

NATIONAL Assessment Centre Services [Ref: 28-103] **NA418/33616**

Date In: 15/10/2018 13:10	Job description	Date & Time Completed	Done by
Ref No: NA418/33616	SAS e-filing		
Veh No: 9ME 2955B	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 12/10/2018 07:00	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> 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: **SJS 1882** 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

NA418/33616

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) 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		
	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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N3: 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-in INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

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 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	15/10/2018 13:10
Date Of Accident	12/10/2018 07:00
Exact Location Of Accident	JUNCTION OF ANG MO KIO AVE 1 & ANG MO KIO AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME2955B
Insured/Policyholder	
Name Of Registered Owner	KHOR LEE LING
NRIC No	S7180806H
Email Address	YLEONG.SG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98218998
Alternative Phone No	OFFICE-98218998

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 AD GLS (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	1800109804
Cover Note Number	

Driver

Name of Driver	LEONG YEE MING
NRIC No	S7279329C
Date Of Birth	22/05/1972
Occupation	INDOOR
Date Of Driving Pass	03/02/2006
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98218998
Fax Number	
Contact Number	OFFICE-98218998
Email Address	YLEONG.SG@GMAIL.COM

Address	BLK 304 CANBERRA ROAD #15-49
Postcode	750304
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	2
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)	4
Passenger 1	NAME: : LEONG ZI SHUEN GENDER: : FEMALE
Passenger 2	NAME: : LEONG HOA ZHE GENDER: : MALE
Passenger 3	NAME: : LEONG KAI JUN GENDER: : MALE

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	SJS188Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH I-LING MELINA
NRIC/Passport Number	S7439775A
Contact Number	96842603

Address

Postcode

Insurance Company Name

AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEONG YEE MING

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SME2955B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LEONG KAI JUN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SME2955B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name LEONG ZI SHUEN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SME2955B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name LEONG HAO ZHE

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SME2955B

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:

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

SKETCH PLAN

AMK MVE 6

(A) SME 2955B

(B) SJS188Z

AMK
MVE
1

△
A
△
B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12-10-2018 at around 07:01hrs, the vehicle I was driving SME 2955B. Upon reaching traffic junction between Amk Ave 1 & Amk Avenue 6. I slow down & stop. While waiting all of a sudden I felt an hard impact from the rear. Then I realised a vehicle SJS188Z had collided onto my rear. As a result, my vehicle was dented. Due to the impact, my vehicle was pushed forward.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature
Date & Time:

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

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

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 12-10-2018		TIME: 07.00hrs (hh:mm) 24 hrs Format	
LOCATION: Jnct of Ank Ave 1 & Ank Avenue 6			
VEHICLE NUMBER: SME 2955 B			
INSURED NAME: Khor Lee Ling			
NRIC / FIN: S7180806H		CONTACT:	
MAKE: Hyundai		MODEL: Elantra 1.6 GLS AT (PMS)	
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: 1800109804			
NAME DRIVER: Leong Yee Mino		() SAME AS INSURED	
NRIC / FIN: S7279329C		CONTACT: 9821 8998	
DATE OF BIRTH: 22-05-1972			
DRIVING PASS DATE: 03-02-2006			
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS: yleong55@gmail.com		() NO EMAIL	
ADDRESS OF DRIVER: 304 Canberra Rd #15-49 S(750504)			
Number Of Passenger Include Driver: Approx include driver			
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO			
If No, Relationship Of The Driver With The Insured			
() 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 : (1) Leong Yee Mino - (M) (2) Leong Kai Jnn - (M)			
(3) Leong Zi Shuen - (F) (3) Leong Han Zhe - (M)			
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	
Veh B: SJS1882		Goh I-Ling Melina	
Veh C:		S7439775A	
Veh D:		(AXA)	
Veh E:			
Veh F:			
Veh G:			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7279329C



Name
LEONG YEE MING



梁毅敏

Race
CHINESE

Date of Birth
22-05-1972

Sex
M

Country of Birth
MALAYSIA

8311867



NRIC No. S7279329C



Nationality
MALAYSIAN

Blood Group
O+

Date of issue
25-05-1999

APT BLK 304 CANBERRA ROAD #15-49
SINGAPORE 750304

NRIC No: S7279329C

Date: 23-06-2005

No: 5132848

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7279329C**

Name:

LEONG YEE MING

Birth Date: **22 May 1972**

Issue Date: **03 Feb 2006**



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

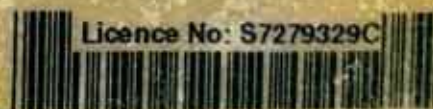
Class 3

Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

PASS DATE

03 Feb 2006

NP 428A





MINISTRY OF EDUCATION

LEONG KAI JUN

T0327965G

Date of Birth 03/10/2003 Sex M



Secondary/Pre-U Student

Issued on 01/01/2016

If found, please return it to any Transitlink Ticket Office



MINISTRY OF EDUCATION

LEONG ZI SHUEN

T0519793C

Date of Birth 15/07/2005 Sex F



Secondary/Pre-U Student

Issued on 01/01/2018

If found, please return it to any Transitlink Ticket Office



MINISTRY OF EDUCATION

LEONG HAO ZHE

T0831163Z

Date of Birth 16/10/2008 Sex M



Primary Student

Issued on 01/01/2015

If found, please return it to any Transitlink Ticket Office

Owner

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7180806H



Name
KHOR LEE LING

许 莉 玲

Race
CHINESE

Date of birth
20-01-1971

Sex
F

Country of birth
MALAYSIA



4260733



NRIC No. S7180806H



Date of issue
17-09-2008

Address
APT BLK 304 CANBERRA ROAD
#15-49
SINGAPORE 750304



CERTIFICATE OF INSURANCE

HYUNDAI AUTO PROTECTOR (DELUXE) PRIVATE VEHICLE

Name of Policyholder : Khor Lee Ling
Period of Insurance : 28 Sep 2018 To 25 Sep 2019
Engine No. : G4FGJU254506
Chassis No. : KMHD841CMJU745654

Vehicle No. : SME2955B
Policy No. : 1800109804
Endorsement No. :
Issued Date : 26 Sep 2018

ABOUT THE COVER

Make/Model : HYUNDAI ELANTRA S
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2018
Insuring with COE/PAF : Yes

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

* 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 - \$200 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$0

Named Driver and Excess (where applicable)

Khor Lee Ling - \$200 (Own Damage), Leong Yee Ming - \$200 (Own Damage)

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: NA

(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).

0500581590

KOMOCO TRADING PTE LTD - GYN
253 ALEXANDRA ROAD
SINGAPORE 159936

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPBLD

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0806H
Vehicle Details	
Vehicle No.:	SME2955B
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Oct 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT (AMS)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	G4FGJU254506
Chassis No.:	KMHD841CMJU745654
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$12,535.00
Original Registration Date:	26 Sep 2018
First Registration Date:	26 Sep 2018
Transfer Count:	0
Actual ARF Paid:	\$12,535.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Sep 2028
PARF Rebate Amount:	\$9,401.00
Intended COE Rebate Details	
COE Expiry Date:	25 Sep 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$30,209.00
COE Rebate Amount:	\$29,915.00
Total Rebate Amount:	\$39,316.00

The information contained herein is correct as at 13 Oct 2018

OK