

# NATIONAL Assessment Centre Services

(incl GST)

2023/10/002

Date In: 10/01/2023 15:58	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA 2023003244	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SEA 613B	I-Motor Claim Form		
D.O.A: 10/01/2023 11:41	I-Motor W/O (Within: QD 2hrs, TP 1hr)		
OD: TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Yeh No: FBU 1548	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%, P: 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 repeller.  
 ( ) Total Loss Cost: to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: INC Hotline: 0788 0016	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

N/A 2300096 Incident Particulars: Driver/Owner: Contact No: Damaged Portion:	Invoice Preparation Checklist		Amount	Remarks
	1) AR: Accident Reporting (350)			
	2) DA: Damage Assessment (5100)	INC (550)		
	3) TP: Towing Fee	\$10/\$45		
	4) PT: Follow-Through Survey	\$150		
	5) FT: Follow-Through Survey (Resurvey)	\$50		
	Excluding repair (INC Only from 10 Jan 2023)			
	6) TR: Re-inspection	\$75		
	7) NI: Haul DA + SMRT Survey	\$140		
	8) NTUC Additional Services			
GR:				
*NI: Courtesy Car / Trip Allowance		\$5		
*NI: Repair Coordination		\$10		
*NI: Post Repair Inspection		\$25		
*NI: DV / Collect Excess Coordination		\$5		
*TP (NI): TP (Non-INC) against INC		\$10		
*NI: 12hr Mobile		10		
Invoice dated		Fee Charged		
Insurance 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 Actual 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 ..... 10/01/2023 15:59 (SGT)  
Reported by ..... Both  
Date of Accident ..... 10/01/2023 11:45 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SFP613B

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG CHWEE NGO  
NRIC No ..... SXXXX053E  
Email Address ..... edwincai3000@yahoo.com  
Mobile Phone No ..... (Phone) +65-98761663  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... C180  
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 ..... 1796

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 2100366068-08

#### DRIVER

Name of Driver ..... NG CHWEE NGO  
NRIC No ..... SXXXX053E  
Date Of Birth ..... 12/04/1953  
Occupation ..... Indoor

Date Of Driving Pass .....	02/04/1992
Driving experience .....	30 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98761663
Alt. Phone Number .....	-
Email Address .....	edwincai3000@yahoo.com
Address .....	56 LAKESIDE DRIVE #10-30
Address complement .....	-
Postcode .....	648318
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 .....	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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	CAI JIANYE EDWIN
Gender .....	Male

#### 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 .....	FBU1548X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-98667265
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.

ychmy  
Policyholder's Signature / Date & Time

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

10/01/2022  
Witnessed by Reporting Centre Personnel

### Sketch Plan

Acc towards Mee Clement: RD Exit



A) SFP613B

B) FBV 1548X

**Describe Circumstances of the Accident**

On 10/01/2023 at about 1145 hrs I was driving on Aye towards Mce After Clementi Rd Exit I was driving on lane two. Suddenly Veh B FB4158X hit on to my left rear of my Veh.

**Declaration**

We declare the foregoing particulars are true in every respect.

Wychy  
Policyholder's Signature / Date & Time

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

Wychy 10/01/2022  
Witnessed by Reporting Centre Personnel



Date of Accident : 10/01/2023 Accident Time: 1145 (24-HR-Format)  
Accident Place : AYE towards Mce After colemit RD Exit  
Vehicle. No. (Car Plate No.) : SFP 613B Make/Model: Mercedes Benz C180C61  
Insurance Company : AIG Policy No: \_\_\_\_\_  
Owner or Company Name /IC No. : NGR CHWEE NGO  
Owner or Company Contact No. : 98761663 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : NGR CHWEE NGO S0063053E  
DRIVER'S Date Of Birth : 12/04/1953 DRIVER'S License Pass Date 02 Apr 1992  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 56 Lakeside Dr #10-30 S648318  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address : edwincai3000@yahoo.com  
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): 2  
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: <del>FBM 1548X</del> <sup>154X</sup> FBu 1548X	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: 98667265	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

Cai Janye Edwin (male)  
S8114143 F



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ng Chwee Ngo  
Period of Insurance : 15 Jul 2022 To 14 Jul 2023  
Engine No. : 27182030056352  
Chassis No. : WDD040492A386975

Vehicle No. : SFP613B  
Policy No. : 2100366068-08  
Endorsement No. :  
Issued Date : 16 Jun 2022 14:42

### ABOUT THE COVER

Make/Model : MERCEDES BENZ C180 CGI BE  
Engine Capacity/Tonnage : 1,796.00 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 S\$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.

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 - \$800 Theft - \$0 Flood Cover - \$800

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Ng Chwee Ngo - \$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 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: 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).

0501630000

SC ALLIANCE PTE LTD

78 SEA BREEZE AVENUE

SINGAPORE 487582

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.

SSPLIC



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	053E
<b>Vehicle Details</b>	
Vehicle No.:	SFP613B
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Feb 2023
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C 180 CGI
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	27182030056352
Chassis No.:	WDD2040492A386975
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$38,917.00
Original Registration Date:	15 Jul 2010
First Registration Date:	15 Jul 2010
Transfer Count:	1
Actual ARF Paid:	\$38,917.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	14 Jul 2030
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$33,568.00
COE Rebate Amount:	\$24,923.00
<b>Total Rebate Amount:</b>	<b>\$24,923.00</b>

The information contained herein is correct as at 10 Jan 2023

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