

Date In: 03/02/2021 11:24	Job description	Date & Time Completed	Done by
Ref No: N/A/104210016774	SAS e-illing		
Veh No: 8CK 0819A	E-mail (by date 3hrs, AIG 2hrs)		
D.O.A: 02/02/2021 11:50	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (Withler: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Withler		

Preferred Wksp / INC Assign Wksp / CW: () Tel: () Fax: ()

TP Kind/Policy: () Vch No: 82L 892M 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 reporter.

() 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: _____

<p style="font-size: 24px; color: blue;">NA2100985</p> <p>Driver/Owner: _____</p> <p>Contact No: _____</p> <p>Damaged Portion: _____</p> <p>QC Checked by (Engr-In-Charge): _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1) All Accident Reporting (\$30)</td><td></td></tr> <tr><td>2) DA: Denial Assessment (\$100)</td><td>INC (\$10)</td></tr> <tr><td>3) TP: Towing Fee</td><td>\$120</td></tr> <tr><td>4) PT: Follow-Through Survey</td><td>\$30</td></tr> <tr><td>5) PF: Follow-Through Survey (Resurvey)</td><td>\$30</td></tr> <tr><td>6) TI: Re-inspection</td><td>\$75</td></tr> <tr><td>7) NI: Issue DA + SMRT Survey</td><td>\$160</td></tr> <tr><td>8) NIUC Additional Services</td><td></td></tr> <tr><td>9) NI: Issue Mobile Invoice dated</td><td></td></tr> <tr><td>10) NI: Issue Mobile Invoice dated</td><td></td></tr> </table>	1) All Accident Reporting (\$30)		2) DA: Denial Assessment (\$100)	INC (\$10)	3) TP: Towing Fee	\$120	4) PT: Follow-Through Survey	\$30	5) PF: Follow-Through Survey (Resurvey)	\$30	6) TI: Re-inspection	\$75	7) NI: Issue DA + SMRT Survey	\$160	8) NIUC Additional Services		9) NI: Issue Mobile Invoice dated		10) NI: Issue Mobile Invoice dated	
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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	03/02/2021 11:24 (SGT)
Date of Accident	02/02/2021 11:50 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY (B/F ANG MO KIO AVE 5 EXIT 14)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK6889A
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN PENG CHYE
NRIC No	SXXXX929Z
Email Address	micolym@hotmail.com
Mobile Phone No	(Phone) +65-94898030
Alternative Phone No	+65-92390505

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100335662-07
Cover Note Number	-

DRIVER

Name of Driver	LO YING MAO
NRIC No	SXXXX919Z

Date Of Driving Pass	08/12/1999
Driving experience	21 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92390505
Alt. Phone Number	-
Email Address	micolym@hotmail.com
Address	43 STRATTON DRIVE
Address complement	-
Postcode	805641
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain 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	4
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

PLEASE REFER TO SKETCH AND ATTACHMENT

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	SJL8192U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLB3760S
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SBT629H
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
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 LO YING MAO
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY PAIN
Injured person in which vehicle? SKK6889A
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.

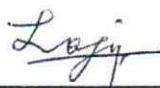
(collectively the "Purposes")

(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

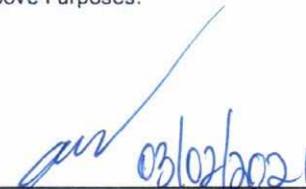
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

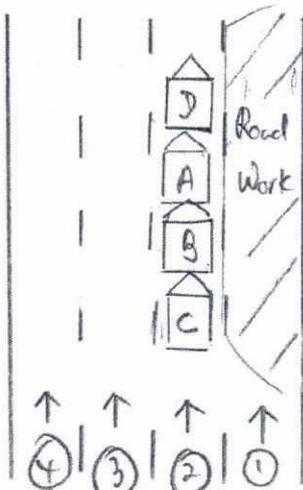


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



A = SKK 6889A

B = SJL 81924

C = SLB37605

D = SBT629H

CTE towards City

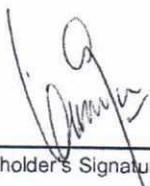
C Before Ang Mo Kio Avenue 5 Exit 14)

Describe Circumstances of the Accident

Refer to attached

Declaration

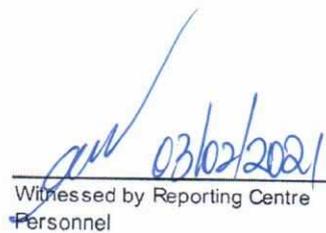
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

On 02.02.2021 at about 11:50 hours along CTE towards City (Before Ang Mo Kio Avenue 5 Exit 14). I was travelling straight on lane 2; lane 1 was occupied by work road construction. When the front vehicle (D) slowed down and stopped, hence I followed suit.

Suddenly, I heard a loud bang and the impact forced my vehicle (A) to hit onto the rear portion of vehicle (D). When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A) thus causing damages to the front and rear portion of my vehicle (A). It was a chain collision of total of 4 vehicles involved.

Vehicle (A): SKK 6889A

Vehicle (B): SJL 8192U

Vehicle (C): SLB 3760S

Vehicle (D): SBT 629H



SINGAPORE ACCIDENT STATEMENT

Accident Date: 02/02/2021	Time: 11:50	(hh:mm) 24 hr format
Location CTE towards city (Before Ang Mo Kio Avenue 5 Exit 14)		
Vehicle Number SKK 6889A		
Insured Name Tan Peng Chye		
NRIC / FIN 51571929Z	Contact Number 9489 8030	
Make Mercedes Benz Model E250		
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 2100335662-07		
Name of Driver Lo Ying Mao		() Same as Insured
NRIC / FIN S6975919Z	Contact Number 9239 0505	
Date of Birth 16/05/1969		
Driving Pass Date 08/12/1999		
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor		
Gender () Male (<input checked="" type="checkbox"/>) Female		
Email Address micolym@hotmail.com		() NO EMAIL
Address of Driver 43 Stratton Drive Singapore 805641		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured		
() Owner (<input checked="" type="checkbox"/>) 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 Lo Ying Mao - 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 rd party	Name / Nric	Contact
Veh B	SJL 8192U	
Veh C	SLB 3760S	
Veh D	SBT 629H	
Veh E		
Veh F		

Driver Only



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Tan Peng Chye
 Period of Insurance : 08 Apr 2020 To 07 Apr 2021
 Engine No. : 27186030521752
 Chassis No. : WDD2120472A661192

Vehicle No. : SKK6889A
 Policy No. : 2100335662-07
 Endorsement No. :
 Issued Date : 02 Apr 2020

ABOUT THE COVER

Make/Model : MERCEDES BENZ E250 CGI BE
 Engine Capacity/Tonnage : 1,796.00 CC
 Driver Restriction : NA
 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 authorized driver only if the driver 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 a Young 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 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. 187), Section 55 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 - \$600

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tan Peng Chye - \$600 (Own Damage), \$600 (Flood Cover)

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

- Cycle & Carriage Eunos Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 406650 62061818
- Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/AIG Authorized 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

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).

0600680330
 CYCLE & CARRIAGE - TS
 239 ALEXANDRA ROAD
 SINGAPORE 159930 ANSP-NONLIFE
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

84PCLC

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