

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: # 20/06/2023	Job description	Date & Time Completed	Done by
Ref No: NALAIG23006239/d4	SAS e-filing		
Veh No: SKA 3123Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/06/2023 22:55	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKZ 3669J	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:- (INC hotline: 6788 6616)	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

NA2301820	Invoice Preparation Checklist		Am't (\$)	Am't
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add
	2) DA : Damage Assessment (\$100); INC (\$30)			
Driver/Owner:	3) TF : Towing Fee \$40/\$45			
Contact No:	4) FT : Follow-Through Survey \$120			
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) \$30			
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
Auditors' Comments :-	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Cat. 1:	ON*			
Cat. 2 / 3:	*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: Idac Mobile \$30			
	Invoice dated	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	20/06/2023 16:57 (SGT)
Reported by	Actual Driver
Date of Accident	19/06/2023 22:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS CHECKPOINT (ZONE 1)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA3123Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO WEI SAN (YANG HUIZHAN)
NRIC No	SXXXX182D
Email Address	cyrus.sy@hotmail.com
Mobile Phone No	(Phone) +65-93255638
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	1332

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220041303-01

DRIVER

Name of Driver	ONG SHI YUAN
Passport No/FIN	GXXXX075N
Date Of Birth	27/07/1994
Occupation	Outdoor

Date Of Driving Pass	25/06/2019
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-88878767
Alt. Phone Number	-
Email Address	cyrus.sy@hotmail.com
Address	233 UPPER PAYA LEBAR ROAD
Address complement	# 09-31
Postcode	533869
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	YEO WEI SAN (YANG HUI SHAN)
Gender	Female

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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ3669J
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	YEO WEI SAN (YANG HUIZHAN)
Gender	Female
Phone No	(Phone) +65-93255638
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SKA3123Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ONG SHI YUAN
Gender	Male
Phone No	(Phone) +65-88878767
Address	233 UPPER PAYA LEBAR ROAD
Address Complement	# 09-31
Post Code	533869
Approximate Age Years Old	-
Injuries Sustained	BODYPAIN
Injured person in which vehicle?	SKA3123Z
Were seat belts worn?	-
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.
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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.

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
(Name as in NRIC/ID card)

Sketch Plan


<div style="border: 1px solid black; padding: 5px; display: inline-block;">A</div> <div style="border: 1px solid black; padding: 5px; display: inline-block;">B</div>	<p>A = SKA3123Z</p> <p>B = SKZ3669J</p> <p>Woodlands Checkpoint</p> <p>(Zone 1)</p>
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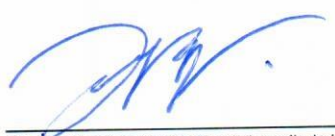
Describe Circumstance of the Accident

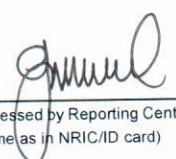
Refer to Attached

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

 20/06/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

On 19.06.2023 at about 22:55 hours along Woodlands Checkpoint (Zone 1), I was stationary on my lane at the above mentioned location when suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): SKA 3123Z

Vehicle (B): SKZ 3669J

A handwritten signature in blue ink, consisting of a stylized 'J' followed by a series of loops and a vertical line.

SINGAPORE ACCIDENT STATEMENT

Accident Date: 19/06/2023		Time: 22:55		(hh:mm) 24 hr format	
Location Woodlands Checkpoint (Zone 1)					
Vehicle Number SKA3123Z					
Insured Name Yeo Wei San					
NRIC / FIN S8829182D		Contact Number 9325 5638			
Make Mercedes Benz Model CLA180 Coupe Progressive					
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (/) Third Party () Reporting					
Insurance Company AIG					
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number 7220041303-01					
Name of Driver Ong Shi Yuan				() Same as Insured	
NRIC / FIN G2969075N		Contact Number 8887 8767			
Date of Birth 27/07/1994					
Driving Pass Date 25/06/2019					
Occupation () Indoor (/) Outdoor					
Gender (/) Male () Female					
Email Address cyrus.sy@hotmail.com				() NO EMAIL	
Address of Driver 233 Upper Paya Lebar Road #09-31					
Singapore 533869					
Was driver an employee of the Insured's Company? () Yes (/) No					
If No, Relationship of the Driver with the Insured					
() Owner () Spouse (/) Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes () No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (/) Clear () Raining () Others					
Road Surface (/) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (/) No					
Was anybody injured in the accident? (/) Yes () No					
If yes, injured detail Driver and Passenger - Body Pain					
Was there any video captured by Car Camera? () Yes (/) No					
Was the Accident reported to the Police? () Yes (/) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B SKZ3669J					
Veh C					
Veh D					
Veh E					
Veh F					

Passenger : 1) Yeo Wei San (F)



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : YEO WEI SAN (YANG HUIZHAN)
Period of Insurance : 29 Apr 2023 To 28 Apr 2024
Engine No. : 28291480793062
Chassis No. : W1K1183842N296546

Vehicle No. : SKA3123Z
Policy No. : 7220041303-01
Endorsement No. :
Issued Date : 11 Apr 2023 15:52

ABOUT THE COVER

Make/Model : MERCEDES Benz CLA180 Coupe
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 : 2022
Insuring with COE/PAFF : 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 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)

YEO WEI SAN (YANG HUIZHAN) - \$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

I/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).

0504688292

CYCLE & CARRIAGE - VICTAN

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.

SSPGMM