

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 17/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/1423007266/d4	SAS e-filing		
Veh No: SGM 8845A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/07/2023 15:30	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: XD 8488T	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

NA2302155

Invoice Preparation Checklist

Am't (\$)
1st Bill Add

Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	
Contact No:	3) TF: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)	
Cat. 1:	6) TR: Re-inspection \$75	
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD*	
	*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	17/07/2023 11:40 (SGT)
Reported by	Actual Driver
Date of Accident	14/07/2023 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	33 HILLVIEW TERRACE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM8845A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG CHOI LIAN
NRIC No	SXXXX177F
Email Address	uemotor@hotmail.com
Mobile Phone No	(Phone) +65-92272803
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S320I
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	2996

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100481065-06

DRIVER

Name of Driver	NGEW CHIN LEE
NRIC No	SXXXX825D
Date Of Birth	11/04/1969
Occupation	Indoor

Date Of Driving Pass	28/05/1997
Driving experience	26 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96313483
Alt. Phone Number	-
Email Address	uemotor@hotmail.com
Address	APT BLK 242 PASIR RIS STREET 21
Address complement	# 04-103
Postcode	510242
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SNB4269P
Insurance Company of Other Vehicle Owned by Driver	Liberty Insurance Pte Ltd

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)	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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

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	XD8488T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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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

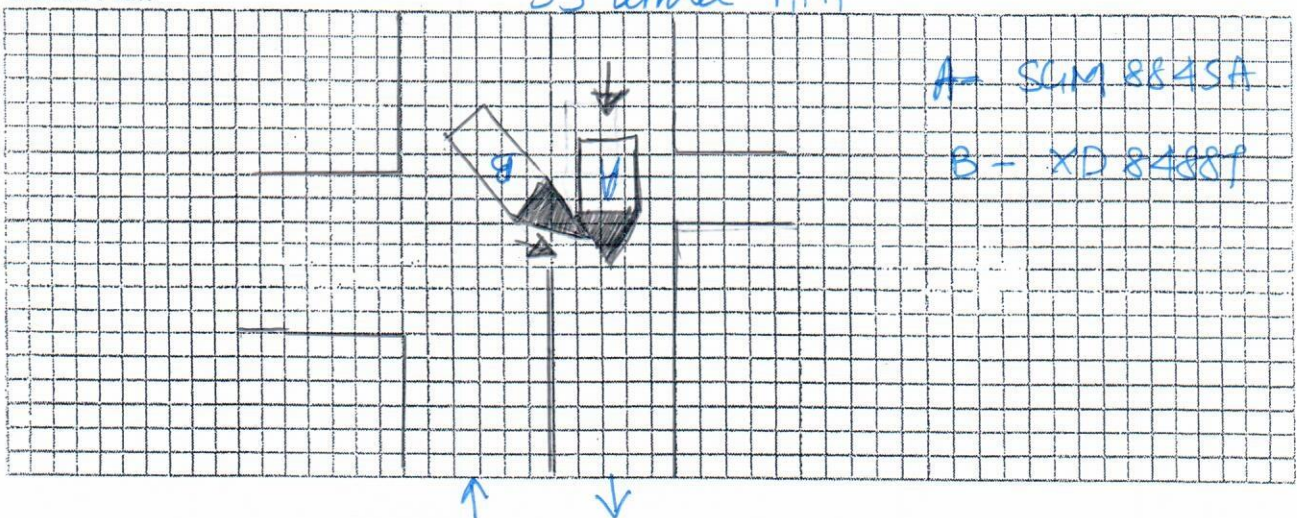
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

17-7-23
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstance of the Accident

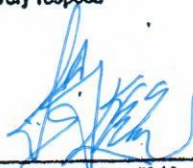
On the above stated date and time, I was travelling along 33 Terrace Hill. It was a two-way road. Ahead of me there was a rubbish lorry parked horizontally slightly slanting and was picking up the garbage truck. There was a little gap for my vehicle to pass through so I proceed to pass through and suddenly Vehicle B hit my front right side of my vehicle. There was no indicator put on and there was no helper for the garbage truck to watch for the traffic. My Car tyre was punctured and broken during the accident happen so I have replaced it before I do the reporting.

Declaration

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

 17-7-23
on behalf

Policyholder's Signature / Date & Time



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

 17/7/2023

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

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 14/07/2023		TIME OF ACCIDENT : 15:30 pm	
VEHICLE NO : SGM 8845A		TRANSMISSION : AUTO / MANUAL	
MAKE & MODEL :		LOCATION : 33 Hillview terrace	
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT <input checked="" type="checkbox"/> PRIVATE USE / PRIVATE HIRE		CLAIM TYPE: <input checked="" type="checkbox"/> OD / THIRD PARTY / REPORTING ONLY	
INSURANCE COMPANY : AIG		POLICY NO : 2100481065-06	
TYPE OF COVERAGE :		VEHICLE TYPE :	
<input checked="" type="checkbox"/> COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT		<input checked="" type="checkbox"/> SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)	
NAME OF OWNER : wong choi lian		NRIC : S7177177F	
ADDRESS :		CONTACT NO : 9227 2803	
EMAIL ADDRESS : uemofor@hotmail-com		VIDEO RECORDING : <input checked="" type="checkbox"/> YES / NO with owner	
NAME OF DRIVER : AS ABOVE / IF NO : Ngewi chin Lee		NRIC : 8697882SD CONTACT NO : 9631 3483	
DRIVER OWNER RELATIONSHIP : spouse		PASSENGER : 32 MALE (2) FEMALE ()	
DATE OF BIRTH : 11 / 04 / 1969		DRIVING PASSING DATE : 88 / 05 / 1997	
OCCUPATION : <input checked="" type="checkbox"/> INDOOR / <input checked="" type="checkbox"/> OUTDOOR		ADDRESS : 242 Pasir Ris St 21 # 04-103	
ANY INJURIES : <input checked="" type="checkbox"/> NO, IF YES :		POLICE REPORT : <input checked="" type="checkbox"/> NO / IF YES WHERE ?	
WEATHER CONDITION: CLEAR / RAINING / <input checked="" type="checkbox"/> OTHERS: Drizzling		ROAD SURFACE: DRY / <input checked="" type="checkbox"/> WET / OTHERS	
VEHICLE B REG NO : XD 8488T		VEHICLE C REG NO : _____	
DRIVER NAME : _____		DRIVER NAME : _____	
NRIC : _____		NRIC : _____	
CONTACT : _____		CONTACT : _____	
VEHICLE D REG NO : _____		ANY WITNESS ? <input checked="" type="checkbox"/> NO, IF YES :	
DRIVER NAME : _____		NAME : _____	
NRIC : _____		CONTACT : _____	
CONTACT : _____			
WAS NOTICE OF PROSECUTION GIVEN? (YES / <input checked="" type="checkbox"/> NO) IF YES, AGAINST WHOM :		WERE SEAT BELTS WORN ? : <input checked="" type="checkbox"/> YES / NO	
		WERE INJURY CONVEYED BY AMBULANCE : YES / <input checked="" type="checkbox"/> NO	
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / <input checked="" type="checkbox"/> NO			
VEHICLE NUMBER: SNB4269p		HANDLING INSURER: Liberty	



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Wong Choi Lian
Period of Insurance : 05 Sep 2022 To 04 Sep 2023
Engine No. : 27682430379512
Chassis No. : WDD2221622A274893

Vehicle No. : SGM8845A
Policy No. : 2100481065-06
Endorsement No. :
Issued Date : 05 Aug 2022 16:25

ABOUT THE COVER

Make/Model : MERCEDES Benz S320L Sedan

Engine Capacity/Tonnage : 2,996.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2016

Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive* :

Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify any authorised driver other than the Policyholder 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 (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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Wong Choi Lian - \$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: 186 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: 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504380265

CYCLE & CARRIAGE - KYMTOH

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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