

NATIONAL Assessment Centre Services:

[ver 1 Jan'08]

SN082260001

Date In: 21/06/2022 11:14	Job description	Date & Time Completed	Done by
Ref No: N/A 20060734	SAS e-filing		
Veh No: SMV 15066	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 25/06/2022 00:15	I-Motor Claim Form		
OD: (TP) / Reporting Only	I-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars: Veh No: GISC 29594	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	ACTIONS

NA 2201747

Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engi-In-Charge):

Comments:

t. 1:

t. 2 / 3:

Invoice Preparation Checklist		Amount	Remarks
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) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (ver 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) N1: Idac DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*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: Idac 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	27/06/2022 11:14 (SGT)
Reported by	Both
Date of Accident	25/06/2022 00:15 (SGT)
Exact Location of Accident	Punggol Rd, Singapore
Additional Location Information	TOWARDS TPE
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) +65-82766131
Alternative Phone No	-

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.
Policy Number / Cover Note Number	7210102950

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	5 YEARS
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	Collision - Head to Rear
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC2959G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ALEX TEO JUN HONG
NRIC No	SXXXX460H

Contact Number	(Phone) +65-97597744
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	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

IMPORTANT NOTICE

SKETCH PLAN

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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.
- (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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A - SMV1506G

Vehicle B - GBC2959G




Describe Circumstances of the Accident

My vehicle was stationary while waiting for main road to clear before moving off suddenly I felt an impact on my rear portion. Vehicle B fail to stop and hit onto my vehicle.

Declaration

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


26/6/2022 0930H
Policyholder's Signature / Date & Time

Encl. 26/06/22 0930H
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

VEHICLE NO: SMV15066

MAKE & MODEL: MERZ GLA 180

(AUTO) / MANUAL

DATE OF ACCIDENT

25 / 06 / 2022

TIME OF ACCIDENT

0015 (AM) / PM

*C.C. 1595

LOCATION OF ACCIDENT

PUNGOL ROAD TOWARD TPE

EXACT PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT / PRIVATE USE / PRIVATE HIRE

NAME OF OWNER

NEO CHUAN AIC

EMAIL: ERNESTNEO96@GMAIL.COM

Office:

MOBILE: 82766131

NRIC

S1559262A

CLAIM TYPE

OD / THIRD PARTY / REPORTING ONLY

FLEET POLICY

YES (NO)?

INSURANCE CO.

AIG

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO.

7210102950

NAME OF DRIVER

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: 83682718 Office:

EMAIL

Home:

ADDRESS

ERNESTNEO96@GMAIL.COM

DOES DRIVER OWN OTHER VEHICLES?

BLK 436B FERNALE ROAD # 15-182 S(792436)

RELATIONSHIP

(NO) / If yes, Reg No:

INSURER:

WEATHER CONDITION

Employee / If No, FATHER & son

ROAD SURFACE

(Clear) / Raining / Other,

ANY INJURIES

(Dry) / Wet / Other,

CONTACT NO.

No (If yes, Who? ERNEST NEO

POLICE REPORT

83682718

NOTICE OF INTENDED PROSECUTION GIVEN?

(NO) / If yes, Where?

VEHICLE B NO.

NO/IF YES, WHO?

NAME

GBC29596

Any Passenger: 0

CONTACT NO.

ALEX TEO JUN HONG (598344604)

VEHICLE C NO.

97597744

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

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)

SCENE ACCIDENT PHOTOS TAKEN?

YES / (NO)

**WORKSHOP:

Have you been approached by unknown person soliciting (s) / offering 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 Sum Insured : Market Value First Year of Registration : 2020
Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : Yes

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 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: OCBC Bank Ltd

I/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