

NATIONAL Assessment Centre Services

(wef 1 Jan 06)

540823780001

Date In: 28/07/2023 17:20

Ref No: N/A 2802249

Veh No: SNF 3721K

D.O.A: 26/07/2023 16:50

OD / TP / Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 3hrs, AIC 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No:

868 37617

Tel:

Fax:

INC () / Non-INC ()

Tel:

Cover Type: ()

Owner / Driver: (

Policy No: (

Period: (

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

N/A 2802249

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't

1st Bill

Add.

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

2) DA: Damage Assessment (\$100); INC (\$30)

3) TF: Towing Fee

\$40/\$45

4) FT: Follow-Through Survey

\$120

5) FT: Follow-Through Survey (Resurvey)

\$30

For claiming against INC Only (wef 10 Jan 2005)

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

TF (N11): TP (Non INC) against INC

\$20

9) N12: Idac Mobile

\$30

Invoice dated

Invoice dated

Fee Charged

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 First Submission	28/07/2023 12:20 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/07/2023 16:50 (SGT)
Exact Location of Accident	Stevens Rd, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF3721K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MARISA MARION CHUA HUI KIANG (CAI HUIJUAN)
NRIC No	SXXXX082H
Email Address	marisa@marisachua.com
Mobile Phone No	(Phone) +65-81826013
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 - Reporting only
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	7220055592-01

DRIVER

Name of Driver	MARISA MARION CHUA HUI KIANG (CAI HUIJUAN)
NRIC No	SXXXX082H
Date Of Birth	31/10/1969
Occupation	Indoor

Date Of Driving Pass	24/11/1987
Driving experience	35 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81826013
Alt. Phone Number	-
Email Address	marisa@marisachua.com
Address	278 OCEAN DRIVE #03-21
Address complement	-
Postcode	098450
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	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 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	SBS3761T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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

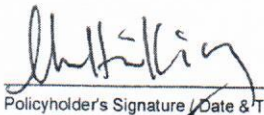
IMPORTANT NOTICE

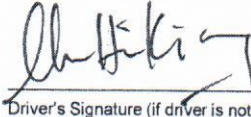
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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.

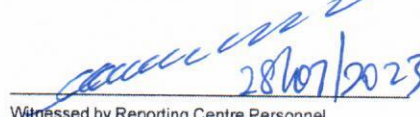
8. Consent under the Personal Data Protection Act (PDPA)

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.

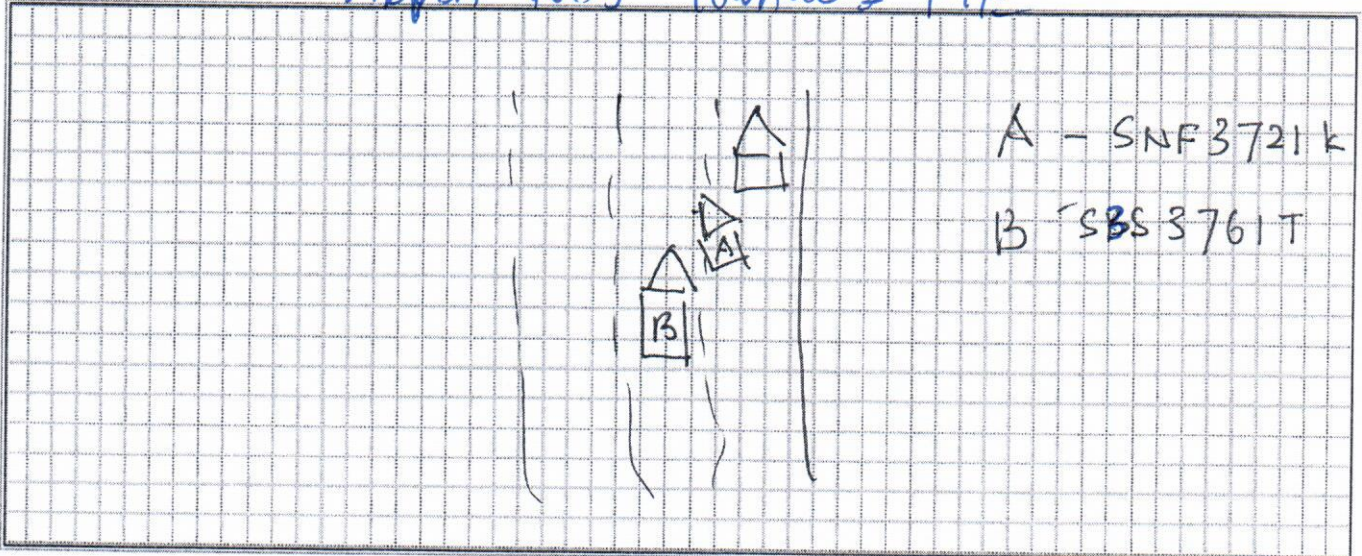

Policyholder's Signature / Date & Time


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


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

Sketch Plan

STEVEN ROAD TOWARDS PIE

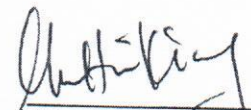


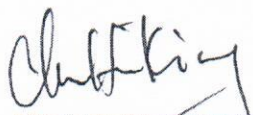
Describe Circumstance of the Accident

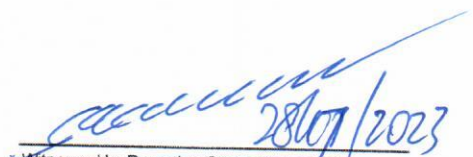
I was changing lane to my left, suddenly a bus bearing SSS3701T hit onto my left mirror of my vehicle.

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


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

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 26 / 07 / 23 (dd/mm/yy) Time of Accident: 16 : 50 (24-HR-FORMAT)
Vehicle No.: SNF 3721 K Vehicle Make & Model: Mercedes
*Transmission : ☐ Manual ☒ Auto *C.c.: 3.0
Exact location of Accident: Steven Rd toward P.1E C Tanglin
Policyholder's Name: Marisa Marion Chua Hur NRIC/FIN/REG No.: S69460B2H
*Policyholder's email address : marisa@marisachua.com
Driver's Name: as above NRIC/FIN/REG No.: -
*Driver's email address : -
Driver's Contact No.: 81826013 Company Contact No (If any): -
Date of birth: 31 / 10 / 69 Driving Pass Date: 14 / 8 / 07
Driver's Address: 27B Ocean Drive #03-21 (098450)
Insurance Company: Alfa
Policy No.: 72200 55592-01 Type of Coverage: ☒ Comprehensive ☐ Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please **CIRCLE** one only)
☒ Owner ☐ Spouse ☐ Children ☐ Friend ☐ Parents ☐ Sibling ☐ Relative ☐ Employee ☐ Hirer or Others specify: _____
What do you wish to claim? (Please **TICK** one only)
☒ Own Insurance ☐ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)
Type of Accident
☐ Chain Collision ☐ Head To Rear ☒ Side Swipe ☐ Other _____
Occupation (nature job) ☒ Indoor ☐ Outdoor *No. of Passengers / Including Driver): 01
*Passenger Name: _____ Gender: Male / Female
*Passenger Name: _____ Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry ☐ Raining & Wet ☐ After-Rain & Wet ☐ Drizzling & Wet / Others: _____
Was there any video captured by your car Car camera? ☐ Yes ☒ No
Any Injuries: ☐ Yes ☒ No (If YES) Injured Person's Name: _____
Injuries Sustain : _____ Injured Person in Which Vehicle: _____
Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: SBS 3761 T
Driver's Contact No: _____ Insurance Company : _____
2. Driver's Name / IC No (If Any): _____ Vehicle No: _____
Driver's Contact No: _____ Insurance Company : _____
*Independent Witness (If Any): _____ Contact No: _____
Preferred Workshop Name: _____ Contact No: _____

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : MARISA MARION CHUA HUI KIANG (CAI HUIJUAN)
 Period of Insurance : 24 May 2023 To 23 May 2024
 Engine No. : 25693030517098
 Chassis No. : W1K2231602A138946

Vehicle No. : SNF3721K
 Policy No. : 7220055592-01
 Endorsement No. :
 Issued Date : 10 Apr 2023 12:57

ABOUT THE COVER

Make/Model : MERCEDES Benz S450L

Engine Capacity/Tonnage : 2,999.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2022

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\$3,000 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.

Class 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 - \$3000 Theft - \$0 Flood Cover - \$3000

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

MARISA MARION CHUA HUI KIANG (CAI HUIJUAN) - \$3000 (Own Damage), \$3000 (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: Mercedes-Benz Financial Services Singapore 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).

0504688274

CYCLE & CARRIAGE - BERNIC

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.

SSPQCC