

NATIONAL Assessment Centre Services

(011 2661)

SMK58255

Date In: 20/08/2023 12/10	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/8162800/8861			
Veh No: SLF 6386Z	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 18/08/2023 1301	1-Motor Claim Form		
OD: TP: Repairing Only	1-Motor W/O (Within 30 mins, TP 100%)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (

Tel:

Fax:

TP Particulars: Veh No: SMK 58255, INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: ()

Period: ()

Cover Types: ()

Confirmed by: (

Date:

Place:

Insured/Driver Liability: (

%)

(Note: Hst Status (W/O): 10: 0-30%, 11: 31-70%, 12: 80-100%)

Year of Registration: (

Warranty: YES () / NO ()

Excess: (\$

Landing: \$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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date of Incident: ()

Time of Incident: ()

Location of Incident: ()

Weather: ()

Other: ()

Signature: ()

Date: ()

Time: ()

Place: ()

Other: ()

Signature: ()

Date: ()

Time: ()

Place: ()

Other: ()

Signature: ()

Date: ()

Time: ()

Place: ()

Other: ()

Signature: ()

NA2300523		Invoice Preparation Charges		Amount	
Item	Description	Unit	Rate	Amount	Remarks
1)	AR: Accident Reporting	(\$300)			
2)	DA: Damage Assessment	(\$1000)	INC (\$50)		
3)	TP: Towing Fee		\$10/\$40		
4)	PT: Follow Through Survey		\$120		
5)	PT: Follow Through Survey (Hourly)		\$30		
6)	TR: Re-insurance		\$25		
7)	NI: New DA + SMRT Survey		\$140		
8)	NTLC Additional Fee				
Total					
Checked by (Engr-In-Charge):					
Comments:					
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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	20/02/2023 12:10 (SGT)
Reported by	Driver
Date of Accident	18/02/2023 13:01 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS BKE BEFORE MANDAI EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE6336Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH CHEE ENG
NRIC No	SXXXX155H
Email Address	elsensoh999@gmail.com
Mobile Phone No	(Phone) +65-96729826
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A200
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	1900243642-03

DRIVER

Name of Driver	SOH ZHENG RONG, ELSEN
NRIC No	TXXXX226C
Date Of Birth	16/11/2001
Occupation	Indoor

Date Of Driving Pass	22/02/2021
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-93803111
Alt. Phone Number	-
Email Address	elsensoh999@gmail.com
Address	97 JALAN SENDUDOK #02-75
Address complement	-
Postcode	769474
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?	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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK5825S
Vehicle Manufacturer	Honda
Vehicle Model	City
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEW CHONG JIEH

Contact Number	(Phone) +65-96733434
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	SLZ6760X
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KEK SHENG FONG
Contact Number	(Phone) +65-81882190
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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1. Please report correctly the details of the accident to speed up the claims process.
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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.

F 6/2. 20/2/23 1115hrs

Policyholder's Signature / Date & Time

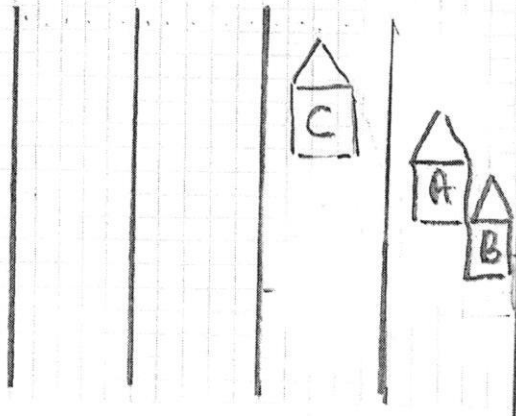
GLS. 20/2/23 1115hrs

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SLE 70 BKE BKFARK MANDARIN F&AT



A-SLE6336Z

B-SMK5825S

C-SLZ6760X

Describe Circumstances of the Accident

ON 18/02/2023 @ ABOUT 1302HRS, I WAS DRIVING IN
SLE TO BEE BEFORE MANDAI EXIT. I HAVE SUCCESSFULLY
SWITCHED TO LANE 1, SUDDENLY SMK 582SS SPED UP
AND SQUEEZED, COLLIDED INTO MY VEHICLE, CAUSING MY
VEHICLE TO VEER TO THE LEFT IN LANE 2 AND COLLIDED
WITH SLZ6760X.

Declaration

We declare the foregoing particulars are true in every respect.

F GZ. 20/2/23 1115hrs GZ. 20/2/23 1115hrs

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Date of Accident : 18/02/2023 Accident Time: 1305hrs (24-HR-Format)
Accident Place : SLE TO BKE BEFORE MANDAL EX17
Vehicle. No. (Car Plate No.) : SLE6336Z Make/Model: MERCEDES A CLASS 1.3T
Insurance Company : AI6 Policy No: 1900243642-03
Owner or Company Name /IC No. : SOA CHEE ENH (869371554)
Owner or Company Contact No. : _____ Owner's Hp 96729826 Company Tel _____
DRIVER'S Name / IC No. : SOH ZHENH RONH, ELSEN (T01362260)
DRIVER'S Date Of Birth : 16/11/2001 DRIVER'S License Pass Date 22/02/2021
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 97 JALAN SENDUDOK #02-75
SIPORE 769474
DRIVER'S Contact No./ Alt No. : 1) 93803111 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : elsenson999@gmail.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): -NIL-
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): -NIL-

Other Party Driver's Particular (if any)

Vehicle. No: SMK 58258
Vehicle Make/Model: HONDA CITY
Name Driver: CHEW CHONH JIEH
IC No. Driver/Contact: 96733434

Vehicle. No: SLZ 6760X
Vehicle Make/Model: TOYOTA ALTIS
Name Driver: KEK SHENH FONG
IC No. Driver/Contact: 81882190

* NEW - Passenger's name & gender:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : SOH CHEE ENG
Period of Insurance : 08 Nov 2022 To 07 Nov 2023
Engine No. : 28291480058471
Chassis No. : WDD1771872W017929

Vehicle No. : SLE6336Z
Policy No. : 1900243642-03
Endorsement No. :
Issued Date : 31 Oct 2022 15:50

ABOUT THE COVER

Make/Model : MERCEDES Benz A200 Progressive
Engine Capacity/Tonnage : 1,332.00 CC Sum Insured : Market Value First Year of Registration : 2019
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 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, 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)

SOH CHEE ENG - \$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 Apple App Store or Google Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS 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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612259
CYCLE & CARRIAGE - VISAN

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.

SSCZ55

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	155H
Vehicle Details	
Vehicle No.:	SLE6336Z
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Mar 2023
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	A200 SALOON PROGRESSIVE (R18 LED)
Primary Colour:	Red
Manufacturing Year:	2019
Engine No.:	28291480058471
Chassis No.:	WDD1771872W017929
Maximum Power Output:	120.0 kW (160 bhp)
Open Market Value:	\$31,574.00
Original Registration Date:	08 Nov 2019
First Registration Date:	08 Nov 2019
Transfer Count:	0
Actual ARF Paid:	\$36,204.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Nov 2029
PARF Rebate Amount:	\$27,153.00
Intended COE Rebate Details	
COE Expiry Date:	07 Nov 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$37,000.00
COE Rebate Amount:	\$24,629.00
Total Rebate Amount:	\$51,782.00

The information contained herein is correct as at 20 Feb 2023

OK