

**NATIONAL Assessment Centre Services:** [wef 1 Jan 08] **SN0822540005**

Date In: 30/05/2022 15:28	Job description	Date & Time Completed	Done by
Ref No: X13A/AIG 22005079/Y	SAS e-filing		
Veh No: SMV 1506G	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 29/05/2022 15:40	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SMV 9204D INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Bst. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: ( ) Warranty: YBS ( ) / 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	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

**NA2201466**

Claimant's Particulars	Invoice Preparation Checklist	Inc Bill	Adj 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		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD*		
	*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: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Claimant's Comments: \_\_\_\_\_

L1: \_\_\_\_\_

L2/3: \_\_\_\_\_



## 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	30/05/2022 15:28 (SGT)
Date of Accident	29/05/2022 15:40 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	BEFORE BRADDELL ROAD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV1506G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO CHUAN AIK
NRIC No	SXXXX262A
Email Address	ernestneo96@gmail.com
Mobile Phone No	(Phone) +65-83766131
Alternative Phone No	+65-83682718

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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	7210102950
Cover Note Number	-

#### DRIVER

Name of Driver	ERNEST NEO
NRIC No	SXXXX485J

Date Of Birth	05/12/1996
Occupation	Indoor
Date Of Driving Pass	13/06/2017
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83682718
Alt. Phone Number	-
Email Address	ernestneo96@gmail.com
Address	BLK 436B FERNVALE ROAD #15-182
Address complement	-
Postcode	792436
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	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

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	SLN9204D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG EE TENG
NRIC No	SXXXX901J
Contact Number	(Phone) +65-97379057
Address	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMV7111Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-91455375
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	ERNEST NEO
Gender .....	Male
Phone No .....	(Phone) +65-83682718
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMV1506G
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 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.

*[Signature]*

*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CTE (BEFORE BLOODHILL ROAD EX17)

Vehicle A - SMV 1506 G

Vehicle B - SLN 9204 D

Vehicle C - SMV 7111 T

K C K A K B

Describe Circumstances of the Accident

Vehicle ahead me stop and my vehicle was stationary suddenly I felt an impact on my rear portion. Due to the impact my vehicle was push forward and hit onto front vehicle.

Declaration

I/We declare the foregoing particulars are true in every respect.

B

Policyholder's Signature / Date & Time

Emur

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

30/05/2022  
Witnessed by Reporting Centre Personnel



VEHICLE NO: SMV 15066

MAKE &amp; MODEL: MERZ GLA 180

AUTO / MANUAL

DATE OF ACCIDENT

29 / 05 / 2022

°C.C. 1595

TIME OF ACCIDENT

1540

AM / PM

LOCATION OF ACCIDENT

EXACT PURPOSE USED AT TIME OF ACCIDENT

CTE BEFORE BRADDELL ROAD EXIT.  
EMPLOYMENT / PRIVATE USE / PRIVATE HIRE

NAME OF OWNER

NEO CHUAN AIK

EMAIL: ERNESTNEO96@GMAIL.COM

NRIC

Office:

MOBILE: 8276 6131

CLAIM TYPE

S1559262A

FLEET POLICY:

OD / THIRD PARTY / REPORTING ONLY

INSURANCE CO.

YES / NO ?

TYPE OF COVERAGE

AIG

POLICY NO.

Comprehensive / Third Party / Third Party Fire & Theft

NAME OF DRIVER

7210102950

NRIC

AS ABOVE / IF NO: ERNEST NEO

DATE OF BIRTH

596444853

ANY PASSENGER

05 / 12 / 1996

NAME OF PASSENGER

YES / NO : -

GENDER OF PASSENGER

MALE / FEMALE

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

13 / 06 / 2017

GENDER

Male / Female

CONTACT NO.

Mobile: 8368 2718 Office:

Home:

EMAIL:

ERNESTNEO 96 @ GMAIL.COM

ADDRESS

DOES DRIVER OWN OTHER VEHICLES?

NO / If yes: Reg No. BLK 436B FERNVALE ROAD #15-182 S(792436)

RELATIONSHIP

Employee / If No: FATHER &amp; SON

INSURER:

WEATHER CONDITION

ROAD SURFACE

Clear / Raining / Other:

ANY INJURIES

Dry / Wet / Other:

CONTACT NO.

No / If yes: Who? ERNEST NEO

POLICE REPORT

8368 2718

NOTICE OF INTENDED PROSECUTION GIVEN?

No / If yes: Where?

VEHICLE B NO.

NO/IF YES: WHO?

NAME

SLN 9204D

Any Passenger: 01

CONTACT NO.

ONG EE TENG (S85359013)

VEHICLE C NO.

9737 9057

VEHICLE D NO.

SMV 7111Y

Any Passenger: 02

VEHICLE E NO.

91455375

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

Any Passenger:

WITNESS CONTACT NO.

WAS THERE ANY VIDEO CAPTURE?

YES / NO

WAS THERE ANY AUDIO RECORDED?

YES / NO

WERE ACCIDENT PHOTOS TAKEN?

YES / NO

\*\*WORKSHOP:

Have you been approach by unknown person soliciting (s) /  
for accident claims assistance?YES / NO





# CERTIFICATE OF INSURANCE

## AUTOPLAN PRIVATE VEHICLE

**Name of Policyholder** : NEO CHUAN AIK  
**Period of Insurance** : 17 Sep 2021 To 16 Sep 2022  
**Engine No.** : 27091031907314  
**Chassis No.** : WDC1569422J656981

**Vehicle No.** : SMV1506G  
**Policy No.** : 7210102950  
**Endorsement No.** :  
**Issued Date** : 26 Aug 2021

### ABOUT THE COVER

**Make/Model** : MERCEDES Benz GLA180  
**Engine Capacity/Tonnage** : 1,595.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
 Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission.  
 This Policy will indemnify any authorised driver other than the Policyholder 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.

\* 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)**

NEO CHUAN LEE - \$800 (Own Damage), \$800 (Flood Cover)

### 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 can be carried out at the repairer of Your choice (unless specifically excluded by Us). For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 5200. 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:** OCBC 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).

0504650000

ALL INS AGENCY PTE LTD

22 SIN MING LANE #05-78 MIDVIEW CITY

SINGAPORE 573969

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.

Jia Hui Chua