

NATIONAL Assessment Centre Services

(Unit 1/1000)

MAV/058012

Date In: 03/05/2018 18:34
Ref No: 18A/058008152/V
Veh No: SKH 9775 Y
D.O.A: 03/05/2018 18:10
OD (TP) Reporting Only

Job description

Date & Time Completed

Done by

QAS e-filing

E-mail (with photo, AIC form)

1-Motor Claim Form

1-Motor W/O (with photo, AIC form)

1-Photo Uploaded

Assessment/Survey Report

AIC Report by Fax/Hand to Owner/Whse

TP Insured:

Preferred Whse / INC Assign Whse / OVI

Tell

Fax

TP Details/Ref

Yell No

XE 1890E

INC () / Non-INC ()

Owner / Driver (

Tell

Policy No (

Period (

Cover Type (

Confirmed by (

Date

Time

Insured/Driver Liability (

%

(Note: B/L Status (WO) NI 0-20% PI 21-79% PI 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 repeller

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

Drive-In (

Towed-In (

Invoice: YES () / NO ()

Towing Co (

Remarks

INC/Box Line: 6788 6016

Date & Time Completed

Done by

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

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Other Items:

Agent:

NA1802876

Sum Insured/Insured

Driver/Owner

Policy No

Assigned Portion: Repair

C. Checked by (Super-In-Charge)

Other Comments

L.I.

2/2

Invoice Preparation/Checklist

1) AR: Accident Reporting (100)

2) DA: Demerit Accumulated (100) INC (40)

3) TP: Towing Fee

4) FT: Follow-Through Survey

5) RT: Follow-Through Survey (Recovery)

6) TR: Trial Insurance

7) NI: NI/DA + SMAT Survey

8) NTUC Additional Survey

9) NI

10) NI: Courtesy Car / Trip Allowance

11) NI: Repair Coordination

12) NI: Post Repair Inspection

13) NI: NY / Collect Unsettled Coordination

14) NI: NI/TP (with INC) (with INC)

15) NI: NI/TP

Invoice Filed

Invoice Filed

NI Checked

NI Checked

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 Authorised 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 ability.
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 Report	03/05/2018 18:34
Date Of Accident	02/05/2018 18:10
Exact Location Of Accident	PIONEER WALK TOWARDS PIONEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU9775Y
Insured/Policyholder	
Name Of Registered Owner	TEO MING KWONG
NRIC No	S6874352D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90026336
Alternative Phone No	OTHERS-90026336
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA-1.6 D/AB 2WD 4DR (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100426217-02
Cover Note Number	

Driver

Name of Driver	TEO MING KWONG
NRIC No	S6874352D
Date Of Birth	23/02/1968
Occupation	INDOOR
Date Of Driving Pass	03/07/1991
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90026336
Fax Number	
Contact Number	OTHERS-90026336
Email Address	NOEMAIL

Address	BLK 444 CHOA CHU KANG AVENUE 4 #04-325
Postcode	680444
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE1890E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WANG CHUANJUN
NRIC/Passport Number	G8302170K
Contact Number	82697267
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TEO MING KWONG
------	----------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKU9775Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

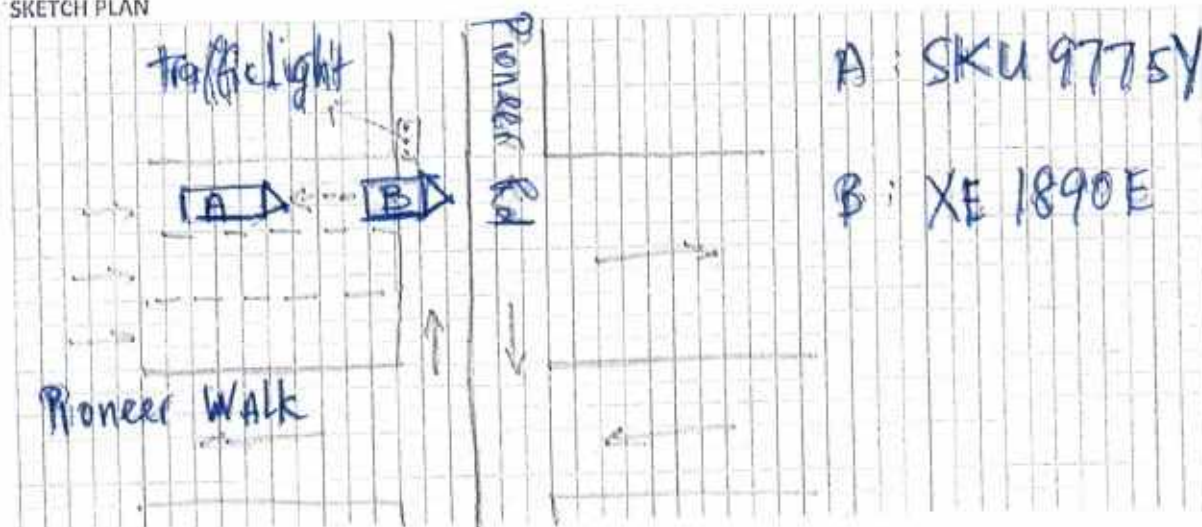


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Rashid Waffar
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/5/18, I was travelling along Pioneer Walk towards Pioneer Rd at about 1810 hrs.

At the junction of Pioneer Walk & Pioneer Rd, vehicle B, XE 1890E crossed the stop line and the vehicle was 1/2 a body from the passed the stop line.

Upon seeing that, I stopped my vehicle. My car was a distance away from the vehicle B. I saw he was reversing towards me. I sounded my horn loudly but the driver continued to reverse and hit the front of my car.

My car was damaged as a result by the driver reversing his vehicle and hit my car.

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:

Reporting Centre Personnel's Signature
Name: Roshan Wara
NRIC/FIN No.: 9804 1001003


SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 2/5/18	TIME: 1810	(hh:mm) 24 hrs Format
LOCATION Pioneer Walk Towards Pioneer Rd		
VEHICLE NUMBER SKU 9775 Y		
INSURED NAME Ted Ming Kwong		
NRIC / FIN S6874352D	CONTACT: 9002 6336	
MAKE Hyundai	MODEL Elantra	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY AIG		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER : 2100426217-02		
NAME DRIVER :		(<input checked="" type="checkbox"/>) SAME AS INSURED
NRIC / FIN		CONTACT:
DATE OF BIRTH: 23/2/68		
DRIVING PASS DATE: 3/7/01		
OCCUPATION : (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR		
GENDER : (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS:		() NO EMAIL
ADDRESS OF DRIVER: Blk 444 Choa Chu Kang Ave 4 #04-325 (680444)		
Number Of Passenger Include Driver: 1 driver Only		
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO		
If No, Relationship Of The Driver With The Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining (<input checked="" type="checkbox"/>) Drizzling () Others		
Road Surface : (<input checked="" type="checkbox"/>) Dry (<input checked="" type="checkbox"/>) Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO		
If YES, Injured details :		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party		
Veh B	XE 1890E	Wang Chuan Jun
Veh C		68302170K
Veh D		
Veh E		
Veh F		
Veh G		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6874352D



Name
TEO MING KWONG




Race
CHINESE

Date of Birth
23-02-1968

Country of Birth
SABAH


Sex
M



REPUBLIC OF SINGAPORE **DRIVING LICENCE**


Licence Number **S6874352D**

Name
TEO MING KWONG



Birth Date **23 Feb 1968**

Issue Date **11 Oct 2003**



000912161F

0056720




NRIC No. **S6874352D**

Nationality
MALAYSIAN

Blood Group Date of Issue
A+ 10-03-1993

Address
**APT BLK 464 CHOA CHU KANG AVENUE 4 #04-325
SINGAPORE 680444**

Date: **26-04-1997** No: **8098679**

NRIC No: **S6874352D**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Jul 1991

CHAN'S CAR RENTALS ☎ 67532536
www.chans.com.sg

Licence No: **S6874352D**



NP 428A



CERTIFICATE OF INSURANCE

HYUNDAI AUTO PROTECTOR (DELUXE) PRIVATE VEHICLE

Name of Policyholder	: Teo Ming Kwong	Vehicle No.	: SKU9775Y
Period of Insurance	: 26 Aug 2017 To 25 Aug 2018	Policy No.	: 2100426217-02
Engine No.	: G4FGFU280904	Endorsement No.	:
Chassis No.	: KMHDH41CMGU590659	Issued Date	: 15 Aug 2017

ABOUT THE COVER

Make/Model	: HYUNDAI ELANTRA S	Sum Insured	: Market Value	First Year of Registration	: 2015
Engine Capacity/Tonnage	: 1,591.00 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 \$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

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 cargoes in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$0 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$0

Named Driver and Excess (where applicable)

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

1 Komoco Motors Pte Ltd. Add: 203 Alexandra Road Singapore 159936 64735580

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6330 6206. Alternatively, you may refer to AIG website www.aig.com.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

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) and Motor Vehicles (Third Party Risks) Rules, 1950 (Malaysia).

0500551301

KOMOCO TRADING PTE LTD-ALX

253 ALEXANDRA ROAD

SINGAPORE 159936 AYSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

5089233

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC
Owner ID: 4352D

Vehicle Details

Vehicle No.: SKU9775Y
Vehicle to be Exported: No
Intended De-registration Date: 31 May 2018
Vehicle Make: HYUNDAI
Vehicle Model: ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Primary Colour: Blue
Manufacturing Year: 2015
Engine No.: G4FGFU280904
Chassis No.: KMHDH41CMGU590659
Maximum Power Output: 97.0 kW (130 bhp)
Open Market Value: \$12,521.00
Original Registration Date: 26 Aug 2015
First Registration Date: 26 Aug 2015
Transfer Count: 0
Actual ARF Paid: \$12,521.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 25 Aug 2025
PARF Rebate Amount: \$9,390.00

Intended COE Rebate Details

COE Expiry Date: 25 Aug 2025
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$56,209.00
COE Rebate Amount: \$40,660.00
Total Rebate Amount: \$50,050.00

The information contained herein is correct as at 03 May 2018

OK