

NATIONAL Assessment Centre Services. [wef 1 Jan'05] SM 092130000

Date In: 12/13/21 16:34	Job description	Date & Time Completed	Done by
Ref No: NA/AIG 21003284/h4	SAS e-filing		
Veh No: SMQ 2203A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/13/21 07:30	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SGZ 6396Z	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 hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars: NA2102229	Invoice Preparation Checklist	Amf (\$) In Bill	Amf (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idao Mobile 30		
at 1:	Invoice dated	Fee Charged	
at 2 / 3:	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	12/03/2021 16:34 (SGT)
Date of Accident	11/03/2021 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BELOW PASIR LEBAR FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ2203A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE LTD
Company Reg No	-
Email Address	HENG8119@GMAIL.COM
Mobile Phone No	(Phone) +65-92203199
Alternative Phone No	+65-92203199

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	999993662/100879036-00000
Cover Note Number	-

DRIVER

Name of Driver	QUEK CHON HENG
NRIC No	SXXXX200E
Date Of Birth	13/01/1983
Occupation	Outdoor

Date Of Driving Pass	21/08/2009
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86868401
Alt. Phone Number	-
Email Address	HENG8119@GMAIL.COM
Address	BLK 870A TAMPINES ST 86 #11-10
Address complement	-
Postcode	521870
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Cross Junction
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210311/7011

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	SGZ6396Z
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
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

QUEK CHON HENG

-
-
-
-
BODY
SMQ2203A
Yes
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")

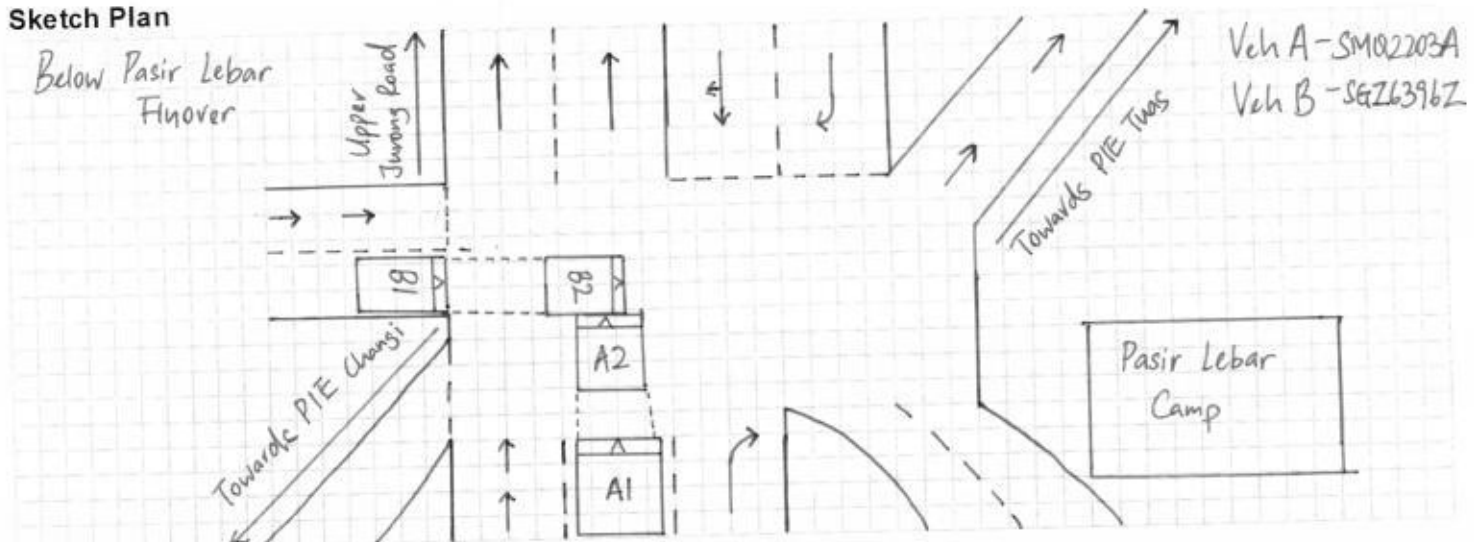
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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




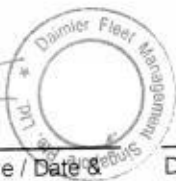
Describe Circumstances of the Accident


Refer to police report : 7/20210311/7011

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



**SINGAPORE
POLICE FORCE**



T/20210311/7011

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210311/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2021 14:06		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: QUEK CHON HENG			Address: 870A TAMPINES STREET 86 #11-10 SINGAPORE 521870		
ID Type / ID No.: NRIC NO / S8301200E			Contact No.: Home/Office: Mobile: 86868401		
Nationality: SINGAPORE CITIZEN			Email: HENG8119@GMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 13/01/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/03/2021 07:30	Type of Location: Below Pasir Laba Flyover
Location: UPPER JURONG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGZ6396Z	Car					0
SMQ2203A	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210311/7011

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Report No. T/20210311/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	QUEK CHON HENG	ID No.	S8301200E
Related Vehicle	SMQ2203A (Car)	Contact No.	86868401
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	11/03/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time, i was travelling along upper jurong road below pasir laba flyover. I was on the first lane of 2 lanes approaching a junction towards Boon Lay way . As the traffic light was faulty , i slowed down my vehicle and proceed with precaution . Suddenly , a vehicle dashed out of a small road and collided onto my vehicle . i went down of my vehicle and realised that vehicle bearing carplate number SGZ639Z had collided onto my vehicle's front . Front portion of my vehicle was damage . We exchange particulars and left the scene . I felt soreness around my neck , shoulder , lower back and my wrist due to the impact . I then went to my family clinic Unihealth 24-hr Jurong East to seek for medical treatment. I was issued 3 days of MC



**SINGAPORE
POLICE FORCE**



T/20210311/7011

3 of 3

Report No. T/20210311/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
11/03/2021 14:06

Classification Of Case:



HOTLINE TEL. (65) 8419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400


COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS	S\$1,700.00 (1)
CERTIFICATE NO. 999993662/100879036-00000	WINDSCREEN EXCESS	S\$100.00
	(for policies with effect from 1st November 2002)	
	SUM INSURED	S\$1.00
	INSURING WITH COE/PARF	YES
1) VEHICLE REGISTRATION NO.	SMQ2203A	
2) NAME OF INSURED	Daimler Fleet Management Singapore Pte Ltd	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	1 Jan 2021	
4) DATE OF EXPIRY OF INSURANCE	31 Dec 2021	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *		
1) Any drivers who is driving on the Insured's order or with their permission. 2) Excess \$2,500 applies to drivers age 21 to 26 years old unless otherwise specified 3) Additional Excess \$3,500 applies to drivers age below 21 or above 65 years old and or less than years driving experience unless otherwise specified		
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.		
6) LIMITATION AS TO USE *		
1) Use for social, domestic, pleasure purposes and business purposes of the Insured and or hirer whom the vehicle is hired to. The Policy does not cover: 1) Use for the carriage of passengers for hire or reward 2) Use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing. 3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 4) Use for any purpose in connection with the Motor Trade.		
In the event of accident claim, the repairs to the Vehicle must be carried out by either one of our AIG Authorized Repairers or a particular Repairer approved by AIG		
LOSS OF USE NOT INCLUDED		
* NAMED DRIVER N/A		
HIRE PURCHASE COMPANY NA		
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 22 Feb 2021

AIG ASIA PACIFIC INSURANCE PTE. LTD.

030023-000
JLT MANAGEMENT PTE LTD
#09-02, 8 MARINA VIEW
ASIA SQUARE TOWER 1
SINGAPORE 018960



Authorised Representative

ORIGINAL

SSCNFY

Date of Accident : 11/03/21 Accident Time: 0730 (24-HR-Format)
Accident Place : Below Pasir Lebar Flyover
Vehicle No. (Car Plate No.) : SMQ2203A Make/Model: Kia Cerato
Insurance Company : AIG Policy No: 100882401
Owner or Company Name / IC No. : DAIMLER FLEET MANAGEMENT SINGAPORE PTE LTD
Owner or Company Contact No. : 92203199 Owner's Hp Company Tel
DRIVER'S Name / IC No. : Quek Chon Heng (Guo Junxing) 58301200E
DRIVER'S Date Of Birth : 13/01/1983 DRIVER'S License Pass Date 16/12/02
Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: Hiver
DRIVER'S Address : Blk 870A Tampines Street 86 #11-10 5521870
DRIVER'S Contact No./ Alt No. : 1) 8686 8401 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : heng8119@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): 01

Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle. No: SG26396Z

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: