

**NATIONAL Assessment Centre Services:** [wef 1 Jan 08] **2408226 10001**

Date In: <b>10/06/2022 13:04</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/11622005520/4</b>	SAS e-filing		
Veh No: <b>SLS 6903M</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>09/06/2022 09:25</b>	1-Motor Claim Form		
OD: <b>TP / Reporting Only</b>	1-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
TP Insurer:	1-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: **SMK 6080S** 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	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	Action

**NA2201616**

Claimant's Particulars:

Driver/Owner: \_\_\_\_\_

Contact No: \_\_\_\_\_

Damaged Portion: \_\_\_\_\_

C. Checked by (Engr-In-Charge): \_\_\_\_\_

Auditors' Comments: \_\_\_\_\_

1.1: \_\_\_\_\_

1.2/3: \_\_\_\_\_

Invoice Preparation Checklist		Am (\$)	Inc (\$)
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100);	INC (\$80)		
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*			
*N3: 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	\$0		
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	10/06/2022 13:04 (SGT)
Date of Accident	09/06/2022 09:25 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARDS TOWN
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6903M
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MAGER IRWAN MAXIMILIAAN
NRIC No	SXXXX097I
Email Address	max.mager@cycling.org.sg
Mobile Phone No	(Phone) +65-97640925
Alternative Phone No	+65-97640925

#### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	1995

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210109751
Cover Note Number	-

#### DRIVER

Name of Driver	MAGER IRWAN MAXIMILIAAN
NRIC No	SXXXX097I

Date Of Birth .....	24/09/1965
Occupation .....	Indoor
Date Of Driving Pass .....	10/11/1988
Driving experience .....	33 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97640925
Alt. Phone Number .....	+65-97640925
Email Address .....	max.mager@cycling.org.sg
Address .....	498 UPPER EAST COAST ROAD #05-01
Address complement .....	-
Postcode .....	466526
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	LEE CHUEN LING
Gender .....	Female

#### PASSENGER 2

Name .....	BOINEM
Gender .....	Female

#### 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 .....	SMK6080S
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SML4537A
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)	-



## 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.

Policyholder's Signature / Date & Time

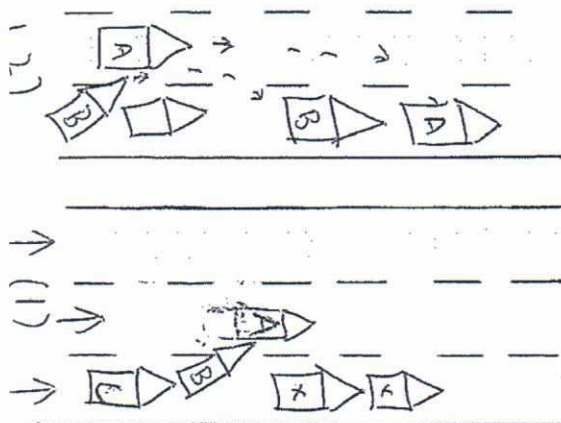
Sketch Plan

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

ECP TOWARDS TOWN

Witnessed by Reporting Centre Personnel

10/06/2022



A) SLS6903M

B) SMK6080S

C) SML4537A

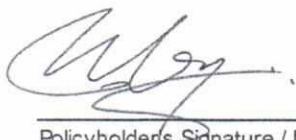
Describe Circumstances of the Accident

Vehicle A

1. On 9 June 2022 at 925am, I was driving along ECP towards town.
2. I was on lane 2 when I suddenly felt an impact on my right side of vehicle.
3. I realised a vehicle on lane 1 suddenly came out from the vehicle's left / my right, and hit me on my right side. The vehicle that hit me is Vehicle B.
4. We drove to the front and exchanged particulars.  
to lane 1

Declaration

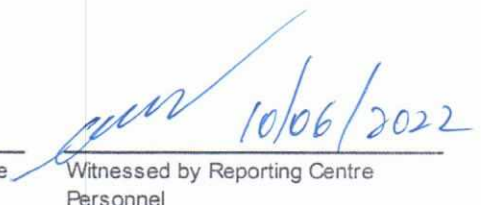
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



10/06/2022

Witnessed by Reporting Centre Personnel



personal Email : maxmager@ygm411.com

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 09/06/2024dd/mm/yy) Time of Accident: 09:25 (24-HR-FORMAT)  
Vehicle No.: SL56903M Vehicle Make & Model: SUBARU Forester  
\*Transmission: ☐ Manual ☒ Auto \*C.c.: 2.0 XT  
Exact location of Accident: ELP  
Policyholder's Name: 7210109751 NRIC/FIN/REG No.: S/2189097I  
\*Policyholder's email address: + AIG  
Driver's Name: + MAGER IRWAN MAXIMILIAAN NRIC/FIN/REG No.: S/2189097I  
\*Driver's email address: + max.mager@cycling.org.sg  
Driver's Contact No.: + 97640925 Company Contact No (if any): -  
Date of birth: + 24/09/1965 Driving Pass Date: 10 NOV 1988  
Driver's Address: + 498 Upper East Coast road #05-01. S(466526)  
Insurance Company: AIG  
Policy No.: 7210109751 Type of Coverage: Comprehensive / ☒ Third Party / Third Party, Fire & Theft  
Relationship between Owner & Driver: (Please CIRCLE one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: -

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☐ Head To Rear ☐ Side Swipe ☒ Other HEAD TO SIDE

Occupation (nature job) ☐ Indoor / ☐ Outdoor \*No. of Passengers / Including Driver): 3

\*Passanger Name: + Lee Chuen Ling Gender: Male / ☒ Female

\*Passanger Name: + Boineem Saimin Gender: Male / ☒ Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: -

Was there any video captured by your car Car camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: -

Injuries Sustain: - Injured Person in Which Vehicle: -

Police Report field: ☐ Yes / ☐ No (If YES) Which Police Station: -

The Other Party (S) Details:

1. Driver's Name / IC No: - Vehicle No: SMK6080S

Driver's Contact No: - Insurance Company: -

2. Driver's Name / IC No (If Any): - Vehicle No: SMC4537A

Driver's Contact No: - Insurance Company: -

\*Independent Witness (If Any): - Contact No: -

Preferred Workshop Name: - Contact No: -



# CERTIFICATE OF INSURANCE

## PLUS PRIVATE VEHICLE

Name of Policyholder : Mager Irwan Maximilian  
Period of Insurance : 27 Nov 2021 To 26 Nov 2022  
Engine No. : FA20CB12115  
Chassis No. : JF1SJGK85JG099359

Vehicle No. : SLS6903M  
Policy No. : 7210109751  
Endorsement No. :  
Issued Date : 10 Sep 2021

### ABOUT THE COVER

Make/Model : SUBARU New Forester 2.0XT  
Engine Capacity/Tonnage : 1,998.00 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.

All drivers must be at least 21 years old and have held a valid driving license for at least 2 years before the start of the policy.

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.

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.

### EXCESS

Section 1  
Fire - \$0 Own Damage - \$1400 Theft - \$0 Flood Cover - \$1400

Section 2  
Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Mager Irwan Maximilian - \$1400 (Own Damage), \$1400 (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 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: MALAYAN BANKING BERHAD

We hereby certify that this policy and Certificate of Insurance were 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).

0502627000

LUI SENG FAI DAVID

BLK 175 LOMPANG ROAD #03-45  
SINGAPORE 670175

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

GENS FAI DAVID LUI