

NATIONAL Assessment Centre Services [ref: 20102] 2/2

Date In: 25/04/22	Job description	Date & Time Completed	Done by
Ref No: NA/A1622003819/13	SAS e-filing		
Veh No: SFZ 669M	E-mail (within 8hrs, AOC 2hrs)		
D.O.A: 25/04/22 0930	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

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

TP Particulars: Veh No: SLQ3640B 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

NA2201096

Client's Particulars	Invoice Preparation Checklist	Amnt (\$) In Bill	Amnt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
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) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp 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: Idao Mobile 30		
	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	25/04/2022 17:26 (SGT)
Date of Accident	25/04/2022 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ARAB STREET & BEACH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFZ669M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAH SEOW HOR
NRIC No	SXXXX503C
Email Address	hupmotor@gmail.com
Mobile Phone No	(Phone) +65-91886843
Alternative Phone No	+65-91886843

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	B180
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	AIIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100507164-05
Cover Note Number	-

DRIVER

Name of Driver	SEAH GEK KIA TERINA(SHE YUJIA)
NRIC No	SXXXX624C

Date Of Birth	01/04/1985
Occupation	Indoor
Date Of Driving Pass	28/11/2014
Driving experience	7 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97518059
Alt. Phone Number	-
Email Address	hupmotor@gmail.com
Address	18 LORONG HOW SUN
Address complement	-
Postcode	536506
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	Side Swipe
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)	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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ3640B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TOH KIAN NAM
NRIC No	SXXXX436H
Contact Number	(Phone) +65-98285033
Address	-

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

SKETCH PLAN

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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

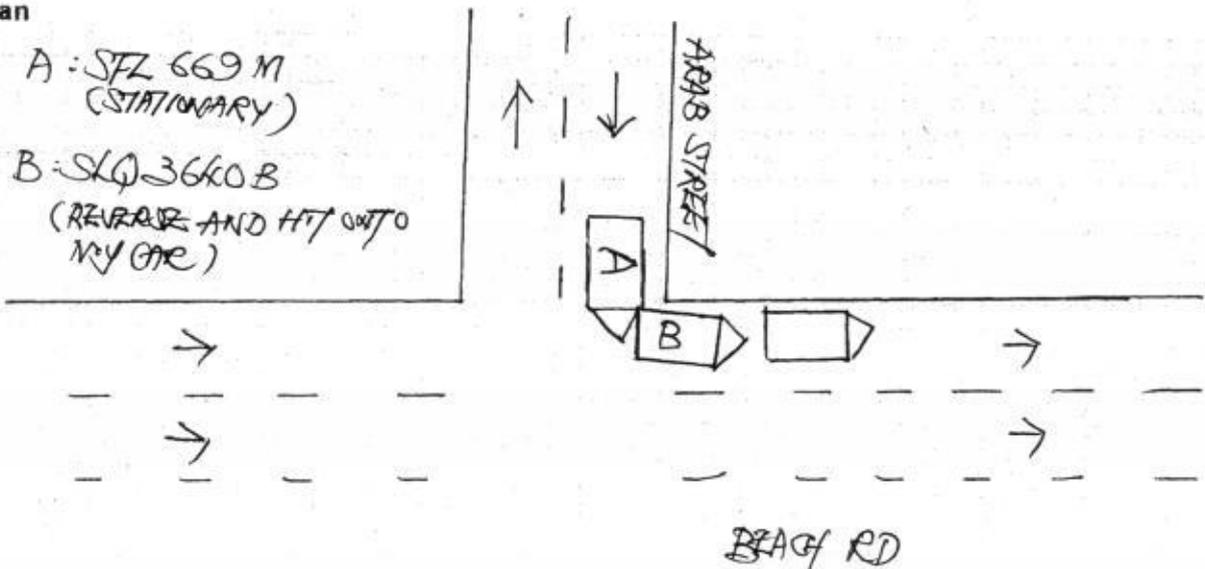
[Signature] 25/4/2022

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

[Signature] 25/04/22

Witnessed by Reporting Centre
Personnel

• Sketch Plan



Describe Circumstances of the Accident

I was driving from Arab Street approaching Beach Road. I stopped before Beach Road to look out for oncoming traffic from the right. My car was stationary. There was another car (car B) with his rear end facing the left side of me. Car B was illegally parked along double yellow line of Beach Road. Out of the sudden, he reverses the car and despite my honning, car B has reversed into the left front of my car. We also have video footage of the whole incident.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD Claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated time frame from the day of occurrence.

Reporting Only	
Claim OD	
Claim TP	✓
Claim OD / TP at other Workshop	

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 25/4/22

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

 25/04/22

Witnessed by Reporting Centre Personnel

HUP MOTOR TRADING & SERVICE

BLK 9004 TAMPINES STREET 93

#01-120 SINGAPORE 528838

TEL: 67840039 (24 hrs) HP: 98154655

Email: hupmotor@gmail.com

Accident Information

1 Date of Accident : 25/04/22 Time(base on 24hrs): 0930HRS

2 Location : ACAB STREET & BEACH RD

3 Weather condition : Clear / Rain Road Surface : Dry / Wet

4 Claiming under : Own Damage _____ Third Party YES Reporting Only _____

5 Injuries : Yes / No Type Of Collision : REAR TO HEAD

6 Witness Name / Hp : _____

7 Police Report : Yes / No Which Station : _____

VEHICLE A

Vehicle No : SFZ 669M Model : MERCEDES BENZ B180 (1595cc)

Policy Holder Name : SEAH BEOW HOE

Policy I/C No. : SO735503U Contact: 91886863

Policy Address : 18 LORONG HOW SUN, S 536506

Policy No. : Z100507164-05 Cover : Comp / 3rd pty / Fire & Theft

Insurance Company: AIG No Of Pax 1 (including Driver)

1) _____ Sex(Male / Female)

2) _____ Sex(Male / Female)

Z1441: hupmotor@gmail.com

Driver Particulars

Name : SEAH OK KHA TERINA NIRC 885086240 DOB: 01/04/1986

Address : 18 LORONG HOW SUN
SINGAPORE 536506

Pass Date: 28/11/2014 Gender : Male / Female Occupation: Indoor / Outdoor

Contact :HP 97518059 Office _____ Home _____

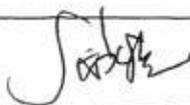
Email hupmotor@gmail.com Relationship: Spouse / Children / Friend / Relative
Employee / Hirer / Parent / Sibling

VEHICLE B : PLD 36K0B Model: TOYOTA ALTIS Insurance : _____

Driver Name : TOH KAN XIAN I/C No. : S05064364

Contact No. : 98285033 20A WZST COAST RD # 04-34

VEHICLE A SIGNATURE :





CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder	: Seah Seow Hor	Vehicle No.	: SFZ669M
Period of Insurance	: 21 Apr 2022 To 20 Apr 2023	Policy No.	: 2100507164-05
Engine No.	: 27091031041079	Endorsement No.	:
Chassis No.	: WDD2462422J414019	Issued Date	: 21 Mar 2022

ABOUT THE COVER

Make/Model	: MERCEDES BENZ B180 SEDAN URBAN	Sum Insured	: Market Value	First Year of Registration	: 2017
Engine Capacity/Tonnage	: 1,595.00 CC	Off Peak Car	: No	Insuring with COE/PARF	: Yes
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.

You have to pay an additional sum of S\$53,000 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
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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 - \$1800 Theft - \$0 Flood Cover - \$1800

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Seah Seow Hor - \$1800 (Own Damage), \$1800 (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 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).

0504380241
 CYCLE & CARRIAGE - SABLIM

239 ALEXANDRA ROAD
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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AIGSGMOLEAPP

Seah Seow Hor (M / Married)

NRIC : S0735503C

DOB : 21/11/1946

YOD : 18/09/1964

OCC : Retire

HP : 9188 6843

Vehicle Details	
Vehicle No.:	SFZ669M
Make / Model:	MERCEDES BENZ / B180 URBAN (R17 LED)
Vehicle Type :	P10 - Passenger Motor Car
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Chassis No. :	WDD2462422J414019
Propellant :	Petrol
Engine No. :	27091031041079
Motor No. :	-
Engine Capacity :	1595 cc
Power Rating :	-
Maximum Power Output :	90.0 kW (120 bhp)
Maximum Laden Weight :	1950 kg
Unladen Weight :	1425 kg
Year Of Manufacture :	2016
Original Registration Date :	21 Apr 2017
Lifespan Expiry Date :	-
COE Category :	A - Car up to 1600cc & 97kW (130bhp)
Quota Premium :	\$49,430.00
COE Expiry Date :	20 Apr 2027
Road Tax Expiry Date :	20 Apr 2022
PARF Eligibility Expiry Date :	20 Apr 2027
Inspection Due Date :	20 Apr 2022
Intended Transfer Date :	21 Mar 2022
CO2 Emission :	127.00 (g/km)
CEV/VES Rebate Utilised Amount :	\$5,000.00
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

Fees To Be Paid For Transfer	
Transfer Fees	\$25.00
Road Tax Renewal - 6 months (21 Apr 2022 to 20 Oct 2022)	\$262.00
Road Tax Renewal - 12 months (21 Apr 2022 to 20 Apr 2023)	\$633.00