

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MAA418130128

Date In: 08/10/2008 12:18	Job description	Date & Time Completed	Done by
Ref No: MAA418130128/1	SAS e-filing		
Veh No: SLT 1817G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/10/2008 23:55	i-Motor Claim Form		
OD <input checked="" type="radio"/> 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: (

Tel:

Fax:

TP Particulars:

Veh No:

SMA 6210C

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

## Invoice Preparation Checklist

Amnt (\$)

Amnt (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Date 1:

Date 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

3) TF: 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: Idau DA + SMRT Survey \$160

8) NTUC Additional Services:-

OD:

\*N5: Courtesy Car / Tpl Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N-vn INC) against INC \$20

9) N12: Idau Mobile 30

Invoice dated

Fee Charged

MAA418130128

## 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 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. 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	08/10/2018 12:18
Date Of Accident	05/10/2018 23:55
Exact Location Of Accident	290F BUKIT BATOK STREET 24 MSCP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT1817G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG ANN GHEE (LIANG ANYI)
NRIC No	S7606363Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90481279
Alternative Phone No	OTHERS-90481279

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X CVT (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	1700067149
Cover Note Number	

### Driver

Name of Driver	LEONG ANN GHEE (LIANG ANYI)
NRIC No	S7606363Z
Date Of Birth	05/03/1976
Occupation	INDOOR
Date Of Driving Pass	22/09/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90481279
Fax Number	
Contact Number	OTHERS-90481279
Email Address	NOEMAIL



Address	BLK 290F BUKIT BATOK STREET 24 #07-105
Postcode	655290
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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 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	SMA5210C
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)	


## SKETCH PLAN

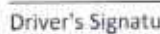
### IMPORTANT NOTICE

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:

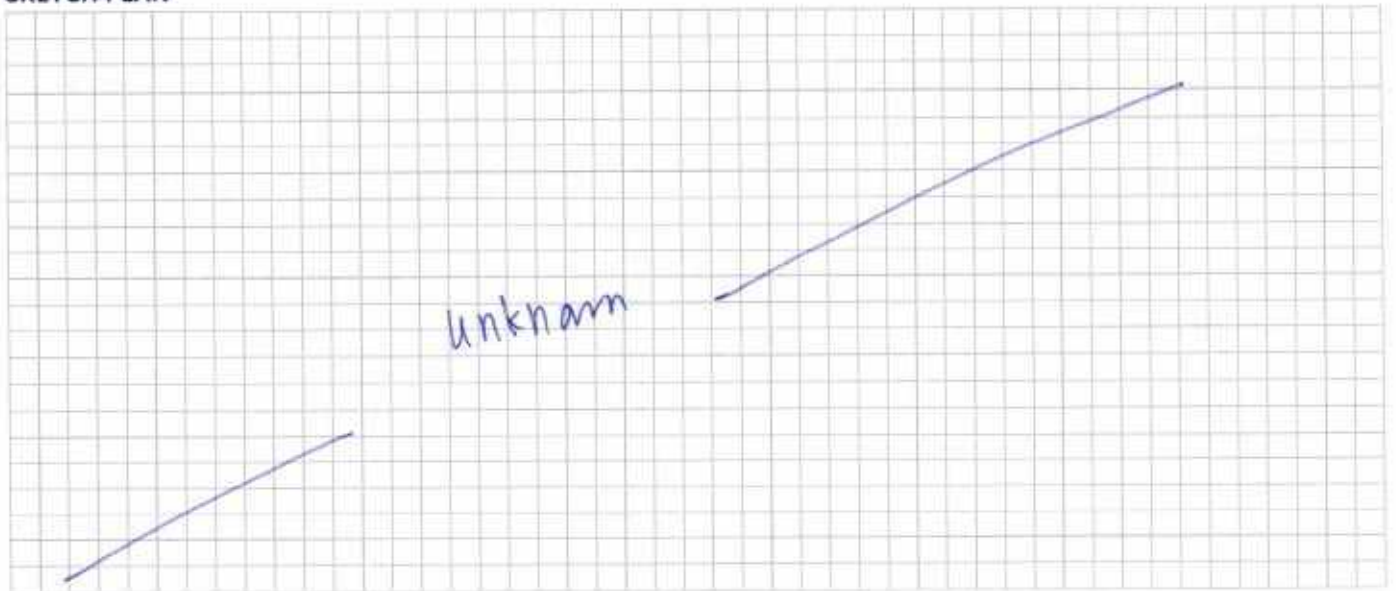
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my car at the above mentioned dated, This morning on 06/10/18 at around 0845hrs I discovered my front right portion of my vehicle was damaged. I also discovered a piece of paper on my front windscreen stated the third party contact that hit onto my car. I called him and he admitted the accident and asked to claim Insurance.

## 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:   
NRIC/FIN No.: 



If undelivered  
Trai  
Testing And  
10 U  
Singa

Sorry,  
your car was knocked  
on the 5 Oct 2018, 2355hr.  
pls contact me at 94506450  
to exchange details.

Chan

car 28/10/2018  
Reshi Lim

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	05/10/18	TIME:	2355hrs	(hh:mm) 24 hrs Format
LOCATION	290F Multi Storey Carpark			
VEHICLE NUMBER	SLT 1817G			
INSURED NAME	Leong Ann Ghee			
NRIC / FIN	S 7606383Z	CONTACT:	90481279	
MAKE	Honda	MODEL	Vezel 1.5X CVT	
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 :	1700067149			
NAME DRIVER :	( <input checked="" type="checkbox"/> ) SAME AS INSURED			
NRIC / FIN	S7606383Z	CONTACT:		
DATE OF BIRTH:	05.06.1976			
DRIVING PASS DATE :	22.09.1999			
OCCUPATION :	( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR			
GENDER :	( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE			
EMAIL ADDRESS:	( ) NO EMAIL			
ADDRESS OF DRIVER:	290F Bukit Barok #24 #07-105 S(655290)			
Number Of Passenger Include Driver:	0			
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 ( ) 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? ( ) YES ( <input checked="" type="checkbox"/> ) 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)				
Details Of 3rd Party		Name / NRIC		Contact
Veh B	SMD 5210C			
Veh C				
Veh D				
Veh E				
Veh F				
Veh G				



S 218 488



NRIC No. **S7606363Z**

Date of issue  
**14-08-2006**

Address  
**APT BLK 290F BUKIT BATOK STREET 24  
#07-105  
SINGAPORE 655290**

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S7606363Z**



Name  
**LEONG ANN GHEE  
(LIANG ANYI)  
梁安艺**

Race  
**CHINESE**

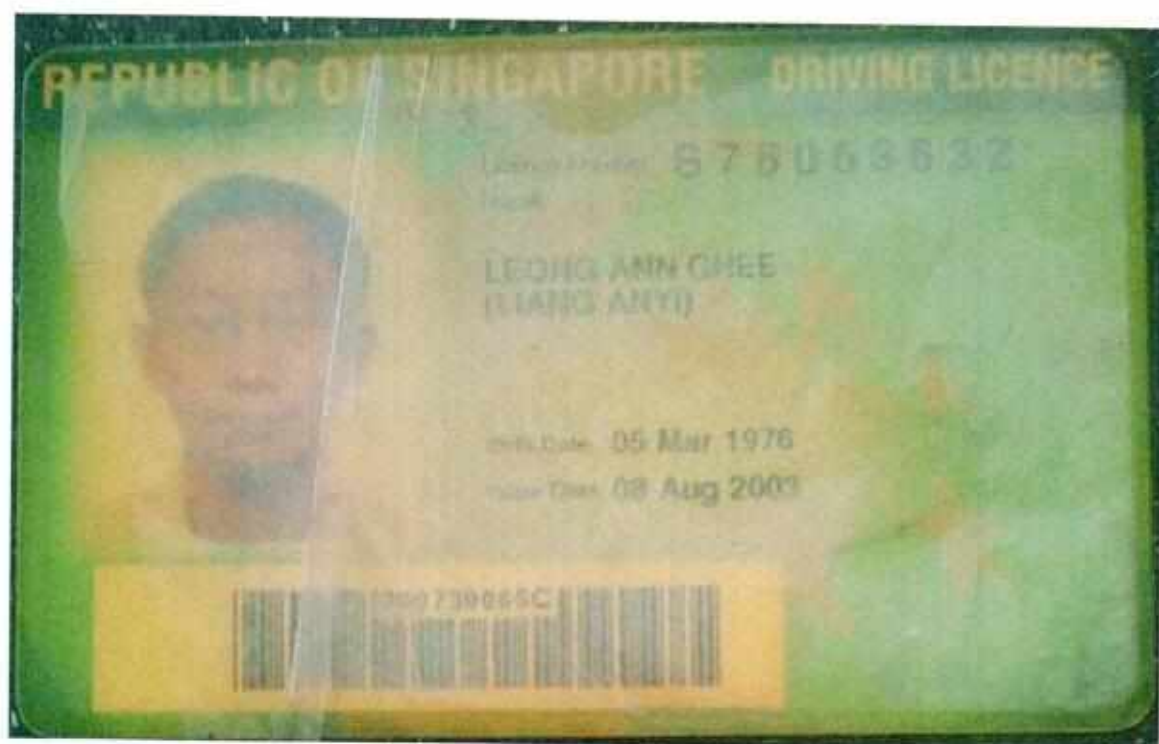
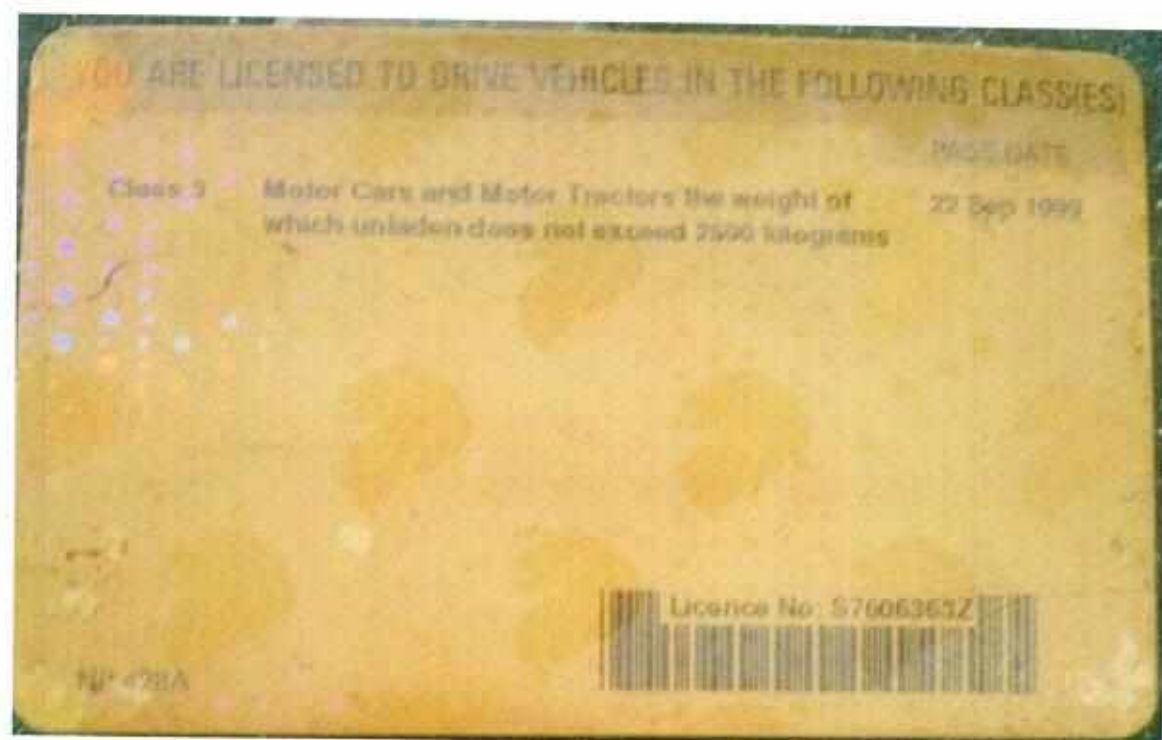
Date of birth  
**05-03-1976**

Sex  
**M**

Country of birth  
**SINGAPORE**







Name of Policyholder	LEONG ANN CHEE (LIANG ANYI)
Period of Insurance	1 20 Oct 2017 To 19 Oct 2018
Engine No.	1 LY5B4408430
Chassis No.	1 RU11208430

Make/Model	HONDA VF2EL				
Engine Capacity/Tonnage	1,496.00 CC	Sum Insured	Market Value	First Year of Registration	2017
Driver Restriction	NA	Off Road Car	No	Insuring with CCE/PARS	Yes



> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	6363Z
<b>Vehicle Details</b>	
Vehicle No.:	SLT1817G
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Oct 2018
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X CVT
Primary Colour:	Gold
Manufacturing Year:	2016
Engine No.:	L15B4408430
Chassis No.:	RU11208430
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$21,975.00
Original Registration Date:	20 Oct 2017
First Registration Date:	20 Oct 2017
Transfer Count:	0
Actual ARF Paid:	\$12,765.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Oct 2027
PARF Rebate Amount:	\$9,573.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	19 Oct 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$41,617.00
COE Rebate Amount:	\$37,321.00
<b>Total Rebate Amount:</b>	<b>\$46,894.00</b>

The information contained herein is correct as at 08 Oct 2018

OK