

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Sub # 237 130003

Date In: 10/07/2023 17:35	Job description	Date & Time Completed	Done by
Ref No: NA 230208/4	SAS e-filing		
Veh No: 34 8589	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/07/2023 16:20	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> / Reporting <input checked="" type="checkbox"/> 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: ()

TP Particulars: Tel: () Fax: ()

Yel. No: Sub # 81560 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)

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

Claimant's Particulars:-	Invoice Preparation Checklist	
	Amnt (\$)	Amnt Add
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30	
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)	
Cat. 2/3:	6) TR: Re-inspection \$75	
	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON*	
	*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	11/07/2023 17:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/07/2023 16:20 (SGT)
Exact Location of Accident	Yio Chu Kang Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8558G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANG CHING CHONG
NRIC No	SXXXX590H
Email Address	zephang@anstransportation.com
Mobile Phone No	(Phone) +65-93831111
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C160 SEDAN
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070161580-02

DRIVER

Name of Driver	ANG CHING CHONG
NRIC No	SXXXX590H
Date Of Birth	07/08/1952
Occupation	Indoor

Date Of Driving Pass	26/01/2004
Driving experience	19 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93831111
Alt. Phone Number	-
Email Address	zephang@anstransportation.com
Address	46C HILLSIDE DRIVE
Address complement	-
Postcode	548993
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	SEET CHOO GEAK
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 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	SNG8156D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AHMAD AL-KHER BIN MOHAMED RAFA'EE
NRIC No	SXXXX030C
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

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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



(A) SLF8558G
 (B) SNG8156D

[Handwritten signature]
 11/07/2023

[Handwritten signature]
 Yio Chu Keng Lenik

Describe Circumstance of the Accident

On 10/07/2023, at around 4.20pm, I was driving my car A) SLF 8558 G along Yio Chu Kang Link when I came to a stop at a traffic light, waiting for it to turn green. While I was searching for something, I suddenly felt an impact from the front of my car. Unaware that my brake had been released, my vehicle began to move forward slowly due to the minor slope and collided with the car B) SNG 8156 D in front of me. Nobody was injured.

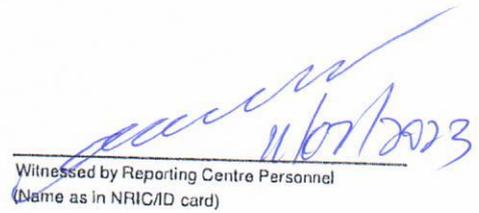
Declaration

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



11/07/2023

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

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	10/07/2023	Time of Accident:	16:20 Hr
Exact Location:	Yio Chu Kang Link		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SLF8558G	NRIC / FIN / Passport no:	S0217590H
Name of Registered Owner:	Ang ching Chong		
Owner's Email:	zephang@anstransportation.com		
Owner's Address:	46C Hillside Drive Singapore 548993		
Vehicle Make:	Mercedes Benz	Vehicle Model:	C160 Sedan AVG
Engine Capacity (cc):	1497cc	Transmission:	<input checked="" type="radio"/> Auto / <input type="radio"/> Manual
Type of Claim:	Own Damage / Third Party <input checked="" type="checkbox"/> Reporting Only		
Vehicle Category:	<input checked="" type="checkbox"/> Private / <input type="checkbox"/> Commercial / <input type="checkbox"/> Motorcycle / <input type="checkbox"/> Private Hire		
Name of Insurance Co:	AIG Asia Pacific Insurance Pte Ltd		
Type of Policy:	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party, Fire & Theft		
Policy Number:	2070161580 - 02		

DRIVER			
Name of Driver:	Ang Ching Chong <input checked="" type="checkbox"/> same as		
NRIC / FIN / Passport no:	S0217590H	Date of Birth:	07/08/1952
Occupation:	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor	Driving Pass Date:	26/01/2004
Contact Number:	9383 1111	Gender:	<input checked="" type="radio"/> Male / <input type="radio"/> Female
Address:	Same as above		
Relationship with Owner:	<input checked="" type="checkbox"/> Owner / <input type="checkbox"/> Employee / <input type="checkbox"/> Spouse / <input type="checkbox"/> Child / <input type="checkbox"/> Hirer / <input type="checkbox"/> Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / <input checked="" type="checkbox"/> Front to Rear / Others:		
Weather Condition:	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / Others:	Road Surface:	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet
Video available:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Police Report Made?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No. of passenger onboard (including driver): 02 01 - Seet Choo Geak (Female)	

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SNG8156D		
Vehicle Make / Model:	-		
Name of Driver:	Ahmad Al-Kher Bin Mohamed Rafique		
NRIC / FIN / Passport no:	S8126030C		
Contact Number:	-		
Name of Insurance Co:	-		

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver

Date and time



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : ANG CHING CHONG
Period of Insurance : 16 Nov 2022 To 15 Nov 2023
Engine No. : 26491580044979
Chassis No. : W1K2050752R589717

Vehicle No. : SLF8558G
Policy No. : 2070161580-02
Endorsement No. :
Issued Date : 14 Oct 2022 11:18

ABOUT THE COVER

Make/Model : MERCEDES Benz C160 Avantgarde
Engine Capacity/Tonnage : 1,497.00 CC
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.

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2020
Insuring with COE/PARF : Yes

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 (Cap. 189), 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 - \$1300 Theft - \$0 Flood Cover - \$1300

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

ANG CHING CHONG - \$1300 (Own Damage), \$1300 (Flood Cover)

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

- Cycle & Carriage Eunost Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818
- 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 iTunes or Google Play.

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 (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612205
 CYCLE & CARRIAGE - ANGELA

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.

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
SLF8558G

Make / Model
MERCEDES BENZ / C160 SEDAN AVG (R17 LED)

Vehicle Type :
P10 - Passenger Motor Car

Vehicle Scheme :
Normal

Propellant :
Petrol

Motor No. :
-

Power Rating :
-

Maximum Laden Weight :
2055 kg

Year Of Manufacture :
2020

Lifespan Expiry Date :
-

Quota Premium :
\$37,766.00

Road Tax Expiry Date :
15 Nov 2023

Inspection Due Date :
15 Nov 2023

CO2 Emission :
145.00 (g/km)

CO Emission :
0.281610 (g/km)

NOx Emission :
0.008640 (g/km)

Vehicle Attachment 1 :
No Attachment

Chassis No. :
W1K2050752R589717

Engine No. :
26491580044979

Engine Capacity :
1497 cc

Maximum Power Output :
95.0 kW (127 bhp)

Unladen Weight :
1505 kg

Original Registration Date :
16 Nov 2020

COE Category :
A - Car up to 1600cc & 97kW (130bhp)

COE Expiry Date :
15 Nov 2030

PARF Eligibility Expiry Date :
15 Nov 2030

Intended Transfer Date :
11 Jul 2023

CEV/VES Rebate Utilised Amount :
-

HC Emission :
0.042150 (g/km)

PM Emission :
0.450000 (mg/km)