

# NATIONAL Assessment Centre Services (not a form) **NA230054**

Date In: <b>21/07/2023 10:01</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA23001884</b>	SAS e-Mailing		
Vehicle: <b>808-2946R</b>	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: <b>20/07/2023 08:30</b>	1-Motor Claim Form		
OD <b>(TP)</b> Reporting Only	1-Motor W/O (within 24hrs, A/C 2hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / GW: ( ) Tel: ( ) Fax: ( )

TP Particulars: ( ) Vehicle No: **SLE 7382H** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( )

Insured/Driver Liability: ( ) (Note: Hst Status (WO): 10-0-30%, P: 21-70%, P: 30-100%)

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 repair.

( ) 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 Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date of Injury: ( )

Location: ( )

Witness: ( )

Police: ( )

Insurance: ( )

Other: ( )

<b>NA230054</b> Insurance Particulars: Owner/Owner: Contact No: Assigned Person: Checked by (Engr-In-Charge): Comments: Date: L/S:	Invoice Preparation Charge		
	1) A/R: Accident Processing (330)		
	2) DA: Damage Assessment (3100)	INC (355)	
	3) TP: Towing Fee	\$10/\$45	
	4) PT: Follow-Through Survey	\$135	
	5) PT: Follow-Through Survey (Emergency)	\$30	
	6) TR: Re-Survey	\$75	
	7) NI: New DA + SMPT Survey	\$145	
	8) NUC: Additional Services		
	9) G/L		
*NI: Courtesy Car / Taxi Allowance		\$5	
*NI: Repair Coordination		\$15	
*NI: Post Repair Inspection		\$25	
*NI: DV / Collect Excess Coordination		\$1	
*TP (Hst): TP (Non-INC) applies INC		\$20	
*TP: Towing Motor		10	
Invoice dated		Fax Charged	
Invoice dated		Done by	

## 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	21/02/2023 10:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/02/2023 08:30 (SGT)
Exact Location of Accident	Lentor Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR2946R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM ZHAO LUN, TERENCE
NRIC No	SXXXX464C
Email Address	terence@simwerkz.com
Mobile Phone No	(Phone) +65-97980821
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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	1800103190-04

#### DRIVER

Name of Driver	SIM ZHAO LUN, TERENCE
NRIC No	SXXXX464C
Date Of Birth	28/09/1982
Occupation	Indoor

Date Of Driving Pass .....	11/03/2002
Driving experience .....	20 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97980821
Alt. Phone Number .....	-
Email Address .....	terence@simwerkz.com
Address .....	BLK 641 BEDOK RESERVOIR ROAD #11-67
Address complement .....	-
Postcode .....	410641
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 .....	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) .....	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 .....	YUE SWEE LIAN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
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 .....	SLE7382H
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	SIM ZHAO LUN, TERENCE
Gender .....	Male
Phone No .....	(Phone) +65-97980821
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SDR2946R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	YUE SWEE LIAN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SDR2946R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## **IMPORTANT NOTICE**

- (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.

LENIOR ROAD





**Describe Circumstance of the Accident**

PLEASE REFER TO POLICE REPORT = F120 230220/7030.

Large area for describing the accident, currently blank with horizontal lines.

**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

 21/02/2013  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



F/20230220/7030

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**POLICE REPORT (NP299)**

Report No. F/20230220/7030

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 20/02/2023 12:53	Vide Report No.	Station Diary No.
Name Of Informant SIM ZHAOLUN, TERENCE	Address 641 BEDOK RESERVOIR ROAD #11-67 SINGAPORE 410641	
ID Type / ID No. NRIC NO / S8229464C	Contact No. Home/Office:	Mobile: 97980821
Nationality SINGAPORE CITIZEN	Email Address TERENCE@SIMZWERKZ.COM	
Occupation INDOOR	Sex Male	Age 40
Institution/School Name	Date of Birth 28/09/1982	Race Chinese
Date/Time Of Incident 20/02/2023 08:30	Location Of Incident LENTOR ROAD	

**Brief details.**

ON THE STATED DATE & DATE, I WAS DRIVING MY VEHICLE (A) SDR 2946 R, TRAVELLING ALONG LENTOR ROAD WITH YUE SWEE LIAN (F) MY MOTHER AS MY PASSENGER. I WAS DRIVING MY VEHICLE (A) SDR 2946 R ON LANE 1 AND PROCEED STRAIGHT. WHEN I NOTICED THAT THE VEHICLE INFRONT OF ME WAS STOPPED HIS VEHICLE, I ALSO STOPPED MY VEHICLE, AFTER I COMPLETED MAKE A STOPPED, I FELT A MASSIVE IMPACT FROM MY REAR. VEHICLE (B) SLE 7382 H, DID NOT STOPPED AT THE MOMENT AND HIT ONTO THE REAR OF MY VEHICLE, AND MY VEHICLE WAS DAMAGED. WE ALIGHTED AND EXCHANGE EACH OTHER

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/02/2023 12:53
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20230220/7030

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

**Report No. F/20230220/7030**

PARTICULAR. I LODGED THIS REPORT FOR INSURANCE CLAIM PURPOSE.

AFTER ACCIDENT, MY MOTHER AND I WAS FELT UNWELL AND WENT TO CLINIC (NORWOOD MEDICAL CLINIC) MAKE MEDICAL TREATMENT, DOCTOR HAVE GIVEN US 5 DAYS MC.

VEH (A) SDR 2946 R

VEH (B) SLE 7382 H

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/02/2023 12:53
Officer In-Charge Of Case:	Classification Of Case:



Date of Accident : 20/02/23 Accident Time: 0830 HRS. (24-HR-Format)  
 Accident Place : LENTOK RD.  
 Vehicle No. (Car Plate No.) : SDR 2946R. Make/Model: MERCEDES BENZ CLA180.  
 Insurance Company : ATA. Policy No: WDD1794224719 410.  
 Owner or Company Name / IC No. : SIM ZHAO LUN, TERENCE (S829464C)  
 Owner or Company Contact No. : 9798 0821 Owner's Hp — Company Tel —  
 DRIVER'S Name / IC No. : AS ABOVE.  
 DRIVER'S Date Of Birth : 28/9/1982. DRIVER'S License Pass Date 11/03/2002.  
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: OWNER.  
 DRIVER'S Address : APT BLK 641 BEDOK RESERVOIR RD #11-57 S' 410641  
 DRIVER'S Contact No./ Alt No. : 1) 9798 0821 2) —  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : TERENCE @ WIDOS. ASIA SIMWIREZ.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): 02.  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
 Any Injury (If YES, Pls state): YES, OWNER

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>(B) SLE 7382 H.</u>	Vehicle. No: <u>—</u>
Vehicle Make \Model: <u>—</u>	Vehicle Make \Model: <u>—</u>
Name Driver: <u>—</u>	Name Driver: <u>—</u>
IC No. Driver/Contact: <u>—</u>	IC No. Driver/Contact: <u>—</u>

**\* NEW – Passenger's name & gender:**

① YUE SWEET LIAN (F)



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : SIM ZHAOLUN, TERENCE  
Period of Insurance : 10 Sep 2022 To 09 Sep 2023  
Engine No. : 27091031719021  
Chassis No. : WDD1179422N709410

Vehicle No. : SDR2946R  
Policy No. : 1800103190-04  
Endorsement No. :  
Issued Date : 08 Aug 2022 14:21

### ABOUT THE COVER

Make/Model : MERCEDES Benz CLA180 Shooting Brake  
Engine Capacity/Tonnage : 1,595.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2018  
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  
Limitation as to use\* :  
Mileage Condition : Unlimited Mileage

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. 169), 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)

SIM ZHAOLUN, TERENCE - \$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 126378 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](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: Daimler Financial Services Africa & Asia Pacific 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 (Cap. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612231

CYCLE & CARRIAGE - JQUEK

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.

Swee Hao Kee