

**NATIONAL Assessment Centre Services** [wef 1 Jan 05]

Date In: 12/09/18	Job description	Date & Time Completed	Done by
Ref No: NA/A1418016671/13	SAS e-filing		
Veh No: SKD7571X	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 11/09/18 0945	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: SHCB2686 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)**

Remarks:-	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 :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	12/09/2018 17:42
Date Of Accident	11/09/2018 09:45
Exact Location Of Accident	DUNEARN RD TWDS CITY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKD7571X
Insured/Policyholder	
Name Of Registered Owner	NESBITT JAMES DAVID
NRIC No	S7567801J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81188430
Alternative Phone No	OTHERS-81188430
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	SANTA FE
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	2100462720-02
Cover Note Number	
Driver	
Name of Driver	NESBITT MELISSA MILLER
NRIC No	S7567802I
Date Of Birth	07/08/1975
Occupation	INDOOR
Date Of Driving Pass	10/07/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81188430
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	9 SHELFORD ROAD #03-03
Postcode	288352
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	SHC8268G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	NESBITT MELISSA MILLER
------	------------------------

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKD7571X
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:

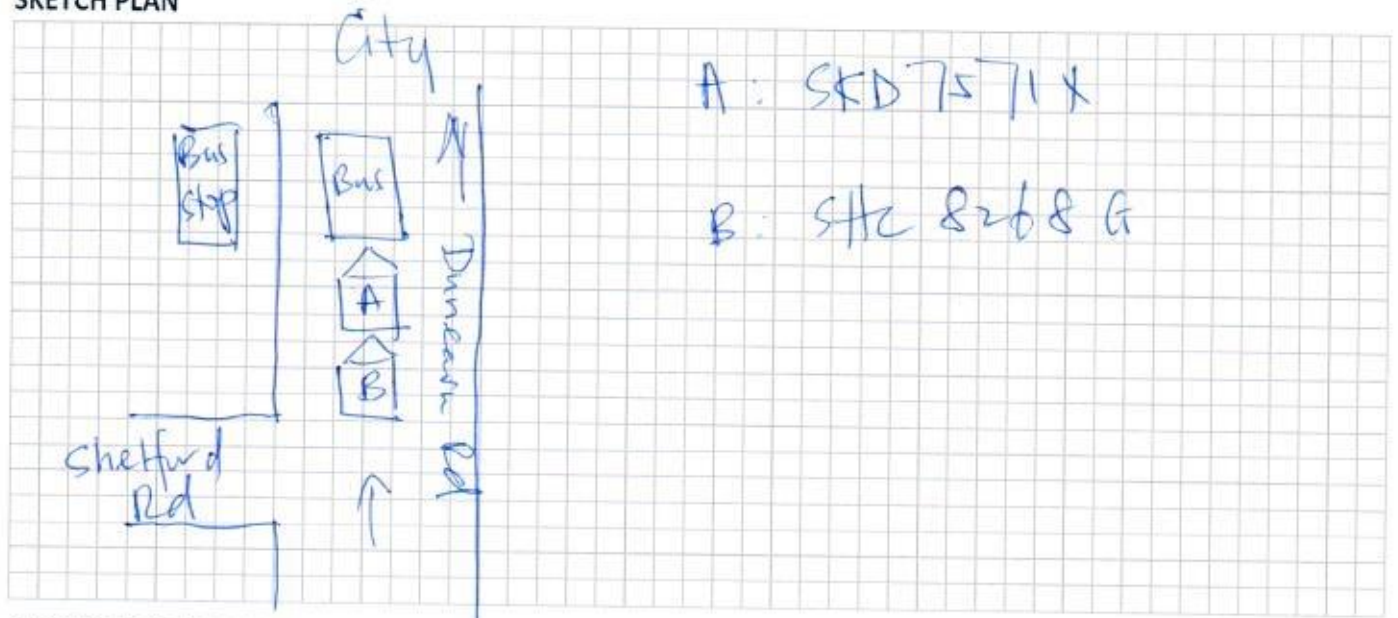
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

 12/09/18  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/9/18 @ 0945 hrs I was travelling along Dunearn Rd towards City.

The bus in front stop at the bus stop. I also stopped behind the bus. My car was stationary when suddenly I felt an impact in the rear.

Vehicle B, SHC 8268G rear-ended me and my car was damaged as a result of the accident.

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:

12/09/18  
Handwritten signature of reporting centre personnel.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	11/9/18	TIME:	0945	(hh:mm) 24 hrs Format
LOCATION	Dunearn Rd Towards Cnty			
VEHICLE NUMBER	SKD 7571X			
INSURED NAME	Nesbitt James David			
NRIC / FIN	575618015	CONTACT:	8118 8429	
MAKE	Hyundai	MODEL	Santa Fe	
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				
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT				
POLICY NUMBER : 2100462720-02				
NAME DRIVER : Nesbitt Melissa Miller ( ) SAME AS INSURED				
NRIC / FIN 57567802 I CONTACT: 8118 8430				
DATE OF BIRTH: 7/8/75				
DRIVING PASS DATE: 10/7/07				
OCCUPATION : ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR				
GENDER : ( ) MALE ( <input checked="" type="checkbox"/> ) FEMALE				
EMAIL ADDRESS: James.d.nesbitt@hotmail.com ( ) NO EMAIL				
ADDRESS OF DRIVER: 9 Shetford Rd #03-03 (288352)				
Number Of Passenger Include Driver: 1 driver				
Was driver an employee of the Insured's Company? ( ) YES ( ) NO				
<b>If No, Relationship Of The Driver With The Insured</b>				
( ) Owner ( <input checked="" type="checkbox"/> ) 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 ( ) Drizzling ( ) Others				
Road Surface : ( <input checked="" type="checkbox"/> ) Dry ( ) 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 ( ) NO				
Was There Accident Reported To The Police? ( ) YES ( ) NO If Yes Attach Police Report				
Police Report Number (if any)				
<b>Details Of 3rd Party</b>		<b>Name / NRIC</b>		<b>Contact</b>
Veh B	SHC 8268 G	(PKST CNY)		
Veh C				
Veh D				
Veh E				
Veh F				
Veh G				

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

EFFECTIVE DATE

**Class 3** Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 10 Jul 2007

NP 428A



Licence No: S75678021

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S75678021**

Name:

**NESBITT MELISSA MILLER**

Birth Date: **07 Aug 1975**

Issue Date: **14 Jun 2012**



002073472E



8980973



NRIC No. **S7567802I**

Nationality  
**AMERICAN**

Date of Issue  
**11-11-2008**

**9 SHELFORD ROAD #03-03  
SINGAPORE 288352**

NRIC No: **S7567802I**

Date: **03/06/2012**

No: **7046630**

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7567802I**



Name

**NESBITT MELISSA MILLER**

Race

**CAUCASIAN**

Date of birth

**07-08-1975**

Sex

**F**

Country of birth

**UNITED STATES**

**S7567802I**

8981621



NRIC No. **S7567801J**

Nationality  
**CANADIAN**

Date of issue  
**11-11-2008**

**9 SHELFORD ROAD #03-03  
SINGAPORE 288352**

NRIC No: **S7567801J**

Date: **03/06/2012**

No: **7046629**

**REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7567801J**



Name

**NESBITT JAMES DAVID**



Race  
**CAUCASIAN**

Date of birth  
**30-08-1975**

Country of birth  
**CANADA**

Sex  
**M**





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : NESBITT JAMES DAVID  
 Period of Insurance : 04 Jul 2018 To 03 Jul 2019  
 Engine No. : G4KEBU621651  
 Chassis No. : KMHSH81BMCU858721

Vehicle No. : SKD7571X  
 Policy No. : 2100462720-02  
 Endorsement No. :  
 Issued Date : 08 Jun 2018

### ABOUT THE COVER

Make/Model : HYUNDAI SANTA FE 2.4 2.4 [SUV]  
 Engine Capacity/Tonnage : 2,359.00 CC Sum Insured : Market Value First Year of Registration : 2012  
 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 "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

#### 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 Optional

\* 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 - \$600 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

NESBITT JAMES DAVID - \$600 (Own Damage)

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

#### Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://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: Standard Chartered Bank (Singapore) Limited

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).

0503811000

ALFA AUTOMOTIVE  
 1 COMMONWEALTH LANE #01-24 ONE COMMONWEALTH  
 SINGAPORE 149544

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manik*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

SECOPY

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	7801J
<b>Vehicle Details</b>	
Vehicle No.:	SKD7571X
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Sep 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	CM SANTA FE 2.4L ABS D/AB 2WD 5DR
Primary Colour:	Silver
Manufacturing Year:	2011
Engine No.:	G4KEBU621651
Chassis No.:	KMESH81BMCU858721
Maximum Power Output:	128.0 kW (171 bhp)
Open Market Value:	\$20,174.00
Original Registration Date:	04 Jan 2012
First Registration Date:	04 Jan 2012
Transfer Count:	1
Actual ARF Paid:	\$20,174.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Jan 2022
PARF Rebate Amount:	\$13,113.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	03 Jan 2022
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$77,000.00
COE Rebate Amount:	\$25,087.00
<b>Total Rebate Amount:</b>	<b>\$38,200.00</b>

The information contained herein is correct as at 12 Sep 2018

OK