

NATIONAL Assessment Centre Services, [url | Jan 2021], **SNR821350001**

Date In: <b>19/03/2021 11:50</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/ALG/21003594/Y</b>	SAS e-Milling		
Veh No: <b>SPW 4849L</b>	E-mail (by job sheet, AIC sheet)		
D.O.A: <b>18/03/2021 08:39</b>	I-Motor Claims Form		
OD: <b>TP</b> Reporting Only	I-Motor W/O (with/without OD sheet, TP sheet)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / VHS		

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

TP Risk Category: ( ) Vch No: **XE 5839P** 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%; F: 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 repair.

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

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing COI ( )

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo (Repair Cost > \$9000) ( )

Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>NA2101963</b>	1) All Accident Reporting (300)	
Driver/Owner:	2) DA1 Denial Assessment (\$100)	INC (10)
Contact No:	3) TP1 Towing Fee	\$150
Damaged Portion:	4) PT1 Follow Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT1 Follow Through Survey (Resurvey)	\$30
	Workshop against INC Duty (over 10 hrs)	\$75
	6) TP1 T-Inspection	\$160
	7) NI1 Use DA + EMRI Survey	
	8) NTUC Additional Services	
	9) NI1 Use DA + EMRI Survey	\$3
	* NI1 Courtesy Car / Tpl Allowance	\$10
	* NI1 Repair Coordination	\$23
	* NI1 Post Repair Inspection	\$3
	* NI1 DV / Control Loss Coordination	\$25
	TP (NI1) TP (SHU INC) * Total DTS	\$0
	9) NI1 Use 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 ..... 19/03/2021 11:50 (SGT)  
Date of Accident ..... 18/03/2021 08:39 (SGT)  
Exact Location of Accident ..... 8 Pavilion Rise, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDW4844L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIAW BENG KHWEE  
NRIC No ..... SXXXX344I  
Email Address ..... knyliaw@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-96231082  
Alternative Phone No ..... +65-96231082

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... S320I  
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  
Transmission ..... Auto  
CC ..... 2996

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2000003172-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIAW BENG KHWEE  
NRIC No ..... SXXXX344I

Date Of Birth .....	10/01/1969
Occupation .....	Indoor
Date Of Driving Pass .....	12/11/1992
Driving experience .....	28 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96231082
Alt. Phone Number .....	+65-96231082
Email Address .....	knyliaw@yahoo.com.sg
Address .....	NO, 8 PAVILLION RISE
Address complement .....	-
Postcode .....	658643
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	0
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 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 .....	XE5639P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) ..... -

## 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

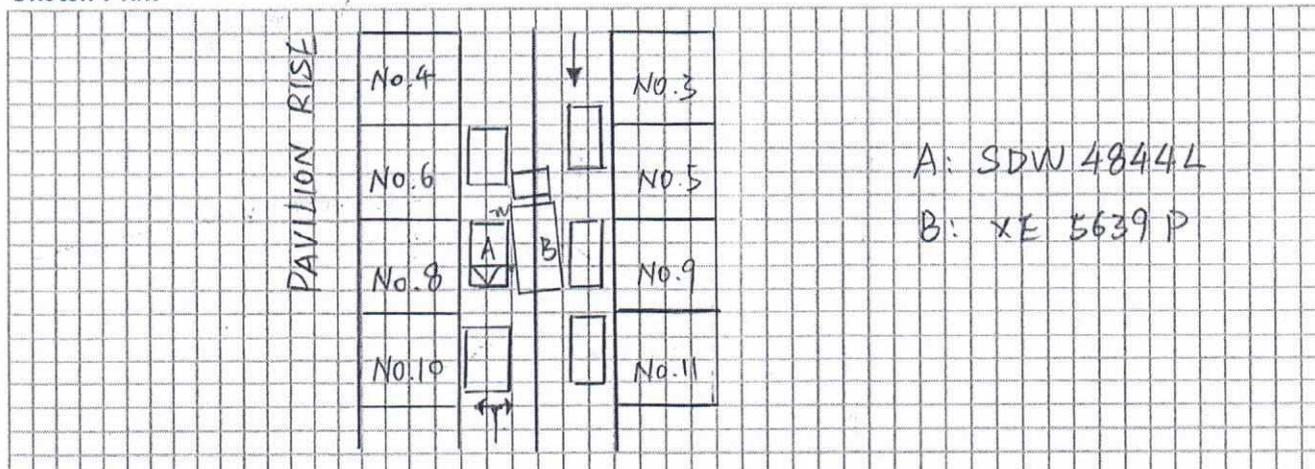
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

19/03/2021  
Witnessed by Reporting Centre Personnel

### **Sketch Plan**



**Describe Circumstances of the Accident**

On 18/03/2021, my vehicle (A) was parked at No.8 Pavilion Rise. At about 07:39 hrs I returned to my vehicle (A) and found out that my vehicle (A) left portion got damaged. and one person came down from the vehicle (B) mentioned he hit onto my vehicle (A), causing damage onto my vehicle (A) left portion.

(A) SDW 4844L

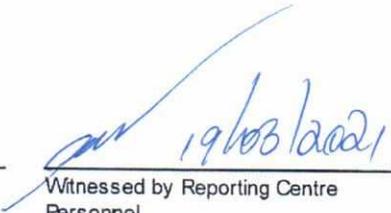
(B) XE 5639 P

**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

  
\_\_\_\_\_  
19/03/2021  
Witnessed by Reporting Centre Personnel

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	18/03/2021	TIME:	08:39	(hh:mm) 24 hrs Format
LOCATION	No. 8 Pavilion Rise			
VEHICLE NUMBER	SDW 4844L			
INSURED NAME	LIAW BENG KHWEE			
NRIC / FIN	S69013447	CONTACT:	9623 1082	
MAKE	MERCEDES	MODEL	S320	
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 Only				
INSURANCE COMPANY	AIG			
TYPE OF POLICY	( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT			
POLICY NUMBER :	2000003172-01			
NAME DRIVER :	( <input checked="" type="checkbox"/> ) SAME AS INSURED			
NRIC / FIN	CONTACT: 9623 1082			
DATE OF BIRTH:	10-01-1969			
DRIVING PASS DATE :	12-11-1992			
OCCUPATION :	( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR			
GENDER :	( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE			
EMAIL ADDRESS:	knyliaw@yahoo.com.sg		( ) NO EMAIL	
ADDRESS OF DRIVER:	8 PAVILION RISE SINGAPORE 658643			
Number Of Passenger Include Driver:	0			
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO				
<b>If No, Relationship Of The Driver With The Insured</b>				
( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others				
Does The Driver Own Any Other Vehicle? : ( ) YES ( <input checked="" type="checkbox"/> ) 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 ( ) Drizzling ( ) 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? ( ) YES ( <input checked="" type="checkbox"/> ) NO				
If YES, Injured details :				
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO				
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO				
Was There Accident Reported To The Police? ( ) YES ( <input checked="" type="checkbox"/> ) NO If Yes Attach Police Report				
Police Report Number (if any)				
<b>Details Of 3rd Party</b>	<b>Name / NRIC</b>	<b>No. of Paxs (incl' driver)</b>	<b>Contact</b>	
Veh B	XE 5639P	( ) / Not Sure ( )		
Veh C		( ) / Not Sure ( )		
Veh D		( ) / Not Sure ( )		
Veh E		( ) / Not Sure ( )		
Veh F		( ) / Not Sure ( )		
Veh G		( ) / Not Sure ( )		



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

**Name of Policyholder** : LIAW BENG KHWEE  
**Period of Insurance** : 14 Jan 2021 To 13 Jan 2022  
**Engine No.** : 27682431039020  
**Chassis No.** : WDD2221622A481359

**Vehicle No.** : SDW4844L  
**Policy No.** : 2000003172-01  
**Endorsement No.** :  
**Issued Date** : 07 Dec 2020

### ABOUT THE COVER

**Make/Model** : MERCEDES Benz S320L Sedan  
**Engine Capacity/Tonnage** : 2,996.00 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 authorised driver only if he/she meets the specified age condition.

**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2020  
**Insuring with COE/PARF** : Yes

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  
**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, 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)  
 LIAW BENG KHWEE - \$800 (Own Damage), \$800 (Flood Cover)

### 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](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, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612224  
 CYCLE & CARRIAGE - EVELIM

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.

SSONFY