KIM SUNG MI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLF7788R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

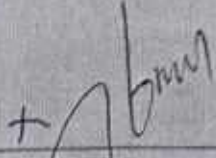
IMPORTANT NOTICE

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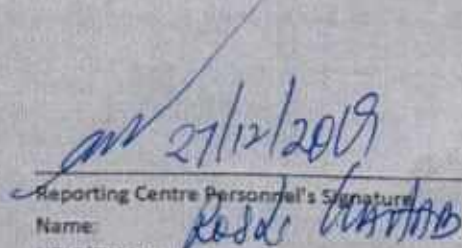
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

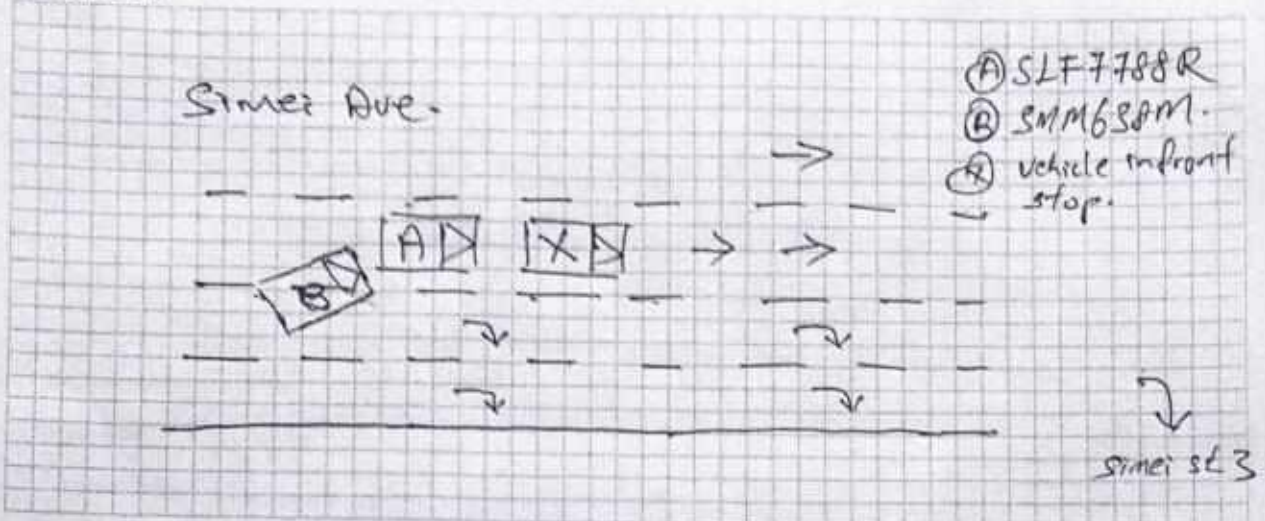
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Rashid Karim
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time I was at the said road. when the front vehicle stop, I follow suit. Suddenly veh B rear ended my vehicle at a relatively great impact. After the accident impact, I feel pain on my back and I consulted doctor and was being warded due to my back bone fractured.

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.:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 26/12/2019 (dd/mm/yy)

Time of Accident: 21:25 (24-HR-FORMAT)

Vehicle No.: SLF7788R Vehicle Make & Model: Merc Benz CLS 63 AMG

Exact location of Accident: Simei Ave (Tampines) Before Junction of Simei st 3

Policyholder's Name / IC No.: Kim Jung M / S2708801E

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 83837788 Company Contact No (Company Veh Only): _____

Driver's Address: 17A Bright Hill Crescent S (579677)

Email address: _____ Insurance Company: ALGI

Relationship between Owner & Driver: (Please CIRCLE one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

*No. of Passengers (Including Driver): 1

*Passanger Name: _____

Gender: Male / Female

*Passanger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: Ng Jian Wei / S9648883A Vehicle No: Toyota Vellfire SMM638M

Driver's Contact No: 83222724 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

Annex D

NOTICE OF REPORTING

This is to confirm that Kim Sung Mi, S2708801E (HP: 83837788) has reported to the Police for a non-injury accident.

On 26.12.2019 at about 9.25pm, I was driving my car (SLF7788R) 2 Simei Street 3 just outside Changi General Hospital. As the vehicle in front of me stopped, I managed to stop in time as well. Suddenly, I felt a sudden impact from the rear of my vehicle. I stopped my car to make a check. The damages on my car is a huge dent on the rear right bumper and the rear right light cover is broken. The car that hit me is SMM638M, driver details (ID: S9648883S)

My vehicle details: SLF7788R

I wish to state that I felt pain on my body however I have not seen a doctor.

I wish to further state that no government properties were damaged and no cyclists or pedestrians were involved. I am lodging this report for record purposes.

Particulars of other driver:

NRIC: S9648883S

Vehicle: SMM638M

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt T190007 Emily Chan

Date and Time of Report: 26/012/2016 at 2258hrs.

S/D Ref: 151

Police Post/ Unit: Bishan NPC



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Kim Sung Mi
Period of Insurance : 02 Jun 2019 To 01 Jun 2020
Engine No. : 15798160003490
Chassis No. : WDD2183742A016160

Vehicle No. : SLF7788R
Policy No. : 2100476078-03
Endorsement No. :
Issued Date : 13 May 2019

ABOUT THE COVER

Make/Model : MERCEDES BENZ CLS 63 AMG
Engine Capacity/Tonnage : 5,461.00 CC
Driver Restriction : Named Driver Basis
Person or Classes of Persons Entitled to Drive* :
a) The Policyholder
b) Any person who is named as a "named driver" under this Policy.

Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2011
Insuring with COE/PAFF : Yes

Age Condition : Not Applicable

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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 96 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$6500 Own Damage - \$6500 Theft - \$6500 Theft Outside Singapore Cover - \$13000 Flood Cover - \$6500

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Kim Sung Mi - \$13000 (Theft Outside Singapore Cover) \$6500 (Fire) \$6500 (Own Damage) \$6500 (Theft), \$6500 (Flood Cover), Kim Jin Ok - \$13000 (Theft Outside Singapore Cover) \$6500 (Fire) \$6500 (Own Damage) \$6500 (Theft), \$6500 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. 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

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).

0503013000

WOO RACK SHON

78 SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 079120 BP-TW-ACE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Manik

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

827818A

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