

# NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

MNA418147029

Date In: 18/11/2008 15:59	Job description	Date & Time Completed	Done by
Ref No: NBA/MG/18020531/Y	SAS e-filing		
Veh No: 88F 5128 J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/11/2008 20:05	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: (

Tel:

Fax:

TP Particulars:	Veh No: 88J 333M	INC ( ) / Non-INC ( )
Owner / Driver: (		Tel: ( )
Policy No: (		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 ( ) / Non-INC ( )	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

NA1807404	Invoice Ref: _____	Invoice Date: _____	Invoice Time: _____	Invoice By: _____
Client's Particulars:	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)		
Contact No:	3) TP: Towing Fee	\$40/\$45		
Damaged Portion:	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) NI: Idas DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
	9) NI: Idas Mobile	\$30		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance	\$3		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$3		
	TP (Nil): TP (Non INC) against INC	\$20		
		\$0		
Auditors Comments:	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 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	13/11/2018 15:59
Date Of Accident	12/11/2018 20:05
Exact Location Of Accident	ALONG BARTLEY ROAD TOWARDS BRADDELL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF5128T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUEK SWEE SHONG (GUO RUIXIONG)
NRIC No	S7113833Z
Email Address	ANDY-QUEK@TESTSERVICES.COM.SG
Mobile Phone No	(LOCAL) +65-96275241
Alternative Phone No	OTHERS-96275241

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 ABS D/AB 2WD 4DR (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	210045244-02
Cover Note Number	

### Driver

Name of Driver	QUEK SWEE SHONG (GUO RUIXIONG)
NRIC No	S7113833Z
Date Of Birth	20/04/1971
Occupation	INDOOR
Date Of Driving Pass	24/06/1997
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96275241
Fax Number	
Contact Number	OTHERS-96275241
Email Address	ANDY-QUEK@TESTSERVICES.COM.SG

Address	BLK 623 SENJA ROAD #19-114
Postcode	670623
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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

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	SBJ333M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DESIREE MARID SUMANTRI
NRIC/Passport Number	S2659487A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKX6112P
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NG SECK EU EDDIE

NRIC/Passport Number

S7024076I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

QUEK SWEE SHONG (GUO RUIXIONG)

Approximate Age

Injuries Sustain

NECK AND BACK PAIN

Injured person in which vehicle?

SGF5128T

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:



13/11/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Barth  
rd  
Tnds  
Braddell  
Road

C
A
B

(A) SBF 5/28T  
(B) SBJ 333M  
(C) SKX 6/12P

On 12-11-2018 at about 20:05hrs, I was travelling along  
Bartley Rd towards Braddell Road opposite Sankar Ridge bus stop. The  
traffic was on slow moved. As I was heading straight ahead of me  
there's a vehicle slow down & stop, I follow suit. All of a sudden I  
felt an hard impact from the rear. then I realised a vehicle  
SBJ 335M had collided onto my rear. Due to the hard impact, my  
vehicle had moved forward and collided onto SKX 6112P. Total  
3 vehicles involve in the accident. That's all.

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

Reporting Centre Personnel's Signature  
Name: *Rafli Wapton*  
NRIC/FIN No.: *13/1/2018*



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 12-11-2019	TIME: 20:05 hrs	(hh:mm) 24 hrs Format
LOCATION: Bartley Road Trnds Briddell Rd. opposite Gambit Ridge Bus Stop		
VEHICLE NUMBER: SGF 5128T		
INSURED NAME: Quek Swee Shun (two Rujions)		
NRIC / FIN: ST113833Z	CONTACT: 9627 5241	
MAKE: Hyundai	MODEL: Elantra Elite	
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: 2100472744-02		
NAME DRIVER: ( ) SAME AS INSURED		
NRIC / FIN: ST113833Z	CONTACT: 9627 5241	
DATE OF BIRTH: 20-04-1971		
DRIVING PASS DATE: 24-06-1997		
OCCUPATION: ( ) INDOOR ( ) OUTDOOR		
GENDER: ( ) MALE ( ) FEMALE		
EMAIL ADDRESS: andy.quek@testservices.com.sg ( ) NO EMAIL		
ADDRESS OF DRIVER: 623 SANTA RD #19-11A S(CTO:23)		
Number Of Passenger Include Driver: Driver only		
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 ( ) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Drier'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 ( ) NO		
Was Anybody Injured In The Accident? ( <input checked="" type="checkbox"/> ) YES ( ) NO		
If YES, Injured details : Neck Back Pain		
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was There Accident Reported To The Police? ( ) YES ( <input checked="" type="checkbox"/> ) NO If Yes Attach Police Report		
Police Report Number (if any) S2659487A		
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver) Contact
Veh B: SBJ 333M	Desiree Maria Sumantini	( ) / Not Sure ( )
Veh C: SKX 612P	NB Seck Eu Eddie	( ) / Not Sure ( )
Veh D:	S70240761	( ) / Not Sure ( )
Veh E:		( ) / Not Sure ( )
Veh F:		( ) / Not Sure ( )
Veh G:		( ) / Not Sure ( )

0197066



NRIC No: S7113833Z



Blood Group: AB+ Date of Issuance: 22-06-1999

APT BLK 623 SENJA ROAD #19-114  
SINGAPORE 670623

NRIC No: S7113833Z Date: 25-07-2000 No: 731408

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7113833Z



Name

QUEK SWEE SHONG  
(GUO RUIXIONG)

郭瑞雄

Race

CHINESE

Date of Birth

20-04-1971

Sex

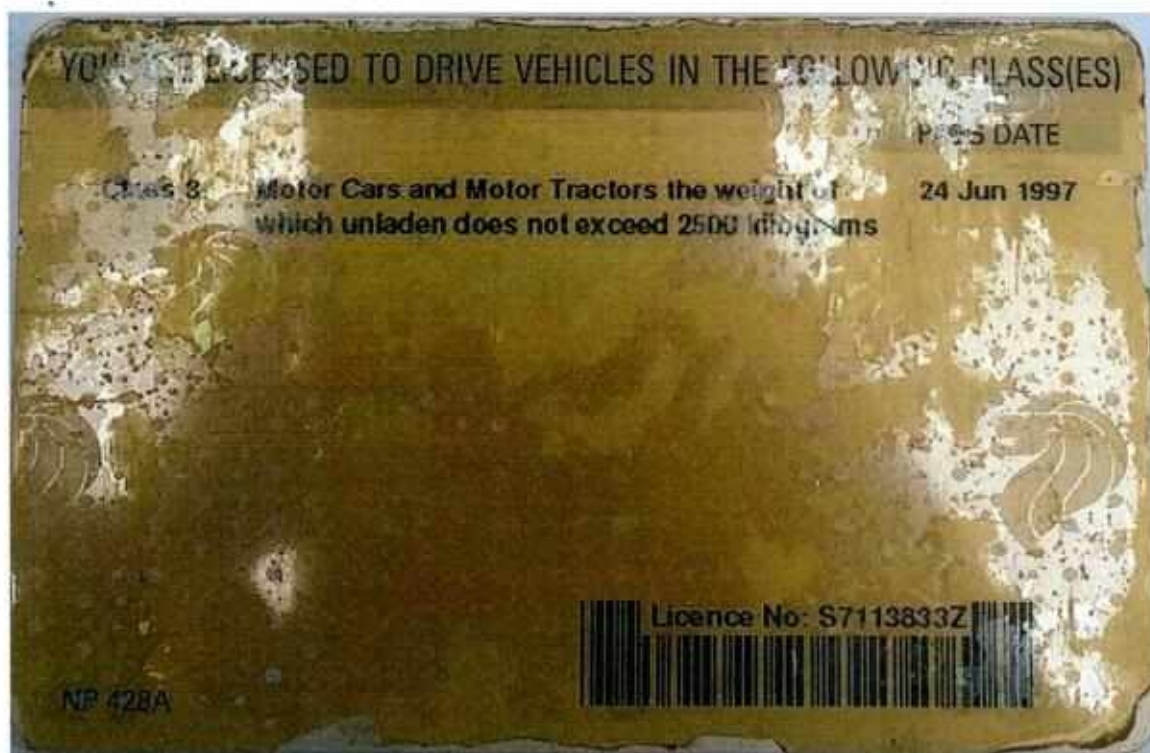
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Country of Birth

SINGAPORE









# CERTIFICATE OF INSURANCE

## HYUNDAI AUTO PROTECTOR (DELUXE) PRIVATE VEHICLE

Name of Policyholder : Quik Siew Sheng  
Period of Insurance : 23 Feb 2018 To 22 Feb 2019  
Engine No. : 04FGFL061956  
Chassis No. : K3M4DM1CMQ654062

Vehicle No. : SGF51287  
Policy No. : 2100452544-02  
Endorsement No. :  
Issued Date : 30 Jan 2018

### ABOUT THE COVER

Make/Model	HYUNDAI ELANTRA ELITE			First Year of Registration	2016
Engine Capacity/Tonnage	1,591.05 CC	Sum Insured	Market Value	Insuring with COE/PAF	Yes
Driver Restriction	NA	Off Peak Car	No		

#### Person or Classes of Persons Entitled to Drive\*

(i) The Policyholder  
(ii) Any other person who is driving on the Policyholder's order or with his/her permission.  
This Policy will indemnify the Policyholder in any accident (other than a traffic accident) for specified age condition.  
You have to pay an additional sum of \$1,000 as "Young Driver Insurance" ("YDI") if you are in "Your Authorized Driver" (named or unnamed) is under the age of 25 and/or has not been 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 school, driving test, racing, pari-mutuel, mobility test or speed testing, the carriage of goods other than vehicles in accordance with any traffic or customs or law for any purpose in connection with Motor Vehicle.

Limit of Use 1500cc - 1600cc

\* Conditions mentioned hereunder in respect of the Motor Vehicle (Third Party Risk and Compensation Act (Cap. 109) and Section 94 of the Road Transport Act (1987) (Malaysia), and not to be included under Motor Vehicle.

### EXCESS

Section 1  
Fire - \$0; Theft - \$0; Flood Damage - \$0

Section 2  
Property Damage - \$0

Windscreen - \$0

Named Driver and Excess (where applicable)

Quik Siew Sheng

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

1. Kuning Motor Pte Ltd, Unit 201, Alexandra Road, Singapore 119966 (47770500)

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6236 8200. Alternatively, you may refer to the website www.aig.com.sg or AIG 24 Hours App. Please search and download "AIG 24 Hours" from Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

This policy is issued on the basis of the information provided by the Policyholder. It is issued in accordance with the provisions of the Motor Vehicle (Third Party Risk and Compensation Act (Cap. 109) and Part IV of the Road Transport Act, 1987 (Malaysia), and Motor Vehicle (Third Party Risk and Compensation Act (Cap. 109) (Singapore).

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KUNING TRADING PTE LTD/ALX

201 ALEXANDRA ROAD

SINGAPORE 119906 KUNING MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE



> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	3833Z
<b>Vehicle Details</b>	
Vehicle No.:	SGF5128T
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Nov 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	G4FGFU061956
Chassis No.:	KMHDH41CMGU654062
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$15,245.00
Original Registration Date:	23 Feb 2016
First Registration Date:	23 Feb 2016
Transfer Count:	0
Actual ARF Paid:	\$15,245.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Feb 2026
PARF Rebate Amount:	\$11,433.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	22 Feb 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$43,000.00
COE Rebate Amount:	\$31,098.00
<b>Total Rebate Amount:</b>	<b>\$42,531.00</b>

The information contained herein is correct as at 13 Nov 2018

OK