

# NATION 11 Assessment Centre Services

SN0821CR0006

Date In: 27/12/2021 15:08	Job Description	Date & Time Completed	Done by
Ref No: X1BA/AG210/3176/Y	SAs e-filing		
Veh No: SLH 1250D	E-mail (within 24hrs. After 2hrs.)		
DOC: 17/12/2021 16:00	i-Motor Claim Form		
① Reporting Only	i-Motor W/O (Within 24hrs. After 2hrs.)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 7P 28518	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 or repairer.

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

Drive-In ( ) / Towel-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 :-	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$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		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey)	\$10		
	For claiming against INC (only w/e 10 Jan 2005)			
Cat 1:	6) TR: Re-inspection	\$15		
Cat 2 / 3:	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 (Non-INC) against INC	\$20		
	9) N12: idac Mobile	\$10		
	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	27/12/2021 15:08 (SGT)
Date of Accident	17/12/2021 16:00 (SGT)
Exact Location of Accident	2 New Bugis St, Singapore 188866
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1250D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG SZE GUAN
NRIC No	SXXXX528B
Email Address	edgooddeal@yahoo.com.sg
Mobile Phone No	(Phone) +65-97114567
Alternative Phone No	+65-97114567

## VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180k
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	1597

## INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100492861-04
Cover Note Number	-

## DRIVER

Name of Driver	NG SZE GUAN
NRIC No	SXXXX528B



Date Of Birth	08/03/1969
Occupation	Indoor
Date Of Driving Pass	20/05/1988
Driving experience	33 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97114567
Alt. Phone Number	+65-97114567
Email Address	edgooddeal@yahoo.com.sg
Address	BLK 131A LORONG 1 TOA PAYOH #24-524
Address complement	-
Postcode	311131
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 vehicle 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	YP2851S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MAZLAN
Contact Number	(Phone) +65-89156935
Address	-
Address complement	-

Postcode \*\*\*\*\*  
Insurance Company Name \*\*\*\*\*  
Nature Of Damage \*\*\*\*\*  
Details of property damaged in accident \*\*\*\*\*  
No. Of Passenger (Including Driver) \*\*\*\*\*

-  
China Taiping Insurance (Singapore) Pte. Ltd.  
-  
-  
-

### 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 law yers/law firms), w hich 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

2 NEW BUGS STRAY (188866)

Buildings

△	×
△	×
△	×
△	×

A: SLH 7250D

B: VP 28513

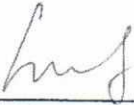



**Describe Circumstances of the Accident**

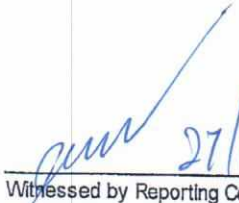
On 17/12/2021 at around 15:00PM-18:00PM, I parked my vehicle along 2 New Bugis St, S(188866) and went to work. When I went to retrieve my vehicle after work at night around 10pm. I saw there was damaged on my back left portion of my vehicle. I was notified by a passer-by about the accident.

**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

 27/12/2021  
Witnessed by Reporting Centre Personnel

5

Date of Accident : 17/12/2021 Accident Time: 15:00PM - 17:00PM (24-HR-Format)  
Accident Place : 2 New Bugis st, S(188866)  
Vehicle No. (Car Plate No.) : SLH 1250D Make/Model: Mercedes Benz C180K  
Insurance Company : AIG Policy No: 2100492861-04  
Owner or Company Name /IC No. : Ng Sze Guan (S6907528B)  
Owner or Company Contact No. : 9711 4567 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : As above  
DRIVER'S Date Of Birth : 08/03/1969 DRIVER'S License Pass Date 20/05/1988  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
DRIVER'S Address : B1K 131A Lorong 1 Toa Payoh #24-524 S(311131)  
DRIVER'S Contact No./ Alt No. : 1) 9711 4567 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : edgooddeal@yahoo.com.sg  
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): 0 passengers  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle No: YP 2851S (veh B) - China copy	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: Mazlan	Name Driver: _____
IC No. Driver/Contact: 8915 6935	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ng Sze Guan  
Period of Insurance : 20 Dec 2020 To 19 Dec 2021  
Engine No. : 27191031341499  
Chassis No. : WDD2040452A478988

Vehicle No. : SLH1250D  
Policy No. : 2100492861-04  
Endorsement No. :  
Issued Date : 25 Nov 2020

### ABOUT THE COVER

Make/Model : MERCEDES BENZ C180 (1.6)  
Engine Capacity/Tonnage : 1,597.00 CC Sum Insured : Market Value First Year of Registration : 2010  
Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes  
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.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

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 1500cc - 1600cc Optional

\* 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 - \$0 Theft - \$0 Flood Cover - \$0

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Ng Sze Guan

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)  
Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
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: HONG LEONG FINANCE 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).

0195004000

NG SZE GUAN EDMUND

371 ALEXANDRA ROAD #03-08 AJA ALEXANDRA

SINGAPORE 159963 SP-JOSHUAJIMMY-EVE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

SZE GUAN EDMUND NG