

# NATIONAL Assessment Centre Services

Date In: 30/10/20	Job description	Date & Time Completed	Done by
Ref No. NA/AIG20011863/13	SAS e-filing		
Veh No: SKP2884	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 30/10/20 0705	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: (	VISION AUTOWORK	Tel:		Fax:	
TP Particulars:	Veh No: SME4893H	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: (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	Action

NA2005766	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Customer'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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp 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: Idao 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	30/10/2020 16:48
Date Of Accident	30/10/2020 07:05
Exact Location Of Accident	JUNC OF SENGKANG EAST AVE & ANCHORVALE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP288Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH PUAY SOON PETER(WU PEISHUN)
NRIC No	SXXXX750D
Email Address	GOHPS79@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98766890
Alternative Phone No	OTHERS-98766890

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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	1800140589-01
Cover Note Number	

### Driver

Name of Driver	GOH PUAY SOON PETER(WU PEISHUN)
NRIC No	SXXXX750D
Date Of Birth	20/06/1979
Occupation	INDOOR
Date Of Driving Pass	28/09/1998
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98766890
Fax Number	
Contact Number	OTHERS-98766890
E Mail Address	GOHPS79@YAHOO.COM

Address	17 FERNVALE CLOSE #14-33
Postcode	797478
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?	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

PLS REVER TO THE ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME4893H
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	GOH PUAY SOON PETER(WU PEISHUN)
Approximate Age	
Injuries Sustain	BODY PAIN
Injured person in which vehicle?	SKP288Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

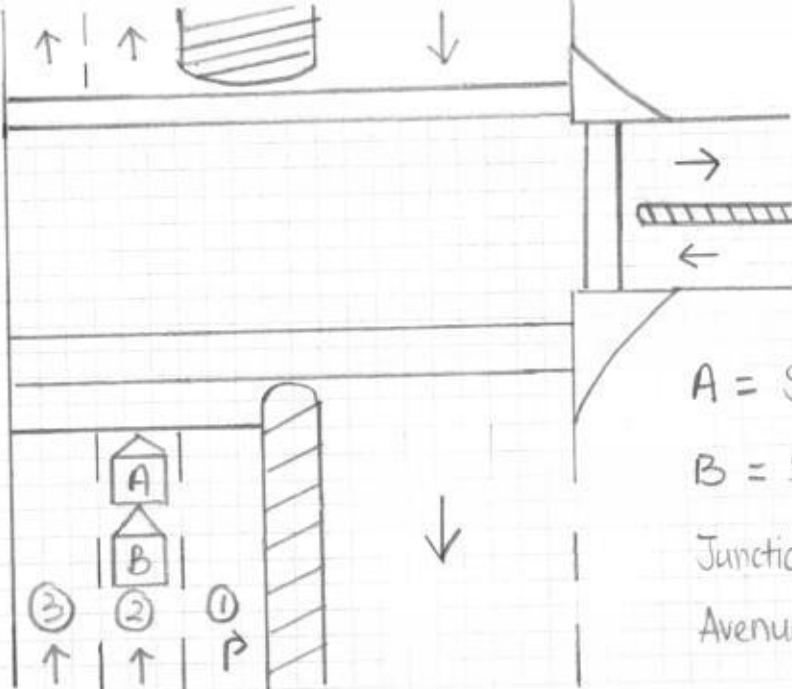
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

Red  
Light



A = SKP 288Y

B = SME 4893H

Junction of Sengkang East  
Avenue and Anchorvale Road

## 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:

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

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

On 30.10.2020 at about 07:05 hours at Junction of Sengkang East Avenue and Anchorvale Road. I was stationary on lane 2 (along Sengkang East Avenue towards Sengkang West Avenue) and waiting for the traffic light to turn green.

Suddenly, I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

Vehicle (A): SKP 288Y

Vehicle (B): SME 4893H

A handwritten signature in black ink, consisting of a stylized 'G' followed by a checkmark-like flourish.



## SINGAPORE ACCIDENT STATEMENT

Accident Date: 30/10/2020		Time: 07:05		(hh:mm) 24 hr format	
Location Junction of Sengkang East Avenue and Anchervale Road					
Vehicle Number SKP 288Y					
Insured Name Goh Puay Soon Peter					
NRIC / FIN S7917750D		Contact Number 9876 6890			
Make Mercedes Benz		Model E200			
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 1860140589-01					
Name of Driver				( <input checked="" type="checkbox"/> ) Same as Insured	
NRIC / FIN		Contact Number			
Date of Birth 20/06/1979					
Driving Pass Date 28/09/1998					
Occupation ( <input checked="" type="checkbox"/> ) Indoor ( ) Outdoor					
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female					
Email Address GohPS79@yahoo.com.sg				( ) NO EMAIL	
Address of Driver 17 Fernvale Close # 14-33 Singapore 797478					
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No					
If No, Relationship of the Driver with the Insured					
( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling					
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 ( <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? ( <input checked="" type="checkbox"/> ) Yes ( ) No					
If yes, injured detail Goh Puay Soon Peter - Body Pain					
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 <sup>rd</sup> party		Name / Nric		Contact	
Veh B SME 4893H					
Veh C					
Veh D					
Veh E					
Veh F					

Driver Only





## CERTIFICATE OF INSURANCE

### MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder	: GOH PUAY SOON PETER (WU PEISHUN)	Vehicle No.	: SKP288Y
Period of Insurance	: 30 Nov 2019 To 29 Nov 2020	Policy No.	: 1800140589-01
Engine No.	: 27492031662382	Endorsement No.	:
Chassis No.	: WDD2130422A552067	Issued Date	: 20 Nov 2019

#### ABOUT THE COVER

Make/Model	: MERCEDES Benz E200 Sedan Avantgarde	First Year of Registration	: 2018
Engine Capacity/Tonnage	: 1,991.00 CC	Sum Insured	: Market Value
Driver Restriction	: NA	Off Peak Car	: No
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 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" ("YIDER") 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 2018, 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)

GOH PUAY SOON PETER (WU PEISHUN) - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Cycle & Carriage Eunice 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](http://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 2018 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612219

CYCLE & CARRIAGE - EDCHUA

239 ALEXANDRA ROAD

SINGAPORE 169930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOSLEAPP