

Date In: 07/05/2018 10:04	Job description	Date & Time Completed	Done by
Ref No: N/A/MS/180082517	SAS e-tiling		
Yell No: SM 6861C	E-mail (vehicle data, AIC data)		
O.O.A: 07/05/2018 14:00	1-Motor Claim Worth		
OD (TP) Reporting Only	1-Motor W/O (vehicle data, TP (100%))		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Assl Report by Fax/Hand to Owner/Vehicle		

Preferred Wksp (INC Assign Wksp / OWI)	Tel:	Fax:
TP Particulars	Yell No: SH 82012	INC ( ) / Non-INC ( )
Owner / Driver ( )	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( )	% (Note: BSL Status (WO): NI 0-20%; PI 21-79%; PI 80-100%)	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading (\$1,000 ( ) / \$3,000 ( )	

General Remarks:

( ) Walk-In Customer: Customer's information strictly confidential & strictly NO later of repair.

( ) Total Loss Case: To e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( ) : Towing Co: ( )

Remarks	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 Time / Action: \_\_\_\_\_

N/A/02924 Incident Particulars: Driver/Owner: Contact No: Assigned Portion: Checked by (Bug-In-Charge): Comments: L1: L2:	Invoice Breakdown (Gross)		
	1) AR Accident Reporting (\$30)		
	2) DA Damage Assessment (\$100)	INC (\$40)	
	3) TP Towing Fee	\$20/11	
	4) PT Follow-Through Survey	\$10	
	5) RT Follow-Through Survey (Recovery)	\$10	
	Total Invoice (incl. INC Only) \$10 (for 100%)		
	6) TR Repair Unit	\$10	
	7) H1 (GVA + SMAT Survey)	\$100	
	8) NTUC Additional Survey		
Gross			
Net (Courtesy Car / Tot Allowance)		\$5	
Net (Repair Coordination)		\$10	
Net (Post Repair Inspection)		\$10	
Net (DY / Follow-Through Coordination)		\$10	
Net (H1) / TP (H1) / INC (Total INC)		\$10	
Net (H1) / H1		\$10	
Invoice Total			
Net Charge			

## 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	07/05/2018 10:04
Date Of Accident	04/05/2018 14:00
Exact Location Of Accident	AYE TOWARDS MCE (AFTER CLEMENTI EXIT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFM6861C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIN MIN KWANG
NRIC No	S1486499G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96722179
Alternative Phone No	OTHERS-96722179

### Vehicle Particulars

Manufacturer	LEXUS
Model	NX200T-2.0 (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	2100473488-00000
Cover Note Number	

### Driver

Name of Driver	CHIN MIN KWANG
NRIC No	S1486499G
Date Of Birth	12/01/1961
Occupation	INDOOR
Date Of Driving Pass	27/04/1979
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96722179
Fax Number	
Contact Number	OTHERS-96722179
Email Address	NOEMAIL

Address	BLK 107 JURONG EAST STREET 13 #08-240
Postcode	600107
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	CLEAR
Road Surface	DRY

#### 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?	NO
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	SJH8201Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG NGUK LOONG
NRIC/Passport Number	S7416000Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

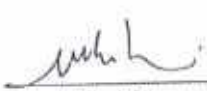
## SKETCH PLAN

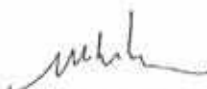
### IMPORTANT NOTICE


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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 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. 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: Pepli Waffar  
NRIC/FIN No.:

# SKETCH PLAN

AYE 7 MCE

(after Clement Exit)



A) SFM 6861 C

B) SJH 8201 Z

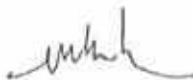
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4/5/18 @ 1400 hrs, I was travelling along AYE towards MCE (after Clement Exit)

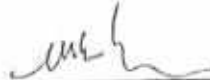
Traffic was heavy. My car was moving slowly when suddenly vehicle B, SJH 8201 Z rear ended my car causing damages to the rear.

## 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:

  
07/04/2018  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 4/5/18	TIME: 1400	(hh:mm) 24 hrs Format
LOCATION: Aye > Mce (after Clementi Exit)		
VEHICLE NUMBER: SFM 6861C		
INSURED NAME: Chin Min Kwong		
NRIC / FIN: S1486499G	CONTACT: 9672 2179	
MAKE: Lexus	MODEL: NX 200t	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes, If No, Pls Select: (✓) Third Party ( ) Reporting Only		
INSURANCE COMPANY: AIG		
TYPE OF POLICY: (✓) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT		
POLICY NUMBER: 2100473488-00000		
NAME DRIVER: Chin Min Kwong		(✓) SAME AS INSURED
NRIC / FIN: S1486499G	CONTACT:	
DATE OF BIRTH: 12/1/61		
DRIVING PASS DATE: 27/4/19		
OCCUPATION: (✓) INDOOR ( ) OUTDOOR		
GENDER: (✓) MALE ( ) FEMALE		
EMAIL ADDRESS:	( ) NO EMAIL	
ADDRESS OF DRIVER: Blk 107 Jurong East St 13 #08-240 (600107)		
Number Of Passenger Include Driver: 1 driver only		
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 ( ) Others		
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 ( ) Drizzling ( ) 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 details:		
Convey By Ambulance: ( ) YES (✓) NO		
Was There Any Video Capture By Car Camera? ( ) YES (✓) NO		
Was There Accident Reported To The Police? ( ) YES (✓) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party		Contact
Veh B: SJH 8201Z	Name / NRIC: Chong Nguk Loong	
Veh C:	S7416000Z	
Veh D:		
Veh E:		
Veh F:		
Veh G:		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1486499G



Name

CHIN MIN KWONG



陈明光

Race

CHINESE

Date of Birth

12-01-1961

Sex

M

Country of Birth

SINGAPORE



3084



NRIC No. S1486499G



Blood Group

A+

Date of Issue

11-06-1999

Address

APT BLK 107 JURONG EAST STREET 13  
#08-240  
SINGAPORE 600107

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number **S1486499G**

Name

**CHIN MIN KWONG**

Birth Date **12 Jan 1961**

Issue Date **21 Feb 2003**



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

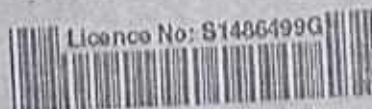
**Class 3**

**Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

**PASS DATE**

**27 Apr 1979**

**NP 428A**





HOTLINE TEL: (65) 6419-3066  
FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

MX.1

LEXUS AUTO PROTECTOR (2-YEAR)

CERTIFICATE NO. 2100473488-00000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$800.00 (1)

WINDSCREEN EXCESS S\$100.00

(Windscreen excess is waived if the repair is done at Burnard Motor's Workshop.)

SUM INSURED Market Value

INSURING WITH COE/PAF Yes

SFM6861C

Chin Min Kwong

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT  
OF INSURANCE FOR THE PURPOSES OF THE ACT

15 Jul 2016

4) DATE OF EXPIRY OF INSURANCE

14 Jul 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

SUBJECT TO AGE CONDITION: All Age Condition

a) The Insured

b) Any other person who is driving on the Insured's order or with his permission.  
This policy will indemnify the Insured or any authorised driver only if he/she meets the age conditions.  
A Young and/or Inexperienced Driver Excess (\*YIDR\*) of S\$3,000.00, in addition to the  
Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said  
Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or  
has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from  
driving the Motor Vehicle.

6) LIMITATION AS TO USE\*

Use only for social, domestic and pleasure purposes and for the Insured's business.  
The Policy does not cover use for hire or rewards, tuition, driving test, racing, pacemaking, reliability trial,  
speed-testing, the carriage of goods other than samples in connection with any trade or business or use  
for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / LEXUS AUTHORISED REPAIRERS

1. Borneo Motors (S) Pte Ltd - 2 Pandan Crescent (Tel: 6631 1388)  
2. ComfortDeigro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 200 Pandan Gardens (Tel: 65634601)  
4. Ethox - 30 Bukit Balok Cres (Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780897) - For windscreen only.  
6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67476560) 7. Lai Hui (Meng Kee) Motor - 21 Bin Ming Ind (Tel: 64638110)  
8. Maya Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67416336)  
10. SME Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476106)

LOSS OF USE Loss of Use 15 Days (1800 - 200000) - Refer to policy wordings for details

\* NAMED DRIVER NA

HIRE PURCHASE COMPANY HONG LEONG FINANCE LTD  
EMPLOYER'S LOAN

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and  
Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-  
Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AIG Asia Pacific Insurance Pte. Ltd.

Issued in Singapore 18 Jul 2016

030211-363  
INCHCAPE AUTO LEXUS - LEXJO  
93 LENG KEE ROAD  
SINGAPORE 159102

AUTHORISED REPRESENTATIVE

ORIGINAL

# Enquire PARF/COE Rebate for Registered Vehicle

## Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

6499G

## Vehicle Details

Vehicle No.:

SFM6861C

Vehicle to be Exported:

Yes

Intended De-registration Date:

06 May 2018

Vehicle Make:

TOYOTA

Vehicle Model:

LEXUS NX200T LUXURY S/R

Primary Colour:

Silver

Manufacturing Year:

2016

Engine No.:

8ARW303074

Chassis No.:

JT3BARBZX02082472

Maximum Power Output:

175.0 kW (234 bhp)

Open Market Value:

\$47,057.00

Original Registration Date:

15 Jul 2016

First Registration Date:

15 Jul 2016

Transfer Count:

0

Actual ARF Paid:

\$57,880.00

## Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

14 Jul 2026

PARF Rebate Amount:

\$43,410.00

## Intended COE Rebate Details

COE Expiry Date:

14 Jul 2026

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$57,010.00

COE Rebate Amount:

\$45,608.00

Total Rebate Amount:

\$89,018.00

The Information contained herein is correct as at 05 May 2018

OK