

NATIONAL Assessment Centre Services		SA082829000	
Date In: 09/01/2023 11:01	Job description	Date & Time Completed	Done by
Ref No: NRA/0428001384	SAS e-filing		
Veh No: SX1B 1202B	E-mail (within 3hrs, A/C this)		
D.O.A: 06/02/2023 14:05	i-Motor Claim Form		
OD / Repaying Only	i-Motor W/O (Within 3hrs, A/C this)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by FAX / Hand to Owner/When		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: SLX 191Z	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: () (Note: Hst Status (WO): N: 0-30%, P: 21-72%, 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 Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () INC () / Non-INC ()	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/Turn	Actions

NA2300401	Invoice Preparation Checklist	Amount	Actual
1) AR: Accident Reporting (\$20)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$10/\$40		
4) PT: Follow-Through Survey	\$100		
5) FT: Follow-Through Survey (Resurvey)	\$50		
6) TR: Re-inspection	\$75		
7) NI: New DA, DMFT Survey	\$140		
8) NTUC Additional Services			
9) QW			
*No: Courtesy Car / Tot Allowance	\$5		
*No: Repair Coordination	\$10		
*No: Post Repair Inspection	\$25		
*No: DV / Collect Excess Coordination	\$1		
*No: TP (Non-INC) against INC	\$10		
*No: i-Motor	10		
Invoice Total	Fee Charged		
Amount Paid	Balance		

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	09/02/2023 11:07 (SGT)
Reported by	Driver
Date of Accident	06/02/2023 14:05 (SGT)
Exact Location of Accident	52 Blair Rd, Singapore 089952
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB1202B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PATT MUN KONG STEVEN
NRIC No	SXXXX472Z
Email Address	pattjanet@yahoo.com.sg
Mobile Phone No	(Phone) +65-90234702
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLB 180
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	1332

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210076514-01

DRIVER

Name of Driver	PATT LAI SEE JANET
NRIC No	SXXXX250I
Date Of Birth	29/07/1968
Occupation	Indoor

Date Of Driving Pass	14/11/1990
Driving experience	32 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92960038
Alt. Phone Number	-
Email Address	patjanet@yahoo.com.sg
Address	BLK 39 CIRCUIT ROAD #08-591
Address complement	-
Postcode	370039
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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?	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
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	SLV191Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

c
w
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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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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

62 Blair Road

(A) SNB1202B

(B) SLV191Z



Date of Accident : 06/02/2023 Accident Time: 14:05hrs (24-HR-Format)
Accident Place : 52 Blair Road
Vehicle. No. (Car Plate No.) : SNB1202B Make/Model: Mercedes Benz GLB180
Insurance Company : AIG Policy No: 7210076514-01
Owner or Company Name /IC No. : Patt Mun Kong Steven / S1588472Z
Owner or Company Contact No. : Owner's Hp 9023 4702 Company Tel
DRIVER'S Name / IC No. : Patt Lai See Janet / S1756250I
DRIVER'S Date Of Birth : 29/07/1968 DRIVER'S License Pass Date 14/11/1990
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : Blk 39 Circuit Road #08-591 S(370039)
DRIVER'S Contact No./ Alt No. : 1) 9296 0038 2)
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : pattjanete@yahoo.com.sg
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): 1
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:	<u>SLV 191Z</u>	Vehicle. No:	
Vehicle Make/Model:		Vehicle Make/Model:	
Name Driver:		Name Driver:	
IC No. Driver/Contact:		IC No. Driver/Contact:	

* NEW - Passenger's name & gender:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : PATT MUN KONG STEVEN
Period of Insurance : 27 Jul 2022 To 26 Jul 2023
Engine No. : 28291480530294
Chassis No. : W1N2476842W120743

Vehicle No. : SNB1202B
Policy No. : 7210076514-01
Endorsement No. :
Issued Date : 06 Jun 2022 16:25

ABOUT THE COVER

Make/Model : MERCEDES BENZ GLB180
Engine Capacity/Tonnage : 1,332.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2021
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 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 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

PATT MUN KONG STEVEN - \$800 (Own Damage), \$800 (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: MayBank

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).

0504688202

CYCLE & CARRIAGE - ANDREA

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCZSS

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