

NATIONAL Assessment Centre Samples

2021/2022

Date In: 16/12/2021 10:43
 Ref No: NPA/1162101211814
 Val No: SN 1901L
 Date: 15/12/2021 11:00

Job Description	Date & Time Completed	Done by
SAS e-illing		
U-nal (by phone, also via)		
1-Motor Claim Xpress		
1-Motor W/O (within 20 mins, 7P 30/1)		
1-Photo Uploaded		
Assessment Survey Report		
Assessment by Fax / Hand to Owner / Driver		

(1) Reporting Only

TP Insured

Motor W/O (NO AFFILIATION) / CWI / Toll / Fax
 Policy No: SJC 4864 / NOC: / Non-NOC: / Toll:
 Period: / Cover Type:
 Insured/Driver Liability: () / () / () / () / () / ()
 Year of Registration: / Women YES () / NO ()
 Excess (\$): / Loading \$1,000 () / \$2,000 ()

- () Walk-in Customer | Customer's information strictly confidential & strictly NO report of repetition
- () Total Loss Case | to email insurer URGENTLY
- Driver-in () / Involved-in () / Involves VNS () / NO () / Towaway ()
- 1) Apply for 'Statement Allowance' () / Courtesy Car ()
- 2) QQ Check / Post Repair Inspection ()
- 3) Upload Recovery Photo (Repair Costs > \$3,000) ()

Injury:

Driver/Owner	Comments	Amount
1) Add-on Work (50)		
2) Body Repair (3000)		
3) Toll		
4) P1 Follow-up Survey		
5) P1 Follow-up Survey (Recovery)		
6) P1 Follow-up Survey (NO ONLY (VIT (O, N, M))		
7) P1 Follow-up Survey		
8) P1 Follow-up Survey		
9) P1 Follow-up Survey		
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48) P1 Follow-up Survey		
49) P1 Follow-up Survey		
50) P1 Follow-up Survey		

QC Checked by (Engineer/Quality Control):

Motor Sold / Invoice dated

P1 Check / P1 Check

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	16/12/2021 10:43 (SGT)
Date of Accident	15/12/2021 11:00 (SGT)
Exact Location of Accident	Syed Alwi Rd, Singapore
Additional Location Information	JUNCTION WITH TOWNSHEND ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN1907L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE HWEE HOON, JULIA
NRIC No	SXXXX582F
Email Address	isaac.ngbk@gmail.com
Mobile Phone No	(Phone) +65-97770232
Alternative Phone No	+65-92354864

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla200
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	1595

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100507495-04
Cover Note Number	-

DRIVER

Name of Driver	NG BOON KIAT, ISAAC
NRIC No	SXXXX177I

Date Of Birth	25/03/1997
Occupation	Indoor
Date Of Driving Pass	01/06/2021
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92354864
Alt. Phone Number	-
Email Address	isaac.ngbk@gmail.com
Address	80 UPPER SERANGOON VIEW #15-76
Address complement	-
Postcode	533878
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 - 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 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

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	SJC486Y
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 NG BOON KIAT, ISAAC
Gender Male
Phone No (Phone) +65-92354864
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SLN1907L
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? 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 arded 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)

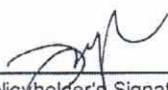
I understand, acknowledge, agree and consent that :

(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

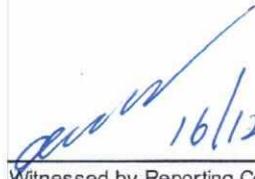
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

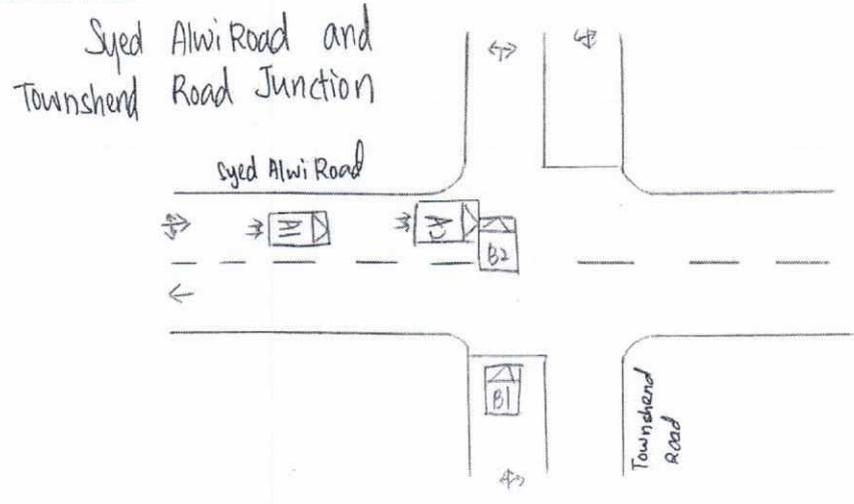


Driver's Signature (If driver is not the policyholder) / Date & Time


16/12/2021

Witnessed by Reporting Centre Personnel

Sketch Plan



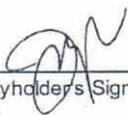
Vehicle A: SLN1907L
Vehicle B: SJ1486Y

Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (SLN1907L) was travelling straight at the stated location on the left lane. out of sudden, vehicle B (SJ486Y) from Townshend Road abruptly dashed out without stopping and collided onto the front right portion of my vehicle causing damages.

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

 16/12/2021
Witnessed by Reporting Centre Personnel

Date of Accident : 15/12/2021 Accident Time: 1100hrs (24-HR-FORMAT)

Accident Place : Syed Alwi Road and Townshend Road Junction

Vehicle Reg. No (Car plate No.) : SLN1907L Vehicle Make/Model: M/B CLA200

Insurance Company : AIG Policy No. _____

Name of Registered Owner : Company / Individual Lee Hwee Hoon, Julia

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S7015582F

Co Contact No: - Owner's Contact No: 9777 0332

DRIVER'S Name : Ng Boon Kiat, ISSAC DRIVER'S NRIC No: S97101731

DRIVER'S Date of Birth : 25 mar 1997 DRIVER'S License Pass Date 01 Jun 2021

Relationship bet. Owner & Driver : Spouse / Parents (Children) / Sibling / Employee / Others: _____

DRIVER'S Address : 80 Upper Serangoon View #15-7b Singapore 533878

DRIVER'S Contact No / Alt No. : 1) 9335 4864 2) -

DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an office) Student

Email Address : isacc.nbjk@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 Passenger Name: - Gender: M/F

Was the accident reported to the police? YES / NO Passenger Name: - Gender: M/F

Was there any video Captured by car camera: YES / NO Any Injuries: YES / NO Injured Name: Ng Boon Kiat, Issac

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SJC4864

Vehicle Reg No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name DRIVER: _____

Name DRIVER: _____

ID No. DRIVER: _____

ID No. DRIVER: _____

DRIVER'S Contact & add: _____

DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____

Vehicle Reg No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name DRIVER: _____

Name DRIVER: _____

ID No. DRIVER: _____

ID No. DRIVER: _____

DRIVER'S Contact & add: _____

DRIVER'S Contact & add: _____



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Lee Hwee Hoon, Julia
 Period of Insurance : 26 Apr 2021 To 25 Apr 2022
 Engine No. : 27091031127761
 Chassis No. : WDD1173432N441406

Vehicle No. : SLN1907L
 Policy No. : 2100507495-04
 Endorsement No. :
 Issued Date : 24 Mar 2021

ABOUT THE COVER

Make/Model : MERCEDES Benz CLA200 Coupe
 Engine Capacity/Tonnage : 1,595.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2017
 Insuring with COE/PARF : 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 authorized 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 Authorized 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 6 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)

Lee Hwee Hoon, Julia - \$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 126376 62061818

For other Approved Reporting Centres/AIG Authorized 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: 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).

0504380258
 CYCLE & CARRIAGE - RUTHZH

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.