

NATIONAL Assessment Centre Services

Date In 19/04/2023	Job description	Date & Time Completed	Done by
RefNO NA/AIG23004064/d4	SAS e-filing		
VehNo SME 4J	E-mail (within 8hrs, A/C 2hrs)		
DOA 19/04/2023 08:05	i-Motor Claim Form		
OD/TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SLX947A

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: ()

Period: ()

Cover Type: ()

Confirmed by: (

Date:

Time:

Insured/Driver Liability: ()

()

[Note-Est. Status (WO): N: 0-20%; P: 21-79%. 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 refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks	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

Actions

NA2301141

Invoice Preparation Checklist

Amnt (\$)

Amnt

1st Bill

Add

Claimant's Particulars

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idau DA + SMRT Survey \$160

8) NTUC Additional Services:-

Q1)*

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idau Mobile 30

Auditors' Comments:-

Call 1:

Call 2/3:

Invoice date/

Fee Charged

Invoice 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 19/04/2023 14:41 (SGT)
Reported by Actual Driver
Date of Accident 19/04/2023 08:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information KPE BEFORE TPE EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME4J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SEE QI BIN
NRIC No SXXXX992F
Email Address kkyliac@gmail.com
Mobile Phone No (Phone) +65-96191882
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model S450I
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 2999

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 7220097671

DRIVER

Name of Driver CHONG NINGJIE
NRIC No SXXXX684J
Date Of Birth 30/03/1992
Occupation Indoor

Date Of Driving Pass 18/06/2014
 Driving experience 8 YEARS AND 10 MONTHS
 Gender Female
 Mobile Number (Phone) +65-85111855
 Alt. Phone Number -
 Email Address kkyliac@gmail.com
 Address 45 WAK HASSAN DRIVE
 Address complement -
 Postcode 757397
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Spouse
 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) 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 THE ATTACHED STATEMENT

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 SLX947A
 Vehicle Manufacturer Honda
 Vehicle Model City
 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) -

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 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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.

[Signature]

Policyholder's Signature / Date & Time

[Signature] 19/4

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

[Signature] 19/4/2023

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

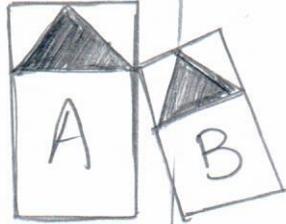
Sketch Plan

KPB Before TPE Exit

A - SMC AT
B - SIX 9111A

please refer to the attached

KPE Before TPE EXIT



Vehicle A - SME 4J

Vehicle B - SLX 947A

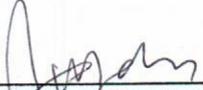
Describe Circumstance of the Accident

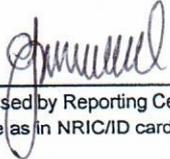
while travelling along KPE towards TPE EXIT, I
was going straight on lane 3 while vehicle B
(SLX 947A) drove towards my lane, trying to cut
in from the second (2) lane. Vehicle B did not
signal. Even after stopping to allow vehicle B to
cut in, it still manage to hit the front right
portion of my vehicle causing scratches and
damages to my vehicle.

Declaration

I/We declare the foregoing particulars are true in every respect.

 19/4.
Policyholder's Signature / Date & Time

 19/4.
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 19/4/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: (19, 04, 2023) (DD/MM/YYYY), TIME: (00.05) (HH:MM)

LOCATION: KPE Before TPE Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: JME 4J
- b) INSURANCE COMPANY: AIG
- c) POLICY NUMBER: 7220097071
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY / FIRE & THEFT)
- e) MAKE & MODEL: Mercedes S450 (AUTO / MANUAL)
- f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: personal use
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: see bin (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 99170992F CONTACT: 96191002
- c) ADDRESS: 45 Wak Hassan Drive

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
- a) NAME: Chong Ning Jie (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 99211604J CONTACT: 85111055
- c) ADDRESS: 45 Wak Hassan Drive

- d) DATE OF BIRTH: (30) 13, 1992 (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: 9 (18/06/2014)
- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: spouse
- 5. a) WEATHER CONDITIONS: (CLEAR / RAINING / OTHERS)
- b) ROAD SURFACE: (DRY / WET / OTHERS)
- 6. WAS ANYBODY INJURED (YES / NO)
- 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLX947A MODEL: Honda City
- b) DRIVER'S NAME
- c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
- e) DRIVER'S NAME
- f) NRIC/FIN/PASSPORT: CONTACT:

no of passengers including driver (P) 1

no of passengers including driver ()

no of passengers including driver ()

Email = kkyliac@gmail.com
Fax =
Mobile = yes, with owner



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder	: SEE QI BIN	Vehicle No.	: SME4J
Period of Insurance	: 29 Aug 2022 To 28 Aug 2023	Policy No.	: 7220097671
Engine No.	: 25693030545578	Endorsement No.	:
Chassis No.	: W1K2231602A151633	Issued Date	: 23 Aug 2022 9:48

ABOUT THE COVER

Make/Model	: MERCEDES Benz S450L	Sum Insured	: Market Value	First Year of Registration	: 2022
Engine Capacity/Tonnage	: 2,999.00 CC	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: NA				

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 \$883,000 as "Young and/or Inexperienced Driver Excess" ("YIDK") 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
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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. 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 - \$2000 Theft - \$0 Flood Cover - \$2000

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

SEE QI BIN - \$2000 (Own Damage), \$2000 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

- 1 Cycle & Carriage Eunice Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408850 62061818
- 2 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 184 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/AIG Authorised Repairs, 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: 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, 1968 (Malaysia).

0504688292

CYCLE & CARRIAGE - VICTAN

239 ALEXANDRA ROAD
 SINGAPORE 159530

AIG Asia Pacific Insurance Pte. Ltd.

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