NATIONAL Assessment Centre Services

[Ref/Job]: SM09213A0006

	Job description	Date & Time Completed	Done by
Date In: 10/3/21 13:56	SAS c-filling		
Ref No NA/ AIG 2100 3159/64	E-mail (within 3hrs, AIC 2hrs)		
Veh No SMU 638 o Z	I-Motor Claim Form		
DOA 8/3/21 13:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / (TP) / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / OW: (**Tel:** ✓   **Fax:**   **)**

TP Particulars: Veh No: **GBC 9953 B**   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 (   )

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/NON INC CHARGES):

	Date & Time Completed	Phone by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury : _____

Follow-up Action:

NA 2102105

Claimant Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Invoice Information Checklist	Amount	Add/bill
1) AR : Accident Reporting ($30);	30	
2) DA : Damage Assessment ($100); INC ($40)		
3) TF : Towing Fee	$40/$45	
4) FT : Follow-Through Survey	$120	
5) FT : Follow-Through Survey (Resurvey)	$30	
For claiming against INC Only (wef 10 Jan 2005)		
6) TR : Re-Inspection	$75	
7) N1 : 1day DA + SMRT Survey	$160	
8) NTUC Additional Services:-		
OD :		
*NS: Courtesy Car / Tpt Allowance	$5	
*NG: Repair Co-ordination	$10	
*N7: Post Repair Inspection	$25	
*N8: DV / Collect Excess Coordination	$5	
TP (N11) : TP (Non INC) against INC	$20	
9) N12: 1day Mobile	30	
Invoice dated Fee Charged		
Invoice dated Fee Charged		

Your NCD will be affected due to late reporting

⑥ 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 witholding 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	10/03/2021 13:56 (SGT)
Date of Accident	08/03/2021 13:00 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU6380Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO THENG YEE
NRIC No	SXXXX385G
Email Address	KAITJK@ICLOUD.COM
Mobile Phone No	(Phone) +65-97380580
Alternative Phone No	+65-97380580

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A180
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	2070123026
Cover Note Number	-

DRIVER

Name of Driver	TAN JIE KAI
NRIC No	SXXXX627A
Date Of Birth	15/12/1993
Occupation	Indoor

Date Of Driving Pass	02/09/2014
Driving experience	6 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97379727
Alt. Phone Number	-
Email Address	KAITJK@ICLOUD.COM
Address	128A CORONATION RD WEST
Address complement	-
Postcode	269354
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC9953B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NIGEL NG
Contact Number	(Phone) +65-92709182
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

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

SKETCH PLAN

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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 = SMU 6380Z

B = GBC 9953B

Bukit Timah Rd

Describe Circumstances of the Accident

I was travelling Bukit timah Rd on the extreme right lane, while going straight, suddenly Veh B from extreme left lane cut accross two lane and hit onto my veh left rear portion

Declaration

I/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

CERTIFICATE OF INSURANCE

G

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder	: HO THENG YEE	
Period of Insurance	: 24 Aug 2020 To 23 Aug 2021	**Vehicle No.** : SMU6380Z
Engine No.	: 28291480350233	**Policy No.** : 2070123026
Chassis No.	: W1K1770842J207256	**Endorsement No.** :
		Issued Date : 10 Sep 2020

ABOUT THE COVER

Make/Model	: MERCEDES Benz A180 Progressive
Engine Capacity/Tonnage	: 1,332.00 CC
Driver Restriction	: NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2020
Insuring with COE/PARF : 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* :

Mileage Condition : Unlimited Mileage

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 - $800 Theft - $0 Flood Cover - $800

Section 2
Property Damage - $0

Windscreen : $100

Named Driver and Excess (where applicable)

HO THENG YEE - $800 (Own Damage), $800 (Flood Cover)

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

1. Cycle & Carriage Eunos 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: DBS BANK 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, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

504612210

YCLE & CARRIAGE - CHRISL

9 ALEXANDRA ROAD
NGAPORE 159930
derwritten by AIG Asia Pacific Insurance Pte. Ltd.

Shenton Way #09-16 AIG Building S079420

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

100364374B/AC4/Decal/LHC_Benefits_Summary

SSCNMD

ACCIDENT STATEMENT

ACCIDENT DATE:(8/ 3 / 21)(DD/MM/YYYY), TIME:(13 : 00)(HH:MM)

LOCATION:_____ Bukit timah Rd

1. DETAILS OF VEHICLE
   a)VEHICLE NUMBER:___ SMU 6380Z
   b)INSURANCE COMPANY:___ AIG
   c)POLICY NUMBER:___
   d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e)MAKE & MODEL:___ A180   1400
   f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
   g)VEHICLE CATEGORY:(PRIVATE / COMMERCIAL / MOTORCYCLE)
   h)PURPOSE OF USING AT ACCIDENT TIME:___ Private Use
   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:___ Ho Theng Yee ___(MALE / FEMALE)
   b)NRIC/FIN/PASSPORT:___ S18243SSG CONTACT: 97380580
   c)ADDRESS:___

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

 # No of passenger (Including driver) (1)

3. DRIVER
   a)NAME:___ Tan Jie Kai ___(MALE / FEMALE)
   b)NRIC/FIN/PASSPORT:___ CONTACT: 9737 9727
   c)ADDRESS:___

   *d)DATE OF BIRTH: (___/___/___)(DD/MM/YYYY)
   e)OCCUPATION: (INDOOR / OUTDOOR)
   f)YEARS OF DRIVING EXPRERIENCE:___

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:___ Son

5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS___)
   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:___ GBC 99538 MODEL:___
   b) DRIVER'S NAME:___ Nigel Ng
   c) NRIC/FIN/PASSPORT:___ CONTACT: 9270 9182

 # No of passenger (Including driver) (_)

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

email = kai.tjk@icloud.com

fax =

VIDEO = Yes. No.