

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MANAOBAY**

Date In: 14/1/20-16:36	Job description	Date & Time Completed	Done by
Ref No: NA/1622002624 PM	SAS e-filing		
Veh No: JMK6M 4B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/1/20-14:00	i-Motor Claim Form		
OD: 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: **27 4417H** 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idnc DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
at 1:	9) N12: Idnc Mobile 30		
at 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	14/02/2020 16:36
Date Of Accident	13/02/2020 14:00
Exact Location Of Accident	SLIP RD CTE (SLE) TWDS OUTRAM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK6444B
Insured/Policyholder	
Name Of Registered Owner	ESL SERVICES PRIVATE LIMITED
Co Reg No	2XXXXX629Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63347537
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A180 COMPT SALN PROGRESSIVE (R18 LED)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900088593
Cover Note Number	

Driver

Name of Driver	SOWMIA LATHA
NRIC No	SXXXX462D
Date Of Birth	08/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	18/11/2013
Driving Experience	6 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90600840
Fax Number	
Contact Number	OFFICE-90600840
EMail Address	NOEMAIL

Address	BLK 649 WOODLANDS RING ROAD #04-446
Postcode	730649
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	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

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	SLT4417H
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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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:

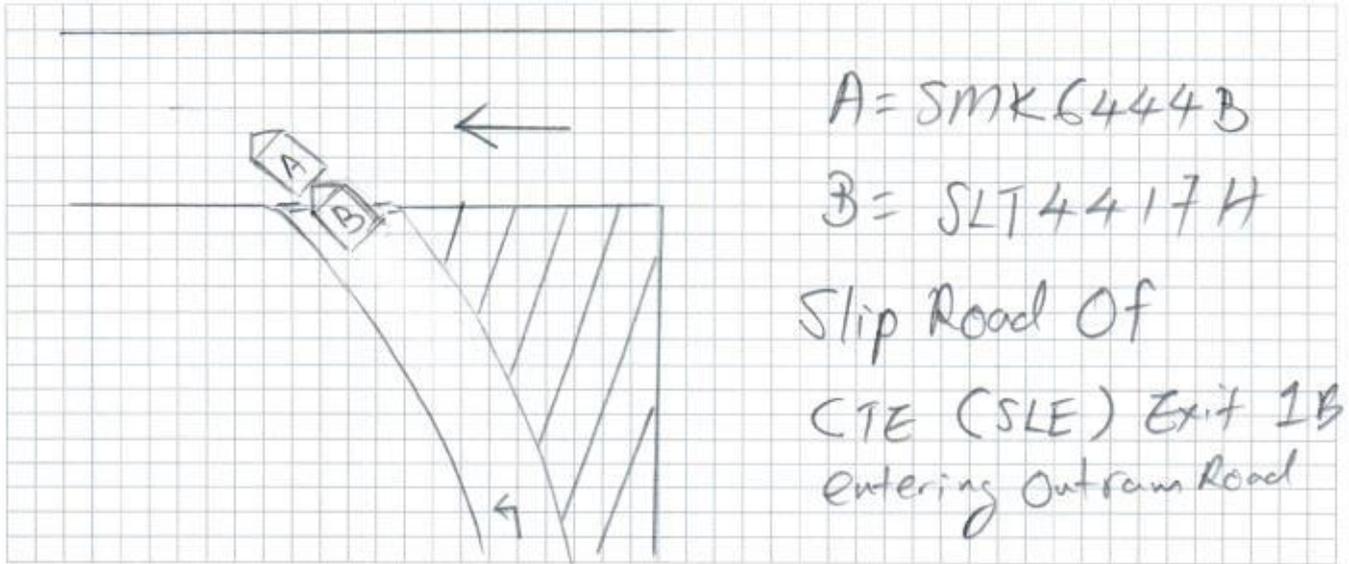


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

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

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

On 13.02.2020 at about 14:00 hours along Slip Road of CTE (SLE) Exit 1B entering Outram Road. I was stationary along the above mentioned slip road and waiting for the oncoming traffic to clear.

When the traffic was clear thus I started to move forward, suddenly I heard a loud bang and felt an impact from behind. When I alighted I realised vehicle (B) had collided onto rear portion of my vehicle (A).

Vehicle (A): SMK 6444B

Vehicle (B): SLT 4417H

Latha



SINGAPORE ACCIDENT STATEMENT

Accident Date:	13/02/20	Time:	14:00	(hh:mm) 24 hr format
Location	Slip Road of CTE (SLE) Exit 1B entering Outram Road			
Vehicle Number	SMK6444B			
Insured Name	ESL Services Private Limited			
NRIC /FIN	2005026297Z	Contact Number	62347537	
Make	Mercedes Benz	Model	A180	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting				
Insurance Company	AIG			
Type of Policy	(<input checked="" type="checkbox"/>) Comprehensive	() Third Party Fire & Theft	() TP Only	
Policy Number	1900088593			
Name of Driver	Sowmia Latha	() Same as Insured		
NRIC /FIN	57182462D	Contact Number	90600840	
Date of Birth	08/04/1971			
Driving Pass Date	18/11/2013			
Occupation	() Indoor	(<input checked="" type="checkbox"/>) Outdoor		
Gender	() Male	(<input checked="" type="checkbox"/>) Female		
Email Address	services-esl@yahoo.com	() NO EMAIL		
Address of Driver	B1K 649 Woodlands King Road #04-446 SC7306499			
Was driver an employee of the Insured's Company?	(<input checked="" type="checkbox"/>) Yes	() No	Director	
If No, Relationship of the Driver with the Insured				
() Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle?	() Yes	(<input checked="" type="checkbox"/>) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions	(<input checked="" type="checkbox"/>) Clear	() Raining	() Others	
Road Surface	(<input checked="" type="checkbox"/>) Dry	() Wet	() Others	
Was any foreign vehicle involved in this accident?	() Yes	(<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident?	() Yes	(<input checked="" type="checkbox"/>) No		
If yes, injured detail				
Was there any video captured by Car Camera?	(<input checked="" type="checkbox"/>) Yes	() No		
Was the Accident reported to the Police?	() Yes	(<input checked="" type="checkbox"/>) No	If yes attach police report	
DETAILS OF 3 rd party	Name / Nric	Contact		
Veh B	SL74417H			
Veh C				
Veh D				
Veh E				
Veh F				

Driver Only



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : ESL SERVICES PRIVATE LIMITED
Period of Insurance : 18 Apr 2019 To 17 Apr 2020
Engine No. : 28291480048328
Chassis No. : WDD1770842J055808

Vehicle No. : SMK6444B
Policy No. : 1900088593
Endorsement No. :
Issued Date : 25 Apr 2019

ABOUT THE COVER

Make/Model : MERCEDES Benz A180 Progressive
Engine Capacity/Tonnage : 1,332.00 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

Any person who is driving on the Policyholder's order or with their 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) 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

Windscreen : \$100

Named Driver and Excess (where applicable)

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

1. Cycle & Carriage Eunus 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.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).

0504612238

CYCLE & CARRIAGE - MW
 239 ALEXANDRA ROAD
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

88CNMD