

NATIONAL Assessment Centre Services. [Date: Jan'09], SN 09211 Q0003

Date In:	Job description	Date & Time Completed	Done by
26/1/21 10:11	SAS e-filing		
Ref No: MB/AIG21091206/64	E-mail (within 3hrs, AIC 2hrs)		
Vehicle: SJX 8644 U	I-Motor Claim Form		
IP: 25/1/21 10:10	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP: (IP) Reporting, Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Profctored Wksp / INC Assign Wksp / QW: (Tol: Fax:

TP Particulars:	Veh No:	GRB 2037Y	INC () / Non-INC ()
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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 () . .

Environ Biol Fish	2015; 98:1031–1041	DOI 10.1007/s10641-015-0280-1	© Springer Science+Business Media Dordrecht 2015
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() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolier.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: (\$, .)

1) Apply for Travel and Allowance	2) Complete Form		
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1) Apply for Transit Allowance () / Courtesy Car ()		
2) OC Check / Post 2 weeks inspection	()	

2) 30 Check / Post Receipt Inspection	()				
3) Upload Recovery Photo (Recovery Cost > \$3000)	()				

[illegible]

Injury: _____

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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1. The following information is being provided to you for your information only. It is not intended to be used for any other purpose.

[illegible]

Invoicing Information

1) AIR: Accident Reporting (330);	70.00
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2) DA: Damage Assessment (\$100);	INC (\$10)
3) DA: Damage Assessment (\$100);	INC (\$10)

Driver/Owner:	3) IF Following Tr	
	4) IF Follow-Through Survey	\$120

Contact No:	5) IPT: Follow-Through Survey (Resurvey)	330
	Work/Injury against INC Only (wef 12 Jan 2005)	

6) Title: Re-inspection	375
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7) N1 : Idau DA + SMRT Survey	\$180
8) N1 : Additional Services:-	

Cleveland by C. J. [unclear]

*N5: Courtesy Car / Tpl Allowance	35
*N6: Travel Co-ordination	310

* N7: Post Repair Inspection	5/13
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• No: DV / Collect Excess: Coordination	\$0
TP (NLI) : TP (NLI-INC) against INC	\$20

2) N12: Idno Mobile	30
Fee Charged	

2/23	Invoice dated	Fee Charged	MAINTENANCE
	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	26/01/2021 10:11 (SGT)
Date of Accident	25/01/2021 10:10 (SGT)
Exact Location of Accident	Kim Chuan Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX8644U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BENG HENG BUILDERS PTE LTD
Company Reg No	2XXXXX375R
Email Address	BENGHENG1970@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98621739
Alternative Phone No	+65-98621739

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S400
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	2100419108-05
Cover Note Number	-

DRIVER

Name of Driver	ONG LAN SEE NANCY
NRIC No	SXXXX719A
Date Of Birth	01/02/1968
Occupation	Indoor



Date Of Driving Pass	27/02/1990
Driving experience	30 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98621739
Alt. Phone Number	-
Email Address	BENGHENG1970@HOTMAIL.COM
Address	120S TANAH MERAH BESAR LANE
Address complement	-
Postcode	498936
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 on collision
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

REFER TO STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB2037Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LEE STEPHEN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ONG LAN SEE NANCY
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SJX8644U
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 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 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.



Policyholder's Signature / Date & Time

[Signature]

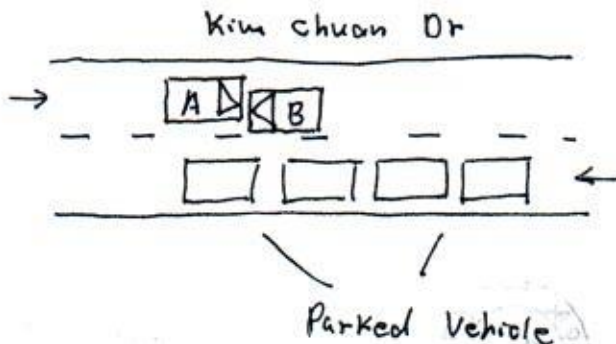
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SJX 8644 U

B = GBB 2037Y



Describe Circumstances of the Accident



I was driving along Kim Chuan Drive. It was my direction of drive and one Van GBR2037Y was in my direction and he didn't stop his car and went right into my car. I was in my lane and have right of way.



Declaration

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

Witnessed by Reporting Centre Personnel

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Beng Heng Builders Pte Ltd
 Period of Insurance : 25 Jun 2020 To 24 Jun 2021
 Engine No. : 27682430150949
 Chassis No. : WDD2221652A140184

Vehicle No. : SJX8644U
 Policy No. : 2100419108-05
 Endorsement No. :
 Issued Date : 16 Jun 2020

ABOUT THE COVER

Make/Model : MERCEDES BENZ S400L BE SEDAN
 Engine Capacity/Tonnage : 2,996.00 CC Sum Insured : Market Value First Year of Registration : 2015
 Driver Restriction : NA Off Peak Car : No 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 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 - \$2000 Theft - \$0 Flood Cover - \$2000

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 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).

0500660343

CYCLE & CARRIAGE - JQUEK

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP

Mercedes.

VEHICLE NO: SJX 8644U

MAKE & MODEL: S400

AUTO MANUAL

DATE OF ACCIDENT	25 / 1 / 21	*C.C. 2996.
TIME OF ACCIDENT	1010 AM / PM	
LOCATION OF ACCIDENT	Kim Chuan Drive	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Beng Heng Builders Pte Ltd	
EMAIL: bengheng1970@hotmail.com	Office:	MOBILE:
NRIC 260	200723375R	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	AIG	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: Ong Lan See Nancy	
NRIC	S 6805719A	
DATE OF BIRTH	01 / 02 / 1968	
ANY PASSENGER	YES / NO: No	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	27 / 2 / 1990	
GENDER	Male / <u>Female</u>	
CONTACT NO.	Mobile: 98621739 Office:	Home:
EMAIL: bengheng1970@hotmail.com		
ADDRESS	1205 Tanah Merah Besar Lane 5 (498936)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No: Director	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes: Who? driver	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	GBB 203TY Any Passenger:	
NAME	Lee Stephen	
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.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	Attached video
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		
	davidngtg@gmail.com	
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / NO	

driver show face
 25/1/21