

NATIONAL Assessment Centre Services Part 1 Jan 2003 MNA 120028078

Date In: 4/13/20 10:21	Job description	Date & Time Completed	Done by
Ref No: NAI AIG 2000 3538/44	SAS e-filing		
Veh No: SJ2 815K	E-mail (within 2hrs, AIC 2hrs)		
DDA: 313/20 18:30	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting, Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: ()	Tel: ()	Fax: ()
IP Particulars:	Veh No: SGM 5760E	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: YBS () / 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 Ref: 67886016)	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	Action

NA 2001801	Invoice Description	Amount (\$)	Adj (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TP: 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		
Auditors Comments:	For claimant's use only (w/c 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) N1: Idco DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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: Idco 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	04/03/2020 10:21
Date Of Accident	03/03/2020 18:30
Exact Location Of Accident	PIE TWDS TUAS B4 STEVEN RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ815K
Insured/Policyholder	
Name Of Registered Owner	LAI MUN PANG ADLER
NRIC No	SXXXX089I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96630887
Alternative Phone No	OFFICE-96630887

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
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	2100404936-04
Cover Note Number	

Driver

Name of Driver	LAI MUN PANG ADLER
NRIC No	SXXXX089I
Date Of Birth	28/06/1974
Occupation	INDOOR
Date Of Driving Pass	16/12/1994
Driving Experience	25 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96630887
Fax Number	
Contact Number	OFFICE-96630887
EMail Address	NOEMAIL

Address	17 CAIRNHILL CIRCLE #20-05
Postcode	229816
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	CHAIN COLLISION
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	3
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?	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	SGM5760E
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKU6487Z
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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)

DETAILS OF INJURED PERSON 1

Name

LAI MUN PANG ADLER

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJZ815K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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:

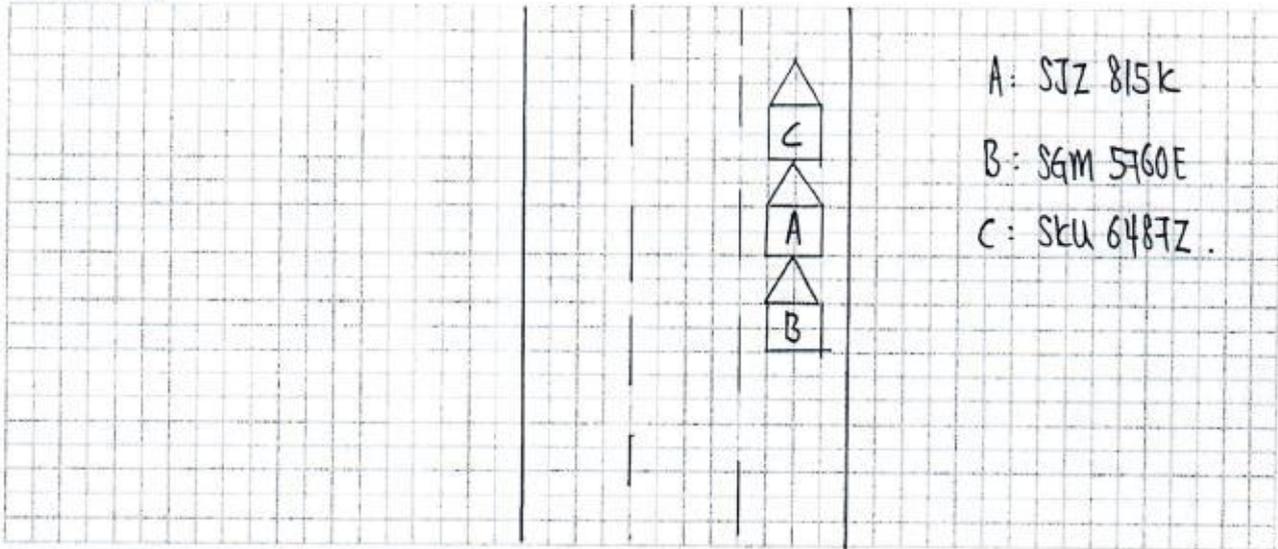
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

On 03-03-2020 at about 18:30pm, I was travelling along PIE Towards
Tuas Before Steven Road Exit, In front the vehicle slowing down and stopped
I follow. Suddenly I felt an impact from my rear and my car moved forward
and hit the front vehicle. I was involved 3 vehicles chain collision.

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.:

Date of Accident : 03-03-2020 Accident Time: 18:30pm (24-HR-Format)
 Accident Place : PIE Towards Tuas Before Steven Road Exit
 Vehicle No. (Car Plate No.) : SJZ 815K Make/Model: Mercedes MB E250
 Insurance Company : AIG Policy No: 2100404936-05
 Owner or Company Name /IC No. : Lai Mun Pong, Adler (S7421089I)
 Owner or Company Contact No. : Owner's Hp 9663 0987 Company Tel
 DRIVER'S Name / IC No. : as above
 DRIVER'S Date Of Birth : 28.06.1974 DRIVER'S License Pass Date 16.12.1994
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : 17 Cairnhill Circle #20-05 (S) 229816.
 DRIVER'S Contact No./ Alt No. : 1) — 2) —
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : —
 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): 1 Driver
 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
 Any Injury (If YES, Pls state): Yes

Vehicle B	<u>Other Party Driver's Particular (if any)</u>	Vehicle : C
Vehicle No: SGM 5760E		Vehicle No: SKU 6487Z
Vehicle Make/Model: _____		Vehicle Make/Model: _____
Name Driver: _____		Name Driver: _____
IC No. Driver/Contact: _____		IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder	: Lai Mun Pang Adler	Vehicle No.	: SJZ815K
Period of Insurance	: 12 Mar 2019 To 11 Mar 2020	Policy No.	: 2100404936-04
Engine No.	: 27492030358710	Endorsement No.	:
Chassis No.	: WDD2122362B140860	Issued Date	: 15 Feb 2019

ABOUT THE COVER

Make/Model	: MERCEDES BENZ E250 2.0 CGI ESTATE	Sum Insured	: Market Value	First Year of Registration	: 2015
Engine Capacity/Tonnage	: 1,991.00 CC	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: NA				

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. 180) 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)

Lai Mun Pang Adler - \$800 (Own Damage)

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 406550 62061818
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 186 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: DBS BANK 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. 180), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500660434

CYCLE & CARRIAGE - KLIFFL
239 ALEXANDRA ROAD
SINGAPORE 159930 ANSP-MOTOR

AIG Asia Pacific Insurance Pte. Ltd.