

NATIONAL Assessment Centre Services

Date In 31/08/18	Job description	Date & Time Completed	Done by
Ref No NA/18015898/R3	SAS e-filing		
Veh No SJN85712	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 30/08/18 1720	i-Motor Claim Form		
OD (10) 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: (SK)	Tel: ()	Fax: ()
TP Particulars:	Veh No: SJA1015C	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%; P: 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

Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Auditors' Comments:- At 1: At 2/3:	NA1805533		Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);					
	2) DA: Damage Assessment (\$100); INC (\$30)					
	3) TP: 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: Idao DA + SMRT Survey \$160					
	8) NTUC Additional Services:-					
QD*						
*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 (N/A INC) against INC \$20						
9) N12: Idao Mobile \$0						
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 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	31/08/2018 10:37
Date Of Accident	30/08/2018 17:20
Exact Location Of Accident	CLEMENTI AVE 2 TWDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN8571Z
Insured/Policyholder	
Name Of Registered Owner	LAI SING HOCK
NRIC No	S0231273E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91811683
Alternative Phone No	OTHERS-91811683

Vehicle Particulars

Manufacturer	HONDA
Model	CITY
Exact Purpose for which vehicle was being used at time of accident	STATIONARY VEH
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	2100192558-08
Cover Note Number	

Driver

Name of Driver	LAI SING HOCK
NRIC No	S0231273E
Date Of Birth	26/09/1950
Occupation	OUTDOOR
Date Of Driving Pass	21/07/1984
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91811683
Fax Number	
Contact Number	OTHERS-91811683
EMail Address	NOEMAIL

Address	BLK 603 JURONG WEST ST 62 #08-195
Postcode	640603
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)	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

PLS REFER TO THE ATTACHED STATEMENT

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	SJA1015C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	LAI SING HOCK
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Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJN8571Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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:
 NRIC/FIN No.:



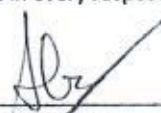
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/08/2018 at 05:20pm, I was driving along Clementi Ave 2 towards AYE. I took the slip road out to AYE and stopped to wait for the traffic to clear. Suddenly, I felt an impact from behind. I alighted and found that vehicle B (SJA 1015C), had hit into the rear of my car, causing damage. Someone injure.

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:

 31/08/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 30/08/2018	TIME: 17:20hrs.	(hh:mm) 24 hrs Format
LOCATION Clementi Ave 2 towards AYE		
VEHICLE NUMBER SJN 85712		
INSURED NAME LAI SING HOCK		
NRIC/FIN S0231273E	CONTACT: 9181 1683	
MAKE HONDA	MODEL HONDA CITY LX 1.5 VTEC AUTO	
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: 2100192558-08		
NAME DRIVER: LAI SING HOCK (✓) SAME AS INSURED		
NRIC/FIN S0231273E	CONTACT: 9181 1683	
DATE OF BIRTH: 26/09/1950		
DRIVING PASS DATE: 21/07/1984		
OCCUPATION: () INDOOR (✓) OUTDOOR		
GENDER: (✓) MALE () FEMALE		
EMAIL ADDRESS: () NO EMAIL		
ADDRESS OF DRIVER: APT B11c 603 JURONG WEST STREET 62		
#08-195 SINGAPORE 640603		
Number Of Passenger Include Driver: #01 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: #01 DRIVER (LAI SING HOCK)		
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	Name / NRIC	Contact
Veh B SJN 1015C		
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S0231273E**
 Name: **LAI SING HOCK**
 Date of Birth: **26 Sep 1950**
 Issue Date: **21 Aug 2018**

002637220K

REPUBLIC OF SINGAPORE 

IDENTITY CARD NO. S0231273E


 Name: **LAI SING HOCK**
赖新福
 Race: **CHINESE**
 Date of birth: **26-09-1950** Sex: **M**
 Country/Place of birth: **SINGAPORE**

S0231273E

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

Class	Description	Effective Date
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	21 Jul 1984

NP 428A

Licence No: S0231273E

5613767



RIC No: **S0231273E**


 Date of Issue: **20-06-2016**

Address:
APT BLK 603 JURONG WEST STREET 02
#08-195
SINGAPORE 640603

AUTOPLUS PRIVATE VEHICLE

Policy No. 2100192558-08
 Period of Insurance 02 Mar 2018 to 01 Mar 2019

Issued Date 19 Jan 2018

ABOUT THE POLICYHOLDER

Name of Policyholder: Lai Sing Hock
 Address: Blk 603 Jurong West Street 62
 #08-195
 SINGAPORE 640603
 Occupation/Nature of Business: Retirees

ABOUT THE VEHICLE

Registration No. SJN8571Z
 Chassis No. MRHGM26700P020276
 Seating Capacity 5
 Make/Model HONDA CITY VTEC CVT
 Hire Purchase Company/Employer's Loan MayBank
 Engine Capacity/Tonnage 1,497.00 CC
 Engine No. LT5A71804754
 Body Type Sedan
 First Year of Registration 2009

ABOUT THE COVER

Sum Insured Market Value
 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 cover only the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and Inexperienced Driver Excess" ("YIDR") if you are a First Authorized Driver (defined as a person) is under the age of 23 and/or has held a valid 2 years driving experience.

Age Condition All Age Condition

Limitation as to use

Use only for personal, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover you for hire or reward, driving for hire, racing, speedway, reliability trial or speed testing, the carriage of goods other than samples in connection with any trade or business or for any purpose in connection with Motor Vehicle.

Other Key Policy Benefits

Set of New Driver (Till 2 years from original registration) - First Authorized Driver/Passenger: \$15,000, Second Authorized Driver/Passenger: \$10,000, Third Authorized Driver/Passenger: \$5,000, Replacement Cover: \$5,000, Scribe, Helm, and Civil Compensation: Limit of US\$100,000, Motor Vehicle: \$100,000, Excess Waiver: Unusually Heavy Goods: Nil, CD Excess: Nil.

EXCESS

Section 1
 Fire - \$0, Own Damage - \$500, Theft - \$0, Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen - \$150

Named Driver
 Lai Sing Hock - \$500 (Own Damage)

PREMIUM

Premium \$ 922.44
 GST (7%) \$ 64.57

Total \$ 987.01

Your Premium includes the following discounts:

Safe Driver Discount - 5.00%, No Claim Discount - 50%

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 1273E

Vehicle Details

Vehicle No.: SJN8571Z
Vehicle to be Exported: No
Intended De-registration Date: 30 Sep 2018
Vehicle Make: HONDA
Vehicle Model: HONDA CITY LX 1.5 I-VTEC AUTO
Primary Colour: Silver
Manufacturing Year: 2009
Engine No.: L15A71804754
Chassis No.: MRHGM26709P020276
Maximum Power Output: 88.0 kW (118 bhp)
Open Market Value: \$20,441.00
Original Registration Date: 02 Mar 2009
First Registration Date: 02 Mar 2009
Transfer Count: 0
Actual ARF Paid: \$20,441.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 01 Mar 2019
PARF Rebate Amount: \$10,220.00

Intended COE Rebate Details

COE Expiry Date: 01 Mar 2019
COE Category: A - Car (1600cc & below)
COE Period(Years): 10
QP Paid: \$4,460.00
COE Rebate Amount: \$187.00
Total Rebate Amount: \$10,407.00

The information contained herein is correct as at 31 Aug 2018

OK