

# NATIONAL Assessment Centre Services

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 16/08/21         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/11621008537/13 | SAS e-filing                             |                       |         |
| Veh No: SMJ7A             | E-mail (within State: A/C 2hrs)          |                       |         |
| DOA: 13/08/21 1350        | 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: SN8516J  | 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 ( )                       |                       |

**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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|  |   |                       |                       |
|--|---|-----------------------|-----------------------|
| NA3103756                              | <b>Invoice Preparation Checklist</b>            | Am't (\$)<br>1st Bill | Am't (\$)<br>Add Bill |
| <b>Claimant's Particulars :-</b>       | 1) AR: Accident Reporting (\$30);               |                       |                       |
| <b>Driver/Owner:</b>                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |                       |                       |
| <b>Contact No:</b>                     | 3) TF: Towing Fee \$40/\$45                     |                       |                       |
| <b>Damaged Portion:</b>                | 4) FT: Follow-Through Survey \$120              |                       |                       |
| <b>QC Checked by (Engr-In-Charge):</b> | 5) RT: Follow-Through Survey (Resurvey) \$30    |                       |                       |
| <b>Auditors' Comments :-</b>           | For claiming against INC Only (wef 10 Jan 2005) |                       |                       |
| <b>Cat. 1:</b>                         | 6) TR: Re-inspection \$75                       |                       |                       |
| <b>Cat. 2/3:</b>                       | 7) N1: Idac DA + SMRT Survey \$160              |                       |                       |
|  | 8) NTUC Additional Services:-                   |                       |                       |
|  | Q1:   |                       |                       |
|  | *N5: Courtesy Car / Tpt Allowance \$5           |                       |                       |
|  | *N6: Repair Co-ordination \$10                  |                       |                       |
|  | *N7: Post Repair Inspection \$25                |                       |                       |
|  | *N8: DV / Collect Excess Coordination \$5       |                       |                       |
|  | TP (N11): TP (N-a INC) against INC \$20         |                       |                       |
|  | 9) N12: Idac Mobile \$0                         |                       |                       |
|  | Invoice date/                                   | 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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              | 16/08/2021 09:32 (SGT)           |
| Date of Accident                | 13/08/2021 13:50 (SGT)           |
| Exact Location of Accident      | Singapore                        |
| Additional Location Information | JLN BUKIT MERAH SLIP ROAD TO CTE |
| Country/State of Loss           | Singapore                        |

### DETAILS OF OWN VEHICLE

|                             |       |
|-----------------------------|-------|
| Vehicle Registration Number | SMJ7A |
|-----------------------------|-------|

#### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | No                   |
| Name Of Registered Owner | LIM CHOO SIONG       |
| NRIC No                  | SXXXX216E            |
| Email Address            | yuda@pddoor.com.sg   |
| Mobile Phone No          | (Phone) +65-92399989 |
| Alternative Phone No     | +65-92399989         |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Mercedes                  |
| Model  | Cls350                    |
| 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   | 1991                      |

#### INSURANCE COMPANY

|                           |                                       |
|---------------------------|---------------------------------------|
| Name of Insurance Company | AIIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage          | Comprehensive                         |
| Fleet Policy              | No                                    |
| Policy Number             | 1800145856-02                         |
| Cover Note Number         | -                                     |

#### DRIVER

|                |                    |
|----------------|--------------------|
| Name of Driver | LIM YUDA(LIN YUDA) |
| NRIC No        | SXXXX521I          |

|  |                       |
|--|-----------------------|
| Date Of Birth  | 10/01/1985            |
| Occupation   | Indoor                |
| Date Of Driving Pass   | 08/12/2010            |
| Driving experience   | 10 YEARS AND 8 MONTHS |
| Gender   | Male                  |
| Mobile Number  | (Phone) +65-97878803  |
| Alt. Phone Number  | -                     |
| Email Address  | yuda@pddoor.com.sg    |
| Address  | BLK 10A BENDEMEER RD  |
| Address complement   | #21-103               |
| Postcode   | 331010                |
| 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 - Head to Rear |
| Weather Conditions | Clear                    |
| Road Surface       | Wet                      |

#### 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 vehicle 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

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

|   |               |
|---|---------------|
| Are accident photos available for attachment?     | Yes           |
| Was there any video captured by Car Camera?       | Yes           |
| Reasons for not uploading a video of the accident | WITH WORKSHOP |
| Was there any audio recorded?                     | No            |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                  |
|-----------------------------|------------------|
| Vehicle Registration Number | SJN8516J         |
| Vehicle Manufacturer        | -                |
| Vehicle Model               | -                |
| Vehicle Variant             | -                |
| Vehicle Colour              | -                |
| Vehicle Category            | Private car      |
| Name of Driver              | TINLAKANON YUPIN |
| 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

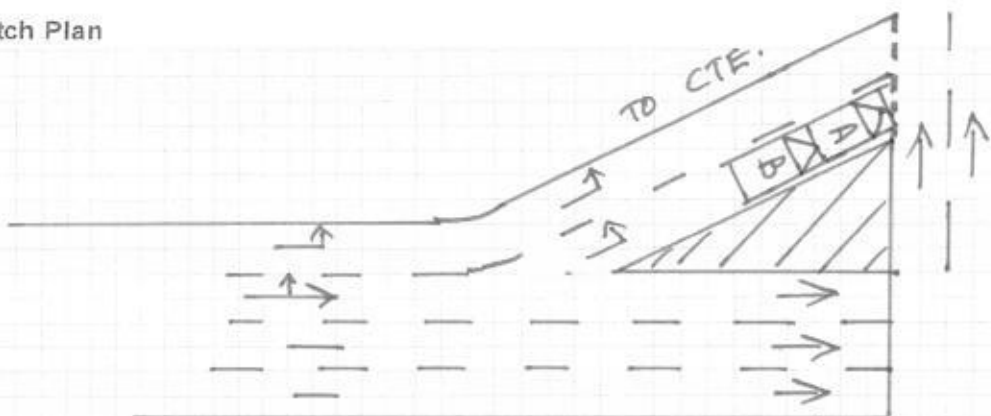
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

 16/08/21  
Witnessed by Reporting Centre Personnel

### Sketch Plan



Jalan Bukit Merah.

(A) SMJ 7 A

(B) SJN 8516J


Describe Circumstances of the Accident


On 13/08/2021 at @ 1350hrs, I stopped my vehicle (SMTA) along Jalan Bukit Merah slip road into LCTE towards Ang Mo Kio direction, to give way to the traffic on the main road. Suddenly, a car (SIN8516J) from behind collided onto the rear portion of my vehicle.

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

 16/08/21  
Witnessed by Reporting Centre Personnel

|  |   |  |                      |                                 |          |
|--|---|--|----------------------|---------------------------------|----------|
| VEHICLE NO:  | SMJ 7 A   |  | MAKE & MODEL:        | Mercedes CL8350 (AUTO) / MANUAL |          |
| DATE OF ACCIDENT:  | 13/08/2021  |  | CC:                  |                                 |          |
| TIME OF ACCIDENT:  | 1350 HRS  |  |                      |                                 |          |
| LOCATION OF ACCIDENT:  | Jalan Bukit Merah Slip road CTE                               |  |                      |                                 |          |
| EXACT PURPOSE USE DURING ACCIDENT:   | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE                       |  |                      |                                 |          |
| NAME OF OWNER:   | LIM CHOO SIONG  |  |                      |                                 |          |
| TEL NO:  | H/P: 9239 9989  |  | OFFICE:              | HOME:                           |          |
| NRIC:  | S 1222216E  |  |                      |                                 |          |
| ADDRESS:   | 21 Parry Ave (S) 547247                                       |  |                      |                                 |          |
| EMAIL:   | yuda@pddoor.com.sg  |  |                      |                                 |          |
| CLAIM TYPE:  | OD / <u>THIRD PARTY</u> / REPORTING ONLY                      |  |                      |                                 |          |
| FLEET POLICY:  | YES / <u>NO</u> ?   |  |                      |                                 |          |
| INSURANCE COMPANY:   | AIG   |  |                      |                                 |          |
| TYPE OF COVERAGE:  | <u>Comprehensive</u> / Third Party / Third Party Fire & Theft |  |                      |                                 |          |
| POLICY NO:   | 1800145856-02   |  |                      |                                 |          |
| NAME OF DRIVER:  | AS ABOVE / IF NO: LIM YUDA                                    |  |                      |                                 |          |
| NRIC:  | S 85005217  |  |                      |                                 |          |
| DATE OF BIRTH:   | 10/01/1985  |  | ANY PASSENGER:       | N.A.                            |          |
| OCCUPATION:  | OUTDOOR / <u>INDOOR</u>                                       |  | LICENCE PASSED DATE: | / /                             |          |
| GENDER:  | <u>MALE</u> / FEMALE  |  |                      |                                 |          |
| CONTACT NO:  | H/P: 9787 8803  |  | OFFICE:              | HOME:                           |          |
| ADDRESS:   | BLK 10A Bendemeer Road #21-103 (S) 331010                     |  |                      |                                 |          |
| EMAIL:   | yuda@pddoor.com.sg  |  |                      |                                 |          |
| DOES DRIVER OWNED ANY VEHICLE:   | NO / IF YES, REG NO:  |  | SMA 11 J             |                                 | INSURER: |
| RELATIONSHIP:  | Son   |  |                      |                                 |          |
| WEATHER CONDITION:   | <u>CLEAR</u> / RAINING / OTHERS:                              |  |                      |                                 |          |
| ROAD SURFACE:  | DRY / <u>WET</u> / OTHER:                                     |  |                      |                                 |          |
| ANY INJURIES:  | <u>NO</u> / IF YES, WHO?                                      |  |                      |                                 |          |
| NAME & CONTACT:  |   |  |                      |                                 |          |
| NAME & CONTACT:  |   |  |                      |                                 |          |
| POLICE REPORT:   | <u>NO</u> / IF YES, WHERE?                                    |  |                      |                                 |          |
| NOTICE OF INTENDED PROSECUTION GIVEN?  | <u>NO</u> / IF YES, WHO?                                      |  |                      |                                 |          |
| VEHICLE B REG NO:  | SJN 8516 J  |  | ANY PASSENGERS:      | 02 (1M) (1F)                    |          |
| NAME OF DRIVER:  | TINLAKANON YUPIN  |  | CONTACT NO:          |                                 |          |
| VEHICLE C REG NO:  |   |  | ANY PASSENGERS:      |                                 |          |
| VEHICLE D REG NO:  |   |  | ANY PASSENGERS:      |                                 |          |
| VEHICLE E REG NO:  |   |  | ANY PASSENGERS:      |                                 |          |
| VEHICLE F REG NO:  |   |  | ANY PASSENGERS:      |                                 |          |
| VEHICLE G REG NO:  |   |  | ANY PASSENGERS:      |                                 |          |
| ANY WITNESS? IF YES, NAME:   | N.A.  |  | WITNESS CONTACT:     | N.A.                            |          |
| WAS THERE ANY VIDEO CAPTURE?   | <u>YES</u> / NO   |  |                      |                                 |          |
| WAS THERE ANY AUDIO RECORDED?  | <u>YES</u> / <u>NO</u>  |  |                      |                                 |          |
| ACCIDENT SCENE PHOTOS TAKEN?   | <u>YES</u> / NO   |  |                      |                                 |          |
| ACCIDENT PORTION:  | Rear Portion  |  |                      |                                 |          |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / <u>NO</u>   |  |                      |                                 |          |
| WORKSHOP PARTICULAR:   | N-51 Automotive Pte Ltd                                       |  |                      |                                 |          |
| CONTACT NO:  | 68420051 / 67440510   |  |                      |                                 |          |
| CONTACT PERSON:  | JOSEPH TAN  |  |                      |                                 |          |
| FAX NO:  | 67410510  |  |                      |                                 |          |
| WORKSHOP EMAIL:  | sales@n51.com.sg  |  |                      |                                 |          |

# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : LIM CHOO SIONG  
Period of Insurance : 10 Dec 2020 To 09 Dec 2021  
Engine No. : 26492030002225  
Chassis No. : WDD2573502A005910

Vehicle No. : SMJ7A  
Policy No. : 1800145856-02  
Endorsement No. :  
Issued Date : 24 Nov 2020

### ABOUT THE COVER

Make/Model : MERCEDES Benz CLS350 Coupe  
Engine Capacity/Tonnage : 1,991.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2018  
Insuring with COE/PAF : Yes

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

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)

LIM CHOO SIONG - \$800 (Own Damage), \$800 (Flood Cover)

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

- 1 Cycle & Camage Euros Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818  
2 Cycle & Camage 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: 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).

0504612233

CYCLE & CARRIAGE - JULI

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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AIGSGMOBIL