

**NATIONAL Assessment Centre Services** (wef 1 Jan 05) *NA 200780*

Date In: <i>21/10-09:43</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA1A1620000556124</i>	SAS e-filing		
Veh No: <i>EV8992</i>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <i>6/1/20-10:50</i>	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> TP 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: *SLQ 4959B* 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: (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

<i>NA 200780</i>	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
			for Bill	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)			
Auditors' Comments:-	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
Cat. 1:	8) NTUC Additional Services:-			
	OJ)*			
Cat. 2 / 3:	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N-in INC) against INC \$20			
	9) N12: Idac 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	07/01/2020 09:43
Date Of Accident	06/01/2020 10:50
Exact Location Of Accident	CTE (AYE) BEFORE AMK AVE 5 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EV899Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAP LYE KHIM
NRIC No	SXXXX969C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98288788
Alternative Phone No	OFFICE-98288788
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	GLC200 (R18 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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900251314
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEE TOCK LOE
NRIC No	SXXXX762J
Date Of Birth	08/06/1948
Occupation	INDOOR
Date Of Driving Pass	05/07/1966
Driving Experience	53 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96688788
Fax Number	
Contact Number	OFFICE-96688788
Email Address	NOEMAIL

Address	31 CACTUS CRESCENT
Postcode	809733
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 - CHANGE/CROSS LANE
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: : YAP LYE KHIM GENDER: : FEMALE
Passenger 2	NAME: : SULASTRI 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	SLQ4959B
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)

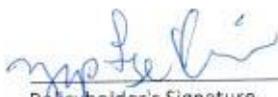
## SKETCH PLAN

### 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. 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:



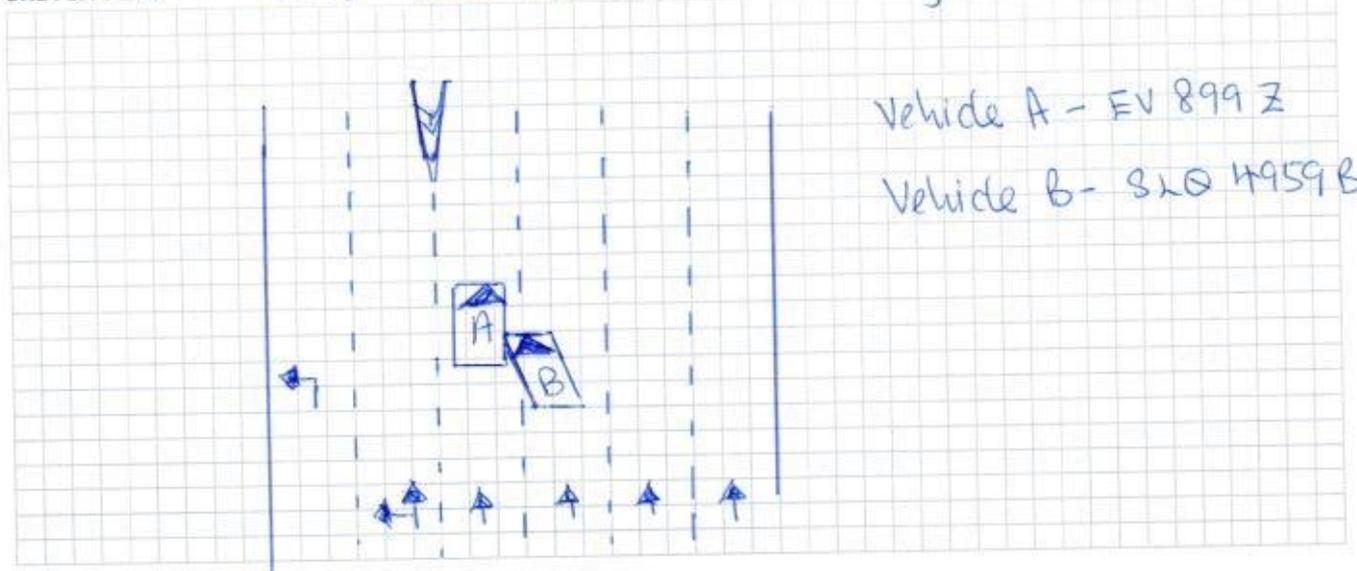
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN

CTE towards AYE before Ang Mo Kio Ave 5 Exit



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, at the stated venue  
 my vehicle 'A' EV 899Z was travelling straight on  
 my rightful lane. Suddenly I felt an impact on my  
 right rear portion. Vehicle 'B' SLQ 4959B had  
 cut into my lane and collided onto my vehicle  
 rear right 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.:

VEHICLE NO: FV 899ZMAKE & MODEL: Mercedes Benz GLC200

DATE OF ACCIDENT	<u>06 / 01 / 2020</u>	
TIME OF ACCIDENT	<u>10.50</u> (AM/PM)	
LOCATION OF ACCIDENT	<u>CTE towards AYE before Ang Mo Kio Ave 5</u>	
Exact Purpose use during accident	<u>leisure</u> <span style="float: right;"><u>Exit</u></span>	
NAME OF OWNER	<u>Yap Lye Khim</u>	
TELP NO	<u>98288788</u>	
NRIC	<u>S0213969C</u>	
CLAIM TYPE	<u>OD / (THIRD PARTY) / Reporting Only</u>	
INSURANCE CO.	<u>AIG</u>	
TYPE OF CAVERAGE	<u>(Comprehensive) / Third Party / Third Party Fire &amp; Theft</u>	
POLICY NO.	<u>1900251314</u>	
NAME OF DRIVER	<u>As above / (If No.) Lee Tock Joe</u>	
NRIC	<u>S2009762J</u>	Any passengers: <u>2 female</u>
DATE OF BIRTH	<u>08 / 06 / 1948</u>	1) <u>Yap Lye Khim</u>
OCCUPATION	<u>Outdoor / (Indoor)</u>	2) <u>Sulastri</u>
DATE OF DRIVING PASS	<u>05 / 07 / 1966</u>	
GENDER	<u>(Male) / Female</u>	
CONTAC NO.	<u>9668 8788</u> Office.	Home.
ADDRESS	<u>31 Cactus Crescent S (809733)</u>	
DRIVER HAVE ANY OWN Vehicle	<u>No / If yes, Reg No. SBE 899Z</u>	
RELATIONSHIP	<u>Employee / If No. Spouse</u>	
WEATHER CONDITION	<u>(Clear) / Raining / Other.</u>	
ROAD SURFACE	<u>(Dry) / Wet / Other.</u>	
ANY INJURIES	<u>(No) / If yes, Who?</u>	
CONTAC NO.		
POLICE REPORT	<u>No / If yes, Where?</u>	
VEHICLE B NO.	<u>S1Q 4959B</u>	Any Passenger:
NAME		
CONTAC NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<u>YES / NO</u>	
PARTICULAR WORKSHOP		
TELP NO	<b>Z-ONE AUTOMOTIVE PTE LTD</b>	
CONTACT PERSON	1 Kaki Bukit Ave 6, Bldg D	
FAX NO.	#01-8777 Autobay @ Kaki Bukit	
	Singapore 417883	
	Tel: +65 6634 2112 Fax: +65 6634 2122	



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

**Name of Policyholder** : YAP LYE KHIM  
**Period of Insurance** : 29 Nov 2019 To 28 Nov 2020  
**Engine No.** : 27492031785221  
**Chassis No.** : WDC2539422F611813

**Vehicle No.** : EV899Z  
**Policy No.** : 1900251314  
**Endorsement No.** :  
**Issued Date** : 11 Dec 2019

### ABOUT THE COVER

**Make/Model** : MERCEDES Benz GLC200  
**Engine Capacity/Tonnage** : 1,991.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2019  
**Insuring with COE/PARF** : Yes

- 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), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

#### Section 1

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

#### Section 2

Property Damage - \$0

Windscreen : \$100

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

YAP LYE KHIM - \$1800 (Own Damage), \$1800 (Flood Cover)

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

1. Cycle & Carriage Eunox Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.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), Road Transport (Amendment) Act 2019 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.**

This computer generated document does not require a signature.

SSCNMD