

NATIONAL Assessment Centre Services. (ver 1 Jan 2003) **MA2001.786**

Date In: 02/03/2000 09:25	Job description	Date & Time Completed	Done by
Ref No: MA/MA200034574	SAS e-filing		
Veh No: 86M 2222L	E-mail (w/da 3hrs, AIC 2hrs)		
D.O.A: 02/03/2000 13:15	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (w/da: OD 3hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

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

TP Particulars: Vch No: **SKL 12777** 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 ()

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolar.

() 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 > \$9000] ()

Injury: ()

Date/Time: ()

MA2001.786

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Architect's Comments: ()

Ref: ()

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1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$10)	
3) TP: Towing Fee \$40/\$45	
4) PT: Follow-Through Survey \$120	
5) PT: Follow-Through Survey (Resurvey) \$30	
6) TR: Re-inspection \$75	
7) NI: 1 day DA + EMRT Survey \$160	
8) NTUC Additional Services:	
ON:	
• NI: Courtesy Car / Tpl Allowance \$3	
• NG: Repair Co-ordination \$10	
• NI: Post Repair Inspection \$23	
• NG: DV / Collect Excess Coordination \$3	
• NI: DV / Collect Excess Coordination \$20	
• TP (NI) / TP (Non INC) against INC \$0	
• NI: 1 day Mobile	
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	03/03/2020 09:26
Date Of Accident	02/03/2020 13:15
Exact Location Of Accident	ALONG PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM2222L
Insured/Policyholder	
Name Of Registered Owner	NG SIEW WAN
Work Permit No	SXXXX301J
Email Address	GDFOOD222@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96312262
Alternative Phone No	OTHERS-96312262

Vehicle Particulars

Manufacturer	JAGUAR
Model	E-PACE 2.0P (249PS)
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	REPORTING ONLY
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	1800100245
Cover Note Number	

Driver

Name of Driver	TANG POH CHEE
Work Permit No	SXXXX715B
Date Of Birth	20/09/1954
Occupation	INDOOR
Date Of Driving Pass	22/06/1973
Driving Experience	46 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96312262
Fax Number	
Contact Number	OTHERS-96312262
Email Address	GDFOOD222@GMAIL.COM

Address	15 SPRINGWOOD HEIGHT
Postcode	118003
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	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?	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL1277T
Vehicle Make/Model/Colour	MERCEDES BENZ VIANO CDI22
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL AMIR BIN ABDULLAH
NRIC/Passport Number	SXXXXX573C
Contact Number	96731017
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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

Along Pasir Panjang Road .



A - SGM2222L

B - SKL 1277T

Gang:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

while I travelling along Pasir Panjang Road, and I stop behind Car 'B' due to Red light. Once the Traffic light change to Green light, I prepare to move and Car B suppose to move but stop. No Action. So I accidentally hit on his Rear Bumper "Centre" dented. No injury was involve at this accident.

Gang:

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:

2-03-20

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

03/03/20
Roshan

ACCIDENT STATEMENT

ACCIDENT DATE: 02/02/2025 (DD/MM/YYYY), TIME: 13:15 (HH:MM)

LOCATION: Along Basir Pongjauk Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGM 2222 L
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 1800100245
 d) POLICY TYPE: ☒ COMPREHENSIVE / ☐ THIRD PARTY / ☐ THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Jaguar
 f) TYPE: ☒ SALOON / ☐ COUPE / ☐ MPV / ☐ VAN / ☐ LORRY / ☐ MOTORCYCLE / ☐ OTHERS
 g) VEHICLE CATEGORY: ☒ PRIVATE / ☐ COMMERCIAL / ☐ MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Normal
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)? ☒ YES / ☐ NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: NG SEW WAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0162301T CONTACT: 96312262
 c) ADDRESS: 15, Springwood Height 118003

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TANG POH CHEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0145715B CONTACT: SPINER
 c) ADDRESS: 15 Springwood Height

* d) DATE OF BIRTH: 20/09/1954 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING: PASS 22/06/1973

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) SPINER
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: ☒ CLEAR / ☐ RAINING / ☐ OTHERS

b) ROAD SURFACE: ☒ DRY / ☐ WET / ☐ OTHERS

6. WAS ANYBODY INJURED (YES/NO)? ☒ YES / ☐ NO

7. a) REPORTED TO POLICE (YES/NO)? ☒ YES / ☐ NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKL 1277 T MODEL: VIANO
 b) DRIVER'S NAME: Abdul Amir Bin Abdulrah
 c) NRIC/FIN/PASSPORT: S1152573 C CONTACT: 96731017

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email: gdford222@gmail.com
 VIDEO



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (JAGUAR) PRIVATE VEHICLE

Name of Policyholder : NG SIEW WAN
 Period of Insurance : 31 Jul 2018 To 30 Jul 2020
 Engine No. : 180323Y0726PT204
 Chassis No. : SADFA2AX8J1Z21634

Vehicle No. : SGM2222L
 Policy No. : 1800100245
 Endorsement No. :
 Issued Date : 17 Aug 2018

ABOUT THE COVER

Make/Model : JAGUAR E-Pace 2.0S

Engine Capacity/Tonnage : 1,998.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2018

Insuring with COE/PARF : 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. 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 - \$500. Theft - \$0. Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

NG SIEW WAN - \$500 (Own Damage)

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

Wearnes Automotive Pte Ltd. Add: 45 Leng Kee Road, Singapore 159103 63789333

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: HONG LEONG FINANCE 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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503480000

WEARNES AUTOMOTIVE - DJW (G)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

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