

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MNA170094473**

Date In: 27/10/20 - 13:55	Job description	Date & Time Completed	Done by
Ref No: NA/A/15201676/24	SAS e-filing		
Veh No: 5KE2857M	E-mail (within 3hrs, A/C 2hrs)		
D.O.A : 26/10/20 - 08:00	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: 5KJ6096B	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

1P200596	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) 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			
	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5			
Cat. 1:	TP (N11) : TP (N-in INC) against INC			
Cat. 2 / 3:	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	27/10/2020 13:58
Date Of Accident	26/10/2020 08:00
Exact Location Of Accident	SLE TWDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE2287U
Insured/Policyholder	
Name Of Registered Owner	TAY CHONG WEE
NRIC No	SXXXX542Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97623506
Alternative Phone No	OFFICE-97623506

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 180 KOMPRESSOR
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	2100289600-08
Cover Note Number	

Driver

Name of Driver	NOEL TAY YONG KIAT
NRIC No	SXXXX054F
Date Of Birth	11/12/1998
Occupation	INDOOR
Date Of Driving Pass	15/03/2018
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83891352
Fax Number	
Contact Number	OFFICE-83891352
Email Address	NOEMAIL

Address	BLK 90 PUNGGOL DRIVE #14-04
Postcode	828794
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	WET

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?	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)	2
Passenger 1	NAME: : SHAKTINAIDU 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	SKJ6096B
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KWAN SHAO BIN CLIFFORD
NRIC/Passport Number	SXXXX364D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NOEL TAY YONG KIAT
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKE2287U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SHAKTINAIDU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKE2287U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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 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.
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 processed 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 firm, 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 insurer and/or GIA to their third party service providers or agents (including their lawyers/law firm), 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, law or court orders.

Policyholder's Signature
Date&Time:

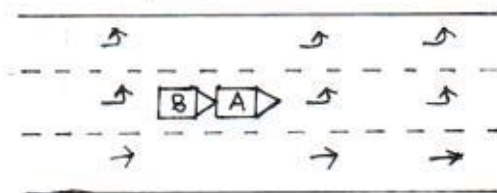
N.L.
Driver's Signature
(If driver is not the policyholder)
Date&Time: 26/10/20 1630h


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

SKETCH PLAN

SLE (BKE) woodlands

car A : SKE 2287U
car B : SKJ 6096B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along SLE (BKE) woodlands on the second (middle) lane on the 26th of October 2020. At 0802 Hours, car B suddenly collided into the rear of my car, car A.

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: 26/10/20 1630h

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

Date of Accident : 26/10/20 Accident Time: 0802 (24-HR-FORMAT)
Accident Place : SLE exiting to BKE(WOODLANDS)
Vehicle Reg. No. (Car Plate No.) : SKE2287 U
Vehicle Make/Model : Mercedes C180
Insurance Company : AIG Policy No. 2100289600-08
Owner or Company Name /IC No. : BEN Tay Chong Wee 573305422
Owner or Company Contact No. : 97623506 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : NOEL Tay Yong Kiat
DRIVER'S Date of Birth : 11/12/1998 DRIVER'S License Pass Date: 15/03/2018
Relationship of Owner & Driver: Spouse / Parents / Children / Sibling / Employee / Others: _____
DRIVER'S Address : BLK 90 Punggol Drive #14-04 S(828794)
DRIVER'S Contact No./ Alt No. : 1) 8389 1352 2) _____
DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address : ntyk1313@gmail.com
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): 2 Im gk. SHAKTANHAIDU
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

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SKJ6096 B</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>BMW</u>	Vehicle Make/Model: _____
Name Driver: <u>Kwan Shao Bin Clifford</u>	Name Driver: _____
IC No. Driver: <u>59043364 D</u>	IC No. Driver: _____
Driver's Contact & Add: <u>628A Woodlands</u> <u>Ring Road #12-284</u> <u>S(731628)</u> <u>165 94779457</u>	Driver's Contact & Add: _____



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Tay Chong Wee
Period of Insurance : 16 Feb 2020 To 15 Feb 2021
Engine No. : 27191031352231
Chassis No. : WDD2040452A674221

Vehicle No. : SKE2287U
Policy No. : 2100289600-08
Endorsement No. :
Issued Date : 29 Jan 2020

ABOUT THE COVER

Make/Model : MERCEDES BENZ C180K BE
Engine Capacity/Tonnage : 1,597.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2012
Insuring with COE/PAF : 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tay Chong Wee - \$800 (Own Damage), \$800 (Flood Cover), Kim Kim - \$800 (Own Damage), \$800 (Flood Cover)

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.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).

0500660308

CYCLE & CARRIAGE - DK

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

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