

# NATIONAL Assessment Centre Services.

(first 1 Jan 2005)

SN083170005

Date In: 07/01/2021 16:29	Job description	Date & Time Completed	Done by
Ref No: NIA210003061	SAS e-filing		
Veh No: SMC 4305R	E-mail (Vjula this, A/C this)		
D.O.A: 06/01/2021 16:30	I-Motor Claim Form		
OD TP Reporting Only	I-Motor W/O (Withdr: OD this, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBF 867561	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 ref 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: \_\_\_\_\_

NIA2100557	1) All: Accident Reporting (30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (10)	
Contact No:	3) TP: Towing Fee \$40/45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 in 200)	
	6) TL: Re-inspection \$160	
	7) NI: IDA DA + SMRT Survey	
	8) NTUC Additional Service	
	ON:	
	*NI: Courtesy Car / TP Allowance \$5	
	*NI: Repairs Coordination \$10	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Warrants Coordination \$5	
	*NI: DV / Collect Warrants Coordination \$10	
	TP (NI): TP (NI) INC against INC \$0	
	5) NI: IDA 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 Submission	07/01/2021 16:29 (SGT)
Date of Accident	06/01/2021 16:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS B/F CLEMENTI RD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ4309R
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SAIL INTERNATIONAL MARKETING PTE. LTD
Company Reg No	2XXXXXX273M
Email Address	taythiamchong7908764@gmail.com
Mobile Phone No	(Phone) +65-91080320
Alternative Phone No	+65-91080320

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	V260 AVG L
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900245872-01
Cover Note Number	-

#### DRIVER

Name of Driver	TAY THIAM CHONG BENJAMIN (ZHENG TIANCONG)
NRIC No	SXXXX764E

Date Of Driving Pass	11/04/2003
Driving experience	17 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91080320
Alt. Phone Number	-
Email Address	taythiamchong7908764@gmail.com
Address	BLK 213 BUKIT BATOK STREET 21 #06-211
Address complement	-
Postcode	650213
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### 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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	WILLIAM
Gender	Male

#### PASSENGER 2

Name	BARREN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	GBF8675U
Vehicle Manufacturer	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	EQ
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	TAY THIAM CHONG BENJAMIN (ZHENG TIANCONG)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SMQ4309R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	WILLIAM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SMQ4309R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 3

Name of injured person	BARREN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SMQ4309R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## 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.

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SAIL INTERNATIONAL MARKETING PTE LTD  
Singapore  
Registration: 201313273M

Policyholder's Signature  
Date & Time:

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

on 10/10/2021  
Reporting Centre Personnel's Signature  
Name: Resi  
NRIC/FIN No.: 123456789

# SKETCH PLAN

PIE  
Tnds Tuas  
Before  
Clementi Rd  
Exit

A  
B

(A) 8 MQ 4309R

(B) 8BF 8675U

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06-01-2021 at about 16:50hrs, I was travelling along PIE Tnds Tuas Before Clementi Rd Exit. Ahead of me, there's a vehicle slow down & stop. I follow suit. All of a sudden I felt an impact from the rear. Then I realised a white 8BF 8675U had collided onto my rear.

## DECLARATION

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

SAIL INTERNATIONAL MARKETING PTE LTD  
Singapore  
Registration: 201313273M

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.:

07/01/2021

Date of Accident : 06.01.2021 Accident Time: 16:50hrs (24-HR-Format)  
 Accident Place : P12 Tudu Tuas Before Clementi Rd Exit  
 Vehicle No. (Car Plate No.) : SMQ 4309R Make/Model: Mercedes Benz V60 Avantgarde  
 Insurance Company : AIG Policy No: 1900245672-01  
 Owner or Company Name / IC No. : Sail International Marketing Pte. Ltd (201313273m)  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Tay Thiam Chong Benjamin (Zhen Tiancong)  
 DRIVER'S Date Of Birth : 17.03.1979 DRIVER'S License Pass Date 11.04.2003 <sup>S7908764E</sup>  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling ☒ Employee \ Others: Driver  
 DRIVER'S Address : 213 Bukit Batok St 21 #06-211 S(650213)  
 DRIVER'S Contact No./ Alt No. : 1) 91080320 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR ☒ OUTDOOR (e.g. working inside or outside office)  
 Email Address : taythiamchong7908764@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): 3pax include driver  
 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  
 Any Injury (If YES, Pls state): all injured (Neck Back Pain)

**Other Party Driver's Particular (if any)**

Vehicle No: BBF 8675U (EQ)	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

- ① William - (M)
- ② Barren - (M)





# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

**Name of Policyholder** : Sail International Marketing Pte. Ltd  
**Period of Insurance** : 15 Nov 2020 To 14 Nov 2021  
**Engine No.** : 274920E0311126  
**Chassis No.** : WDF447813236208400

**Vehicle No.** : SMQ4309R  
**Policy No.** : 1900245872-01  
**Endorsement No.** : 000000000362895  
**Issued Date** : 23 Oct 2020

### ABOUT THE COVER

**Make/Model** : MERCEDES Benz V260 Avantgarde  
**Engine Capacity/Tonnage** : 1,991.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2019  
**Insuring with COE/PAF** : Yes

#### Person or Classes of Persons Entitled to Drive\*

Any person who is driving on the Policyholder's order or with their 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 25 and/or has less than 2 years' driving experience.

**Age Condition** : All Age Condition

**Mileage Condition** : Unlimited Mileage

#### 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, 1967 (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)

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

1 Cycle & Carriage Fines Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 40650 62061818  
 2 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128178 62061818

For other Approved Reporting Centres/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

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, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504812260  
 CYCLE & CARRIAGE - MEI

239 ALEXANDRA ROAD  
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
 This computer generated document does not require a signature

5502708



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

273M

### Vehicle Details

Vehicle No.:

SMQ4309R

Vehicle to be Exported:

No

Intended Deregistration Date:

31 Jan 2021

Vehicle Make:

MERCEDES BENZ

Vehicle Model:

V260 AVG L

Primary Colour:

Black

Manufacturing Year:

2019

Engine No.:

274920E0311126

Chassis No.:

WDF44781323620840

Maximum Power Output:

155.0 kW (207 bhp)

Open Market Value:

\$52,179.00

Original Registration Date:

15 Nov 2019

First Registration Date:

15 Nov 2019

Transfer Count:

0

Actual ARF Paid:

\$65,923.00

### Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

14 Nov 2029

PARF Rebate Amount:

\$49,442.00

### Intended COE Rebate Details

COE Expiry Date:

14 Nov 2029

COE Category:

E - Open - all except motorcycle

COE Period(Years):

10

QP Paid:

\$41,001.00

COE Rebate Amount:

\$36,035.00

**Total Rebate Amount:**

**\$85,477.00**

The information contained herein is correct as at 07 Jan 2021

OK