

NATIONAL Assessment Centre Services.

(part 1 of 2)

MA2003116

Date In: 15/06/2020 14:29	Job description	Date & Time Completed	Done by
Ref No: N/A/20000625014	SAS e-Milling		
Veh No: 84K 88012	E-mail (Update Reg, AIC 2hrs)		
D.O.A: 13/06/2020 18:50	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Participant:	Veh No: 84V 4738U	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 repolter.

() 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: _____

ADN ()

MA2003116	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA + Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP + Towing Fee	\$120
Damaged Portion:	4) PT + Follow-Through Survey	\$30
QC Checked by (Bgr-In-Charge):	5) PT + Follow-Through Survey (Resurvey)	\$30
	6) TR + Re-inspection	\$75
	7) NI + IDAO DA + SMRT Survey	\$140
	8) NIUC Additional Services	
	9) NIUC	\$3
	10) NIUC: Courtesy Car / Trip Allowance	\$10
	11) NIUC: Repair Coordination	\$25
	12) NIUC: Post Repair Inspection	\$3
	13) NIUC: DV / Collect Excess Coordination	\$30
	14) NIUC: TP + IDAO INC + Repairing	\$30
	15) NIUC: 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	15/06/2020 14:29
Date Of Accident	13/06/2020 18:50
Exact Location Of Accident	22 YIO CHU KANG ROAD (HIGHLAND CENTRE CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFK8801Z
Insured/Policyholder	
Name Of Registered Owner	ASHLEE CHEW XUAN YU
NRIC No	SXXXX398C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82107568
Alternative Phone No	OTHERS-82107568

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA180 URBAN

Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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Are you claiming under your own insurance policy for repair to your vehicle?	NO
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	2000004261

Driver

Name of Driver	ASHLEE CHEW XUAN YU
NRIC No	SXXXX398C
Date Of Birth	12/06/1984
Occupation	INDOOR
Date Of Driving Pass	12/03/2008
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82107568
Fax Number	
Contact Number	OTHERS-82107568
Email Address	NOEMAIL

Address	BLK 112 BUKIT PURMEI ROAD #09-209
Postcode	090112
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?	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)	2
Passenger 1	NAME: : REN YI 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV4738U
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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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.:

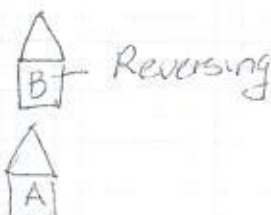
15/06/2020
[Signature]
[Signature]

SKETCH PLAN

22 Ho Chu Kow Rd (Highway Centre Garage)

A - SFR 88012

B - SJV 473BU



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary while waiting for car 'B' SJV 473BU to move out of vehicle car 'B' reversed and hit on my front portion of my vehicle.

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:

 15/06/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 13/06/20		TIME: 1850hrs (hh:mm) 24 hrs Format	
LOCATION: 22 Yio Chu Kang Rd (Highland Centre carpark)			
VEHICLE NUMBER: SFK 0801 Z			
INSURED NAME: Ashlee Chew Xuan Yu			
NRIC / FIN: S841739BC		CONTACT: 82107568	
MAKE: mercedes		MODEL:	
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select: (✓) Third Party () Reporting Only			
INSURANCE COMPANY: AIG			
TYPE OF POLICY: (✓) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER: 2000004261			
NAME DRIVER:		(✓) SAME AS INSURED	
NRIC / FIN:		CONTACT: 82107568	
DATE OF BIRTH: 12/6/84			
DRIVING PASS DATE: 12/3/08			
OCCUPATION: (✓) INDOOR () OUTDOOR			
GENDER: () MALE (✓) FEMALE			
EMAIL ADDRESS:		() NO EMAIL	
ADDRESS OF DRIVER: Blk 112 BUKIT PURMEI ROAD #09-209, S 090112			
Number Of Passenger Include Driver: 01 DRIVER + 01 Passenger: Ren Yi (F)			
Was driver an employee of the Insured's Company? () YES (✓) NO			
If No, Relationship Of The Driver With The Insured			
(✓) Owner () Spouse () Friend () Relative () Children () Sibling () Others			
Does The Driver Own Any Other Vehicle?: () YES (✓) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle:			
Weather Conditions: (✓) Clear () Raining () Drizzling () Others			
Road Surface: (✓) Dry () Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES (✓) NO			
Was Anybody Injured In The Accident? () YES (✓) NO			
If YES, Injured details:			
Convey By Ambulance: () YES (✓) NO			
Was There Any Video Capture By Car Camera? (✓) YES () NO			
Was There Accident Reported To The Police? () YES (✓) NO If Yes Attach Police Report			
Police Report Number (if any):			
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver)	Contact
Veh B	SJV 4738U	() / Not Sure ()	
Veh C		() / Not Sure ()	
Veh D		() / Not Sure ()	
Veh E		() / Not Sure ()	
Veh F		() / Not Sure ()	
Veh G		() / Not Sure ()	



COVER NOTE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : ASHLEE CHEW XUAN YU
Period of Insurance : 13 Jan 2020 to 12 Jan 2021
Engine No. : 27091031942646
Chassis No. : WDC1569422J685317



Vehicle No. : SFK88017
Cover Note No. : 2000004261
Endorsement No. :
Issued Date : 13 Jan 2020



ABOUT THE COVER

Make/Model : MERCEDES Benz GLA180
Engine Capacity/Tonnage : 1,595.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2020
Insuring with COE/PAFF : 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 authorized 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" ("YIDER") if you are or Your Authorised Driver (named or unnamed) is under the age of 21 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, 1997 (Malaysia), and not to be included under these headings.

EXCESS

Section 1
Fire & 3rd Party Damage : \$400 (Third) : \$0 (Third Cover) : \$400
Section 2
Theft & Damage : \$0
Windscreen : \$100
Section 3
Theft & Damage : \$0
ASHLEE CHEW XUAN YU : \$300 (Fire Damage) : \$100 (Windscreen)

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

1. Cycle & Carriage Centre - Service Center (For accident remedial only) Add: 330 Ubi Road 3 Singapore 408590 62051818
2. Cycle & Carriage Centre - Repair Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62001818
Disclaimer: Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6335 6200. Alternatively, you may refer to AIG website 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

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.
We hereby certify that this Cover Note 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, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

04612284

CLE & CARRIAGE - DANTAN
ALEXANDRA ROAD
SINGAPORE 159930

Written by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

2020.01.13