

NATIONAL Assessment Centre Services

Date In: 17/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/AG/21009738/13	SAS e-filing		
Veh No: 5J09700P	E-mail (within 3hrs. AP: 2hrs)		
DOA: 16/09/21 1140	i-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OI: 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: SKT4084	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

NA20203997	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N-on INC) against INC \$20		
Cat. 1:	9) N12: idac Mobile \$10		
Cat. 2/3:	Invoice date/ Fee Charges		
	Invoice dated Fee Charges		

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	17/09/2021 12:40 (SGT)
Date of Accident	16/09/2021 11:40 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	SLIP RD TWDS PIE (TUAS) AFT BUS STOP NO 60089
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD9700P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WEE HONG SENG
NRIC No	SXXXX217J
Email Address	hongsengwee@gmail.com
Mobile Phone No	(Phone) +65-96679103
Alternative Phone No	+65-96679103

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100486848-04
Cover Note Number	-

DRIVER

Name of Driver	WEE HONG SENG
NRIC No	SXXXX217J

Date Of Birth	03/06/1949
Occupation	Indoor
Date Of Driving Pass	12/09/1979
Driving experience	42 YEARS
Gender	Male
Mobile Number	(Phone) +65-96679103
Alt. Phone Number	+65-96679103
Email Address	hongsengwee@gmail.com
Address	21A PUAY HEE AVENUE
Address complement	-
Postcode	348172
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	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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT408Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE SHI HENG
Contact Number	(Phone) +65-81333192
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 2

Vehicle Registration Number	SLX7856H
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	WEE HONG SENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJD9700P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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

 17/09/21
Witnessed by Reporting Centre Personnel

Sketch Plan

Slip Road towards PIE (Tua) After Bus stop No. 160089



Veh A - SJD 9700P
Veh B - SKT 408Y
Veh C - SLX 7856H.

Describe Circumstances of the Accident

As per above date and time, I was driving my vehicle (SD097008) along Slip road from Serangoon Road towards PIE (TUNAS) on the left lane. Somewhere after Bus stop No. 60089, vehicles in front of me slowed down due to heavy traffic. I applied my brake and slowed down as well. Out of sudden, I felt an impact from the rear. I alighted my vehicle and discovered I was involved in a 3-vehicles chain collision.


Veh A - SD097008


Veh B - SKT H074

Veh C - SLX 7856H

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

 17/09/21
Witnessed by Reporting Centre Personnel

16/08/21 with C1

VEHICLE NO:	SJD 9700P	MAKE & MODEL:	Mercedes Benz E200	AUTO / MANUAL
DATE OF ACCIDENT:	16/09/2021	CC:	20	
TIME OF ACCIDENT:	1140 HRS			
LOCATION OF ACCIDENT:	Slip road from Serangoon Road towards P2E Thos			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE after Bus stop No. (60080)			
NAME OF OWNER:	Wee Hong Seng			
TEL NO:	H/P 96679103	OFFICE:	HOME:	
NRIC:	S0782217J			
ADDRESS:	21A Puay Hee Avenue S (348172)			
EMAIL:	Hong.seng.wee@gmail.com			
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY:	YES / NO			
INSURANCE COMPANY:	AIG			
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO:	2100486848-05 VI			
NAME OF DRIVER:	AS ABOVE / IF NO:			
NRIC:	As above		ANY PASSENGER: N.A.	
DATE OF BIRTH:	03/06/1949		LICENCE PASSED DATE: 12/09/1979	
OCCUPATION:	OUTDOOR / INDOOR			
GENDER:	MALE / FEMALE			
CONTACT NO:	H/P: As above		OFFICE: HOME:	
ADDRESS:	As above			
EMAIL:	As above			
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:	
RELATIONSHIP:	owner			
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:			
ROAD SURFACE:	DRY / WET / OTHER:			
ANY INJURIES:	NO / IF YES WHO? Wee Hong Seng			
NAME & CONTACT:	9667 9103			
NAME & CONTACT:				
POLICE REPORT:	NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?			
VEHICLE B REG NO:	SKT 408Y		ANY PASSENGERS: 1 (female)	
NAME OF DRIVER:	Lee Shi Heng		CONTACT NO: 8133 3192	
VEHICLE C REG NO:	SLX 7856H		ANY PASSENGERS: N.A.	
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:			WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE?	YES / NO			
WAS THERE ANY AUDIO RECORDED?	YES / NO			
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO			
ACCIDENT PORTION:	Rear portion			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO			
WORKSHOP PARTICULAR:	TwinCar Automotive Pte Ltd			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Jun Ming			
AX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			



MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE F

Name of Policyholder	: Wee Hong Seng
Period of Insurance	: 01 Nov 2020 To 31 Oct 2021
Engine No.	: 274592030781066
Chassis No.	: WDD2130422A090521

Vehicle No.	5JD9700P
Policy No.	2100466848-04
Endorsement No.	
Issued Date	30 Sep 2020

ABOUT THE COVER

Make/Model	MERCEDES Benz E200 Sedan	Available
Engine Capacity/Type	1,991 CC	Sum Insured
Driver's Residency	NA	Market Value
Person or Classes of Persons Entitled to Drive*		Or Peak Car
* If you have a license in driving vehicles of this category, you will be liable personally. The policy will indemnify the person named in the schedule of insureds for the loss of the specified age condition.		
First Year of Registration	2015	
Insuring with COE/PMP	Yes	

Age Condition	All Age Condition	Misage Condition	Unlimited Misage
Limitation is 100%*			
<p>* 10% for blood relatives and persons addressed and to the following persons. This table does not cover any of the family group and many persons including the range of persons that are required to contribute and any other persons or will be the person's contribution with other taxes.</p>			

Conditions accepted by Section 8 of the Motor Vehicle (Third-Party Rules and Compensation) Act (1980-1989, Section 95 of the Road Transport Act, 1987) (Motorist and Third-Party Insurance) Act (1979-1987) are not to be included under Private Insurance.

EXCESS

Section 1
Coverage A - \$0 Own Damage - \$1960 Theft - \$0 Flood Cover - \$1300
Section 2
Frequently Damaged - \$0
Windscreen - \$100

Gold (Crown)

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

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IMPORTANT NOTES

the Purchase Company/Employer's Loan: MyBank

Only hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle Third Party Rights and Compensation Act (Cap. 350), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Assessment) Act 2015 and Motor Vehicles (Third Party Rights) Rules, 1988 (Malaysia).

05604 1860232

CYCLE & CARTRIDGE - 10Y

239 ALEXANDRA ROAD

SINCE JANUARY 1999

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd

This computer generated document does not require a signature

REFERENCES