

NATIONAL Assessment Centre Services

Date In: 17/04/2023 18:17
 Ref No: NIA/ATG 22003923/4
 Veh No: SEN 798TP
 D.O.A: 15/04/2023 13:44
 OD: TP: Reporting Only

Job description	Date & Time Completed	Done by
SAS e-Mailing		
E-mail (with In 311, AIC 211)		
1-Motor Claim Form		
1-Motor W/O (with In 311, AIC 211)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Witness		

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

TP Particulars: () Veh No: SLP 64687 INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () (Note: Inc Status (WO): N: 0-30%, F: 31-70%, 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 report 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 Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Other: ()

NIA2301102

Invoice Preparation Chk: ()

Owner: ()

Driver No: ()

Assigned Portion: ()

Checked by (Engr-In-Charge): ()

Comments: ()

Invoice Details:

1) A/R: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$55)
3) TP: Towing Fee	\$10/\$15
4) PE: Yellow Through Survey	\$120
5) PE: Yellow Through Survey (Emergency)	\$35
6) TR: Redemption	\$75
7) NI: NI/DA/DMRT Survey	\$140
8) NTUC Additional Fee	
9) Q/R	
*No: Courtesy Car / Tel Allowance	\$5
*NI: Repair Coordination	\$15
*NI: Post Repair Inspection	\$15
*NI: BY / Collect Excess Coordination	\$1
*TP (111) / TP (111) INC / TP (111) INC	\$10
*TP (111) / TP (111) INC	\$10

Invoice Total: () 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	17/04/2023 18:17 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/04/2023 13:45 (SGT)
Exact Location of Accident	Hougang Ave 3, Singapore
Additional Location Information	SLIP ROAD TOWARDS TAMPINES ROAD (KPE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN7987P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TANG WAI LOONG
NRIC No	SXXXX448H
Email Address	tangwl.eric@gmail.com
Mobile Phone No	(Phone) +65-93808993
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	2100397424-08

DRIVER

Name of Driver	TANG WAI LOONG
NRIC No	SXXXX448H
Date Of Birth	01/10/1976
Occupation	Indoor

Date Of Driving Pass	02/12/2005
Driving experience	17 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93808993
Alt. Phone Number	-
Email Address	tangwl.eric@gmail.com
Address	15 SIMEI STREET 4 #09-06
Address complement	-
Postcode	529868
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	AFTER RAIN
Road Surface	Wet

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)	3
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	WANG CHEN
Gender	Female

PASSENGER 2

Name	TANG RUI WEN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20230408/7009

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP6468T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YEOW MENG PIAW
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	TANG WAI LOONG
Gender	Male
Phone No	(Phone) +65-93808993
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJN7987P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	WANG CHEN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJN7987P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	TANG RUI WEN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJN7987P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan




A = SSN 7987P
B = SLP 6468T

Describe Circumstances of the Accident


I was travelling along Hougang Ave 3 towards
Tampines Road, I stop at the slip road waiting for
the traffic to be clear, Suddenly vehicle 13 (SLP 64687)
collided onto the rear ~~of~~ my car.

Declaration

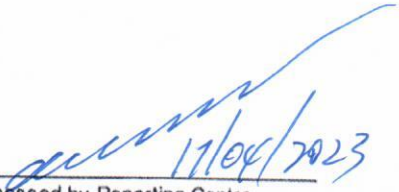
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time



15.04.2023
Driver's Signature (If driver is not the policyholder) / Date
& Time



17/04/2023
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20230418/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230418/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2023 10:08		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TANG WAI LOONG			Address: 15 SIMEI STREET 4 #09-06 SINGAPORE 529868		
ID Type / ID No.: NRIC NO / S7684448H			Contact No.: Home/Office: Mobile: 93808993		
Nationality: SINGAPORE CITIZEN			Email: TRITONROX@GMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 01/10/1976	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: IT security technician			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/04/2023 13:45	Type of Location: X-Junction
Location: HOUGANG AVENUE 3				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN7987P	Car	MERCEDES BENZ	CLA180 AMG LINE (R18 BI)	Red		0
SLP6468T	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230418/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230418/7009

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN7987P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100397424-08	07/01/2023	06/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TANG WAI LOONG	ID No.	S7684448H
Related Vehicle	SJN7987P (Car)	Contact No.	93808993
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	15/04/2023	Date	15/04/2023
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	YEOW MENG PIAW	ID No.	S0226117J
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was travelling along Hougang Ave 3 towards Tampines Road, I stopped at the slip road waiting for the traffic to be clear. Suddenly, vehicle (SLP6468T) collided onto the rear of my car.



**SINGAPORE
POLICE FORCE**



T/20230418/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230418/7009

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
18/04/2023 10:08

Classification Of Case:

③

Date of Accident : 15.04.2023 Accident Time : 1345hrs (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : slip road of Hougang Ave 3 towards Tampines Rd (KPE)

Vehicle No (Car Plate No) : SJN 7987P Make/Model: Mercedes Benz 2 CLA180

Insurance Company : AlG Policy No: 2100397424-08

Fleet Policy : YES/NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : Tang Wai Leong (S 7684448H)

Owner Contact No : 9380 8993 Owner's Hp Company Tel

Driver Name / IC No : As above

Driver's Date of Birth : 01/10/1976 Driver's License Pass Date: 02/12/2005

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: Owner

Driver's Address : 15 Simei St 4 #09-06 Singapore 599868

Driver's Contact No : 1) 9380 8993 2) _____

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : tangwl.eric@gmail.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 3 person (1D, 2P)

Was ther any video footage ? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : Yes

Other Party Driver's Particular (if any)

VEH B : <u>SLP 64687</u>	Name & Contact No: <u>Yeow Meng Piau</u>
VEH C : _____	Name & Contact No: _____
VEH D : _____	Name & Contact No: _____
VEH E : _____	Name & Contact No: _____

***NEW - Passenger's Name & Gender:**

IF: Wang Chen

IM: Tang Rui Wen (Child)



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Tang Wai Loong
Period of Insurance : 07 Jan 2023 To 06 Jan 2024
Engine No. : 27091030531519
Chassis No. : WDD1173422N152963

Vehicle No. : SJN7987P
Policy No. : 2100397424-08
Endorsement No. :
Issued Date : 14 Dec 2022 14:46

ABOUT THE COVER

Make/Model : MERCEDES BENZ CLA180 BE (AMG)
Engine Capacity/Tonnage : 1,595.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2015
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\$53,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above
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)

Tang Wai Loong - \$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).

0500660306

CYCLE & CARRIAGE - CT

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN08234H0006 Vehicle Registration No: 8JN 7987P
Name (as shown in NRIC) : Tang Wai Loong NRIC/FIN/Passport No : S7684448H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 15 Simei St 4 #09-06 Singapore (529868)
Contact (Tel) : _____ Mobile No. : 93808993
Email Address : tangwl.eric@gmail.com
Date of Accident : 15.04.2023 Time of Accident : 1345hrs
Place of Accident : slip rd of Hougang Ave 3 toward Tampines Rd (KPE)
Insurance Company : AI G

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Name of owner : Tang Wei Loong change to Tang Wai Loong
Add police report : T/20230418/7009

IN:



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: