

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 12/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/A1618012683/13	SAS e-filing		
Veh No: 5LH71922	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/07/18 1200	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (SK)	Tel:	Fax:
TP Particulars:	Veh No: YK836	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

NA1804395	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: 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*		
Driver/Owner:	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
Contact No:	TP (N11): TP (Non INC) against INC	\$20	
Damaged Portion:	9) N12: Idac Mobile	\$0	
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 2 / 3:			

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	12/07/2018 11:04
Date Of Accident	11/07/2018 12:00
Exact Location Of Accident	JUNC OF JLN BESAR & VERASAMY RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLH7192Z
Insured/Policyholder	
Name Of Registered Owner	HO LIK KOON EDWIN
NRIC No	S7440060D
Email Address	EDWINHOLK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96936039
Alternative Phone No	OTHERS-96936039
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	TL TUCSON 2.0
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	2100491314-01
Cover Note Number	
Driver	
Name of Driver	HO LIK KOON EDWIN
NRIC No	S7440060D
Date Of Birth	13/12/1974
Occupation	INDOOR
Date Of Driving Pass	01/10/1996
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96936039
Fax Number	
Contact Number	OTHERS-96936039
Email Address	EDWINHOLK@HOTMAIL.COM

Address	BLK 325B SENGKANG EAST WAY #12-651
Postcode	542325
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	
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)	2
Passenger 1	NAME: : SOON PEI CHI GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YK83G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	HO LIK KOON EDWIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLH7192Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SOON PEI CHI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLH7192Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 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:

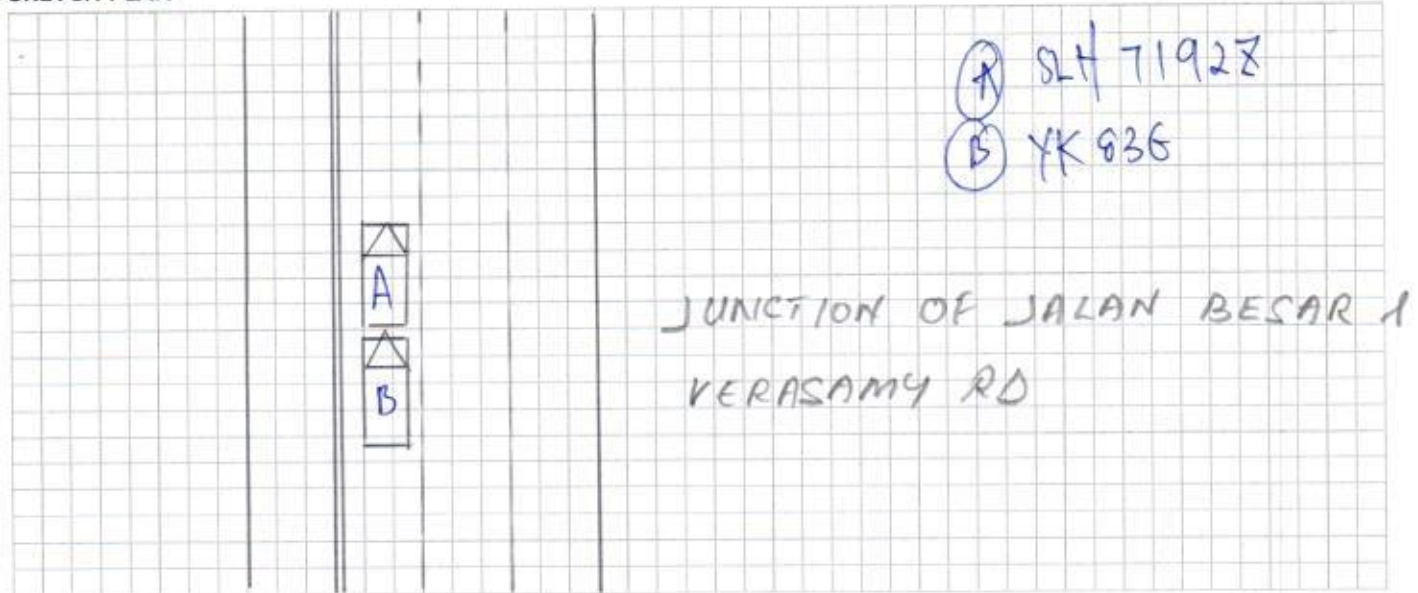


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 12/07/18

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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 11-07-2018 at about 12:00hrs, I was travelling along junction of Jalan Besar & Verasamy Road. Upon reaching the traffic light, I slow down & stop. Once the traffic turn green and about to move, all of a sudden I felt an impact from the rear. Then I realised a vehicle YK 836 had collided onto my 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:

 12/07/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 11-07-2018	TIME: 12:00 hrs	(hh:mm) 24 hrs Format
LOCATION: Junction of Jalan Besar & Verasamy Road		
VEHICLE NUMBER: SLH 7192Z		
INSURED NAME: Ho Lik Koon, Edwin (He Li Qun, Edwin)		
NRIC / FIN: S7440060D	CONTACT:	
MAKE: Hyundai	MODEL: TL Tucson 2.0	
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: 2100491314-01		
NAME DRIVER: HO LIK KOON, EDWIN (He Li Qun, Edwin) (/) SAME AS INSURED		
NRIC / FIN: S7440060D	CONTACT: 96936039	
DATE OF BIRTH: 13.12.1974		
DRIVING PASS DATE: 01.10.1996		
OCCUPATION: (/) INDOOR () OUTDOOR		
GENDER: (/) MALE () FEMALE		
EMAIL ADDRESS: edwinholk@hotmail.com () NO EMAIL		
ADDRESS OF DRIVER: 325B Senokang East Way # 12-651 (1542325)		
Number Of Passenger Include Driver: 2 Passenger: Soon Pei Chi - Female		
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 : 1) HO LIK KOON, EDWIN 2) SOON PEI CHI - female		
Convey By Ambulance: () YES (/) NO		
Was There Any Video Capture By Car Camera? (/) YES () NO video with owner		
Was There Accident Reported To The Police? () YES (/) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	Contact
Veh B: YK 83G		
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7440060D



Name

HO LIK KOON, EDWIN
(HE LIQUN, EDWIN)

何立群

Race

CHINESE

Date of Birth

13-12-1974 M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7440060D
Name

HO LIK KOON, EDWIN
(HE LIQUN, EDWIN)

Birth Date: 13 Dec 1974
Issue Date: 02 Oct 2003

000884352F



2741227



NRIC No S7440060D

Blood Group: O+
Date of Issue: 24-11-1995

APT BLK 325B SENGKANG EAST WAY #12-651
SINGAPORE 542325

NRIC No: S7440060D Date: 19-10-2004 (R) No: 5091319

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

Class	Vehicle Class	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Oct 1996

NP 428A



HYUNDAI AUTO PROTECTOR (DELUXE) PRIVATE VEHICLE

Name of Policyholder : Ho Lik Koon Edwin
 Period of Insurance : 17 Nov 2017 To 16 Nov 2018
 Engine No. : G4NAGU239318
 Chassis No. : KMHJ3813MHU292815

Vehicle No. : SLH7192Z
 Policy No. : 2100491314-01
 Endorsement No. :
 Issued Date : 10 Oct 2017

ABOUT THE COVER

Make/Model : HYUNDAI NEW TUCSON 2.0
 Engine Capacity/Tonnage : 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2016
 Driver Restriction : NA Off Peak Car : No 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 \$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 samples 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 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) 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: 253 Alexandra Road Singapore 159936 64735588

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.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: HL Bank

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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500706000

RTMT MOTOR PTE LTD

61 UBI AVENUE 2 #01-06 AUTOMOBILE MEGAMART

SINGAPORE 408898 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manik

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0060D
Vehicle Details	
Vehicle No.:	SLH7192Z
Vehicle to be Exported:	No
Intended De-registration Date:	31 Jul 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	TL TUCSON 2.0 GLS AT 2WD SR (EPB)
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	G4NAGU239318
Chassis No.:	KMHJ3813MHU292815
Maximum Power Output:	114.0 kW (152 bhp)
Open Market Value:	\$21,620.00
Original Registration Date:	17 Nov 2016
First Registration Date:	17 Nov 2016
Transfer Count:	0
Actual ARF Paid:	\$22,268.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Nov 2026
PARF Rebate Amount:	\$16,701.00
Intended COE Rebate Details	
COE Expiry Date:	16 Nov 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,206.00
COE Rebate Amount:	\$46,619.00
Total Rebate Amount:	\$63,320.00

The information contained herein is correct as at 11 Jul 2018

OK