

NATIONAL Assessment Centre Services. [ref 1 Jan 05]

MAY 2007 226

Date In:	Job description	Date & Time Completed	Done by
23/11/2007 18:08	SAS e-filing		
Ref No: N/A/MAC2007290614	E-mail (by date, A/C class)		
Veh No: SKZ 33988	I-Motor Claim Form		
D.O.A: 23/11/2007 12:00	I-Motor W/O (with: OD class, TP class)		
OID: TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whiz		

Preferred Wkep / INC Assign Wkep / OW: ()

TP Particulars: Veh No: SKC 61935 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 repair.

() 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 > \$3000] ()

Injury: _____

NA2006196

Driver/Owner:	1) All Accident Reporting (\$30)	ING (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$45545
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$73
	7) NI: (also DA + SMRT Survey)	\$160
	8) NTUC Additional Services	
	ON:	
	* NS: Courtesy Car / Tpl Allowance	\$3
	* NG: Repair Coordination	\$33
	* NI: Post Repair Inspection	\$3
	* ND: DV / Collect Excess Coordination	\$30
	TE (NI) / TP (Non-INC) against ING	\$0
	9) NI: Idea 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	23/11/2020 18:08
Date Of Accident	22/11/2020 12:00
Exact Location Of Accident	ALONG PATERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ3398R
Insured/Policyholder	
Name Of Registered Owner	NG POH WOEI (WU BAOWEI)
NRIC No	SXXXX981Z
Email Address	EDWARD8981@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86996644
Alternative Phone No	OFFICE-86996644

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180 SEDAN AVANTGRADE EXCLUSIVE
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	REPORTING ONLY
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	1900007259-01
Cover Note Number	

Driver

Name of Driver	NG POH WOEI (WU BAOWEI)
NRIC No	SXXXX981Z
Date Of Birth	23/09/1982
Occupation	INDOOR
Date Of Driving Pass	19/07/2004
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86996644
Fax Number	
Contact Number	OFFICE-86996644
EMail Address	EDWARD8981@GMAIL.COM

Address	2 SHANGHAI ROAD #07-06
Postcode	248209
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	SIDE SWIPE
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)	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

PLEASE REFER TO SKETCH PLAN

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	SKC6793J
Vehicle Make/Model/Colour	MITSHUBISHI
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	AW PHANG WEI JOHN JR
NRIC/Passport Number	SXXXX594I
Contact Number	91476625
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: 11.18 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:



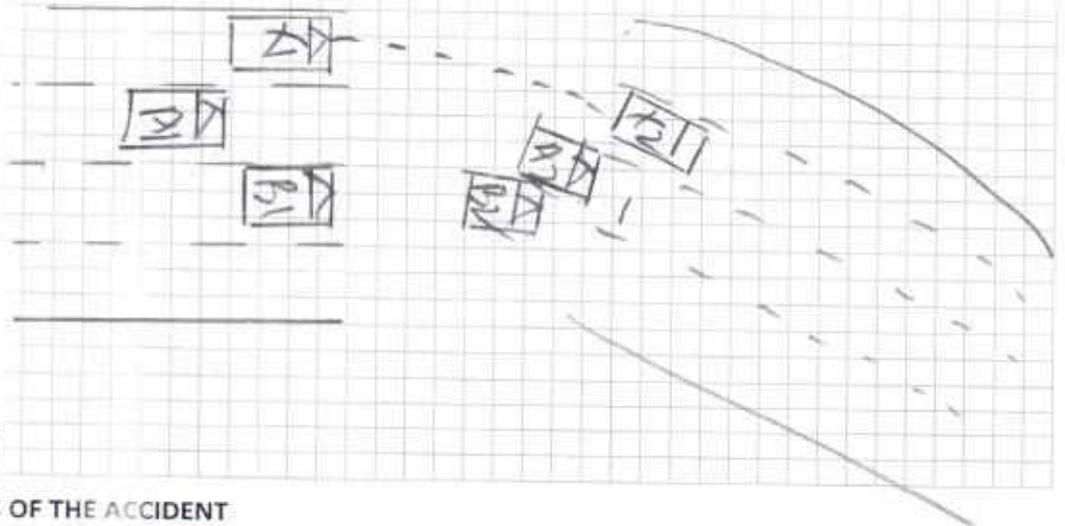
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

PATERSON ROAD TOWARDS ORCHARD



- X) S1074CD
- A) SK2 3398R
- B) SKC 6793J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22 Nov 20, 12.01 pm, I was driving along Paterson Road towards Orchard Road. Traffic was heavy. I was at second lane. When traffic light change to green, I follow my lane. Suddenly, a black car on my left cut into (S1074CD) my lane and my car slightly move to right and the car on my right bump against my rear side right (SKC6793J) rear my back wheel. We stopped and exchange particulars.

DECLARATION

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

[Signature]
 Policyholder's Signature

Date & Time: 23 / 11 / 20
 11.30am

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

[Signature] 23/11/2020
 Reporting Centre Personnel's Signature
 Name: Reda
 NRIC/FIN No.:

INSURANCE

ACCIDENT STATEMENT

ACCIDENT DATE: (22/11/2010) (DD/MM/YYYY), TIME: (12:01) (HH:MM)

LOCATION: Paterson Rd

- 1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: SK23398R
 - b) INSURANCE COMPANY: AIG
 - c) POLICY NUMBER:
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: Mercedes C180
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: Personal
 - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

- 2. INSURED / POLICY HOLDER
 - A) NAME: NG OH HOE (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S2299212 CONTACT: 86996644
 - c) ADDRESS: ~~B11C 019 #15-244~~ Riv Edge 2 Shanghai Road #07-06

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers (including driver) (1)

- DRIVER
 - a) NAME: Ar. Above (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: CONTACT:
 - c) ADDRESS:

*d) DATE OF BIRTH: (23/9/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) DATE OF DRIVING PASS 19 Jul 2004

- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: cc driver
- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR
- b) ROAD SURFACE: (DRY / WET / OTHERS)
- 6. WAS ANYBODY INJURED (YES/NO)
- 7. a) REPORTED TO POLICE (YES/NO) IF YES, PLEASE STATE WHICH POLICE STATION:

No of passenger (including driver) ()

- 8. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: SKC 6793 J MODEL: Mitsubishi
 - b) DRIVER'S NAME: AW PAIANG WEI JOHN JR
 - c) NRIC/FIN/PASSPORT: S7344594I CONTACT: 91476625

No of passenger (including driver) ()

- 9. THIRD PARTY VEHICLE
 - d) VEHICLE NUMBER: MODEL:
 - e) DRIVER'S NAME:
 - f) NRIC/FIN/PASSPORT: CONTACT:

email = edward8981@gmail.com VIDEO



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder	: NG POH WOEI (WU BAOWEI)	Vehicle No.	: SKZ3308R
Period of Insurance	: 25 Jun 2020 To 22 Jan 2021	Policy No.	: 19C0007250-01
Engine No.	: 27491031552528	Endorsement No.	
Chassis No.	: WDD2050402R432008	Issued Date	: 20 Dec 2019

ABOUT THE COVER

Make/Model : MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE
 Engine Capacity/Tonnage : 1,505.00 CC Sum Insured : Market Value First Year of Registration : 2019
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes
 Person or Classes of Persons Entitled to Drive* :

(1) The Policyholder
 (2) Any other person who is driving on the Policyholder's behalf or with their permission.
 (The Policy will indemnify the Policyholder in any such case unless any of the insureds is specified age restriction)
 You have to pay an additional sum of \$5,000 as "Young Driver Inexperienced Driver Excess" (YDIE) if You/any of Your Authorized 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 for hire, racing, cross-country, liability test 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 2019/20

* Limitations outlined in paragraph 6 of the Motor Insurance (Third Party Risk and Compensation) Act (Cap. 195), Section 85 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, do not refer to included under these headings.

EXCESS

Section 1
 Fire - \$0 (Own Damage - \$80); Theft - \$0 (Fixed Cover - \$80).

Section 2
 Property Damage - \$0

Wholesaler - \$100

Named Driver and Excess (where applicable)

NG POH WOEI (WU BAOWEI) - \$80 (Own Damage); \$80 (Fixed Cover)

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

1. Coda & Garage Service Centre (For accident reporting only), Add: 220 Ulu Road 2, Singapore 438950 (220U12)

2. Coda & Garage Pte Ltd (For accident reporting only), Add: 120 Havelock Road, Singapore 160030 (120H12)

For other approved reporting centres/Authorised Repairers, please contact our 24-hour accident emergency helpline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG 24-hour helpline Simply Assist and Helpline AIG 24-hour (Toll-free or Charge Pay).

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Insurance (Third Party Risk and Compensation) Act (Cap. 195, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party) Rules, 1989 (Malaysia).

9304E12204

CYCLE & CARRIAGE - ANOYTH

230 ALEXANDRIA ROAD

SINGAPORE 159330

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

99204

19 C0007250-01 (19C0007250-01) (19C0007250-01) (19C0007250-01)

AIG Asia Pacific Insurance Pte. Ltd.

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related)
- Advice on Motor Claims procedures
- Medical Referral Assistance

If no one is injured in the accident:

- You are not required to make any police report.
- Record vehicle number, make and address, insurance company and policy number of the other driver(s) and vehicle(s).
- Collect details (name, address and contact number) of witnesses should you take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours of the next working day of the accident.

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run cases:

- Report the accident to the police, providing full details of the circumstances of the accident.
- Collect details (name, address and contact number) of witnesses should you take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours of the next working day of the accident.

What should I do in the event of an accident?

- Stop cars and move your car to a safe place.
- Do not admit or discuss fault or blame with the other party(ies).
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours of the next working day of the accident.
- Submit Written/Oral Correspondence from their policyholder to AIG immediately.

LOSS OF USE CAR REPLACEMENT BENEFIT

Applicable only if this benefit is included in your motor insurance. Please refer to your Policy Schedule for details. Policy terms and conditions apply. Please call our customer service hotline number (65) 6419-3000 for assistance.

The Certificate of Insurance (CI) should be produced without demand when collecting the Rental Car and the Rental Car Company reserves the right to verify the identity of the holder. The CI is the property of AIG and its use is subject to the terms and conditions contained in the Loss of Use Endorsement under the policy issued to the policyholder.

Steps to activate Loss of Use Car Replacement Benefit and Important Information

1. To activate your loss of use car replacement, please contact the Rental Car Company (listed below) after filing/reporting your accident claim.
2. Your rental car will be made available within 5 working hours of activation with the Rental Car Company.
3. At the time of collection of the Rental Car, the original insurance policy and schedule issued by AIG, a copy of the Accident Report from Mercedes Benz Authorised Body Cars and Repair Centre must be produced.
4. The number of days is based on the period your vehicle is in the repair workshop unless the number of days of loss of use entitlement is stated in the Policy.
5. Rental cars are strictly for use in Singapore only.