

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MAJAN01035

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 23/11/2012-1237 | Job description | Date & Time Completed | Done by |
| Ref No: 4910163012839/24 | SAS e-filing | | |
| Veh No: JCM3539C | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 22/11/2012-13:42 | 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: JMW3995J | 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 | Actions |
|-----------|---------|
| | |
| | |
| | |
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| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| 142006357 | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | Inc Bill | Add Bill |
| 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) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD* | | |
| | *N5: Courtesy Car / Tpl Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (N-in INC) against INC \$20 | | |
| | 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 | 23/11/2020 10:33 |
| Date Of Accident | 22/11/2020 13:40 |
| Exact Location Of Accident | JURONG WEST ST 91 NEAR NANYANG COMMUNITY CLUB |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKU3539C |
| Insured/Policyholder | |
| Name Of Registered Owner | CHAN YIK CHEONG |
| NRIC No | SXXXX082I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96399108 |
| Alternative Phone No | OFFICE-96399108 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | MERCEDES-BENZ |
| Model | CLA180 (R18 BI) |
| 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 | 2100421063-05 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHAN YIK CHEONG |
| NRIC No | SXXXX082I |
| Date Of Birth | 05/08/1958 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/05/1994 |
| Driving Experience | 26 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96399108 |
| Fax Number | |
| Contact Number | OFFICE-96399108 |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 923 JURONG WEST STREET 92 #07-23 |
| Postcode | 640923 |
| 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 - MAJOR/MINOR RD |
| 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? | |
| 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 | SMW3995J |
| 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

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. 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: 23/11/20 0936



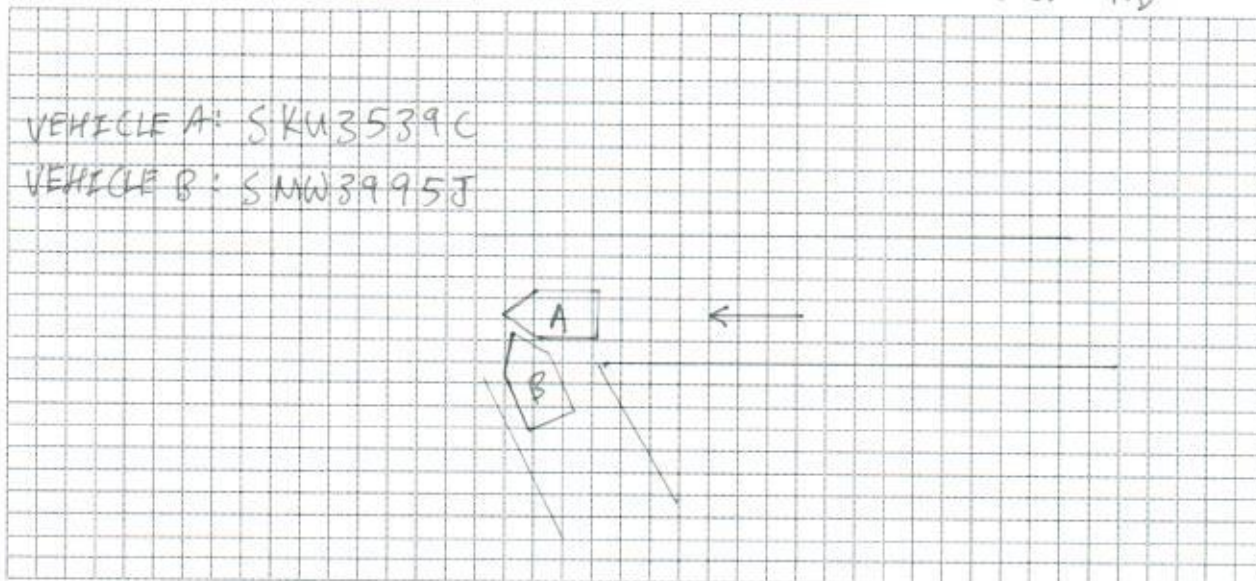
Driver's Signature
(If driver is not the policyholder)
Date & Time: 23/11/20 0936



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

SKETCH PLAN:

JURONG WEST ST 91 NEAR NANYANG CC SLIP RD

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I WAS TRAVELLING ALONG JURONG WEST ST 91 NEAR NANYANG COMMUNITY CLUB SLIP ROAD. VEHICLE B SUDDENLY DROVE OUT FROM SLIP ROAD AND COLLIDED ONTO MY VEHICLE FRONT LEFT PORTION.

DECLARATION

I/ We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 28/11/20

0926

Driver's Signature

(if driver is not the policyholder)

Date & Time: 28/11/20 0926

Reporting Centre Personnel's Signature

Name:


NRIC / FIN No.:

Accident Reporting Draft

VEHICLE NO: SKU3539C

MODEL: MERCEDES BENZ CLA180

AUTO/MANUAL

| | | | |
|-----------------------------------|--|----------------|-------|
| DATE OF ACCIDENT | 22/11/20 | C.C: | |
| TIME OF ACCIDENT | 1340 | HRS | AM/PM |
| LOCATION OF ACCIDENT | JURONG WEST ST 91 NEAR NANYANG COMMUNITY CLUB SLIP ROAD | | |
| EXACT PURPOSE USE DURING ACCIDENT | | | |
| NAME OF OWNER | CHAN YIK CHEONG | | |
| CONTACT NO. | 96399108 | EMAIL: | |
| NRIC | S1295082I | | |
| CLAIM TYPE | OD / THIRD PARTY / REPORTING ONLY THIRD PARTY | | |
| INSURANCE CO. | AIG | | |
| TYPE OF COVERAGE | COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT | | |
| POLICY NO. | | | |
| NAME OF DRIVER | AS ABOVE / IF NO: SAME AS ABOVE | | |
| NRIC | S1295082I | ANY PASSENGER: | 0 |
| DATE OF BIRTH | 5/8/1958 | | |
| OCCUPATION | OUTDOOR / INDOOR | | |
| DATE OF DRIVING PASS | | | |
| GENDER | MALE / FEMALE | | |
| CONTACT NO. | 96399108 | EMAIL: | |
| ADDRESS | BLK 923 JURONG WEST STREET 92 #07-23 S(640923) | | |
| DOES DRIVER OWN OTHER VEHICLES | NO/ IF YES: REG NO. | | |
| RELATIONSHIP | EMPLOYEE/ IF NO: | | |
| WEATHER CONDITION | CLEAR / RAINY/ OTHER: CLEAR | | |
| ROAD SURFACE | DRY / WET/ OTHER: DRY | | |
| ANY INJURIES | NO / IF YES: | | |
| CONTACT NO. | | | |
| POLICE REPORT | NO / IF YES: | | |
| VIDEO RECORDING | NO / YES | | |
| VEHICLE B NO. | SMW3995J | ANY PASSENGER: | |
| NAME | | | |
| CONTACT NO. | | | |
| VEHICLE C NO. | | ANY PASSENGER: | |
| VEHICLE D NO. | | ANY PASSENGER: | |
| VEHICLE E NO. | | ANY PASSENGER: | |
| VEHICLE F NO. | | ANY PASSENGER: | |
| ANY WITNESS | | | |
| WITNESS CONTACT NO. | | | |
| PARTICULAR WORKSHOP | <div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div> | | |
| MOBILE NO. | | | |
| CONTACT PERSON | | | |
| FAX NO. | | | |

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Policy No. : 2100421063-05

Period of Insurance : 21 Jul 2020 to 20 Jul 2021

Issued Date : 02 Jul 2020

ABOUT THE POLICYHOLDER

Name of Policyholder : Chan Yik Cheong
 Address : 923 Jurong West Street 92
 #07-23
 SINGAPORE 640923
 Occupation/Nature of Business : Executives

ABOUT THE VEHICLE

Registration No. : SKU3539C Engine Capacity/Tonnage : 1,595.00 CC
 Chassis No. : WDD1173422N230457 Engine No. : 27091030691239
 Seating Capacity : 5 First Year of Registration : 2015 Body Type : Sedan
 Make/Model : MERCEDES BENZ CLA180 URBAN
 Hire Purchase Company/Employer's Loan : DBS BANK LTD

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No
 Driver Restriction : NA Insuring with COE/PAF : 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.

Other Key Policy Benefits :

Fixtures / Accessories - \$1000, Act of God, PA to Authorised Driver / Unnamed Passengers - \$10000, Personal Effects - \$1000, Solar Film - \$1150, Strike, Riots and Civil Commotions, In-Car Camera Excess Waiver, Fixture and Accessories (Cosmetic) - \$5000, Loan Protection, Key Replacement Cover - \$2000, NCD Protector, PA Insured - \$100000, Dealer + AIG Authorised Workshops, Glass Roof/Moon Roof/Sun Roof/ Panoramic Glass Roof, Loss of Use 2000cc

EXCESS

Section 1
 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800
Section 2
 Property Damage - \$0
Windscreen : \$100
Named Driver
 Chan Yik Cheong - \$800 (Own Damage), \$800 (Flood Cover)

PREMIUM

| | | |
|--------------|-----------|-----------------|
| Premium | \$ | 1,334.68 |
| GST (7%) | \$ | 93.43 |
| Total | \$ | 1,428.11 |

Your Premium includes the following discount(s):
 Online Driver Risk Test Disc_2 - 10.00%, Safe Driver Discount - 5.00%, Loyalty Discount - 8.00%, No Claim Discount - 50%