

NATIONAL Assessment Centre Services. (Unit 1 Jan 2008) N9804/8157107

Date In: <u>01/12/2008</u> 19:29	Job description	Date & Time Completed	Done by
Ref No: <u>NBA/8157107/184814</u>	SAS e-Mailing		
Veh No: <u>SKY 57922</u>	E-mail (within 3hrs, AIC then)		
D.O.A: <u>05/12/2008 07:50</u>	1-Motor Claim Form		
OD: <u>TP</u> Reporting Only	1-Motor W/O (within 60 hrs, TP then)		
	1-Photo Uploaded		
TP Insureh:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars:	Yeh No: <u>YK 88804</u>	INC () / Non-INC ()
Owner / Drivers:	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 () / 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:

On-site Unit:	Actions:

<u>N9807916</u>	Invoice Preparation Checklist	Amount	Unit
Human Resources	1) AR: Accident Reporting (\$30)		
river/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
contact No:	3) TP: Towing Fee	\$40/\$45	
amaged Portion:	4) PT: Follow-Through Survey	\$150	
	5) PT: Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (over 10 hrs 300)		
	6) TR: Resurvey	\$75	
	7) NI: 1 day DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: 1 day DA + SMRT Survey	\$160	
	10) NTUC Additional Services		
	11) NI: 1 day DA + SMRT Survey	\$160	
	12) NTUC Additional Services		
	13) NI: 1 day DA + SMRT Survey	\$160	
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	18) NTUC Additional Services		
	19) NI: 1 day DA + SMRT Survey	\$160	
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	21) NI: 1 day DA + SMRT Survey	\$160	
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	23) NI: 1 day DA + SMRT Survey	\$160	
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	98) NTUC Additional Services		
	99) NI: 1 day DA + SMRT Survey	\$160	
	100) NTUC Additional Services		

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	04/12/2018 19:29
Date Of Accident	03/12/2018 07:50
Exact Location Of Accident	SLIP RD FROM CLEMENTI ROAD INTO CLEMENTI AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU5792Z
Insured/Policyholder	
Name Of Registered Owner	CHUA SIEW LIAN IRENE
NRIC No	S1556247A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92209767
Alternative Phone No	OTHERS-92209767

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	2100422636-03
Cover Note Number	

Driver

Name of Driver	CHUA SIEW LIAN IRENE
NRIC No	S1556247A
Date Of Birth	29/04/1962
Occupation	INDOOR
Date Of Driving Pass	08/06/1983
Driving Experience	35 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92209767
Fax Number	
Contact Number	OTHERS-92209767
EEmail Address	NOEMAIL

Address	BLK 462 CLEMENTI AVENUE 3 #12-632
Postcode	120462
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	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)	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	YK8880U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WANG JIGUANG
NRIC/Passport Number	G8548075N
Contact Number	84329457 (NOT SURE)
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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:

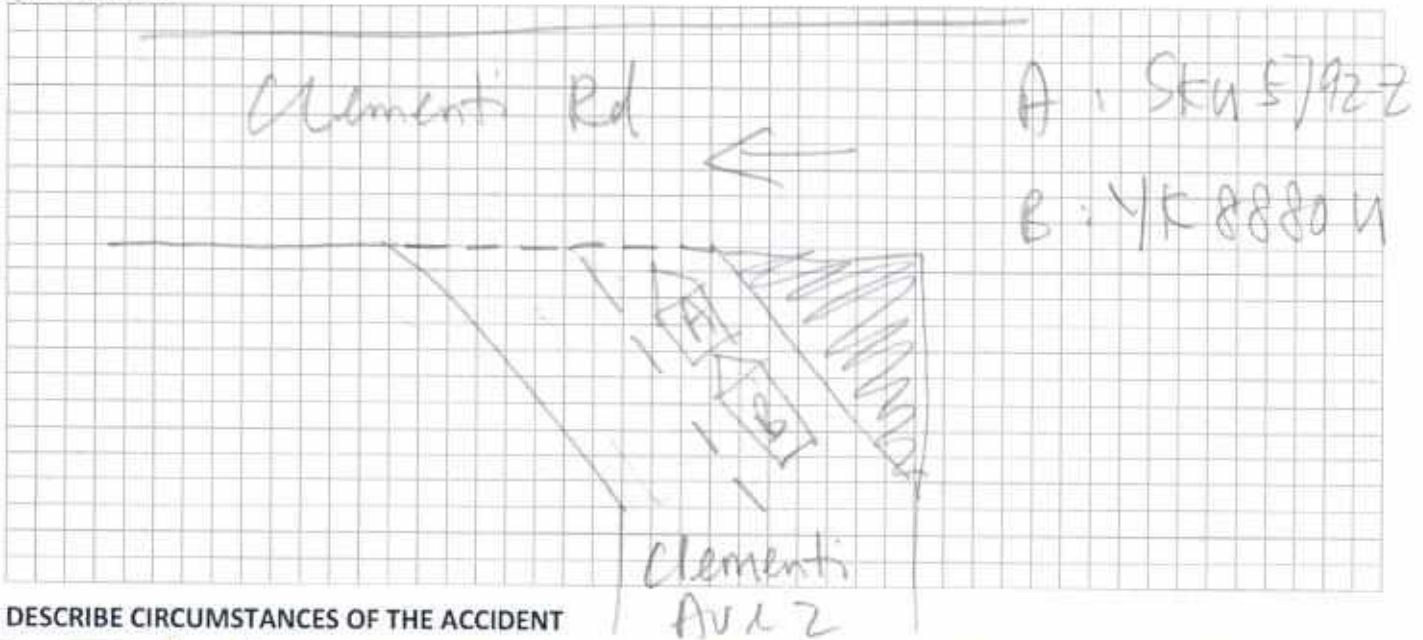


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Rafael
NRIC/FIN No.: 90112018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/12/18 @ 0750 hrs, I was travelling along Clementi Ave 2 to Clement Rd.

At the sliproad junction, I stopped to wait for my turn to enter Clement Rd. My car was stationary when suddenly vehicle B, YK 8880 H behind me rear-ended my car.

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:


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

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 3/12/18 TIME: 0750 (hh:mm) 24 hrs Format

LOCATION slip road of Clement Rd & Clements Ave 2

VEHICLE NUMBER SKU 57922

INSURED NAME Chua Siew Lian (Mene)

NRIC / FIN S1556247A

CONTACT: 92209767

MAKE Hyundai

MODEL Elantra

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 : 2100422636-03

NAME DRIVER : () SAME AS INSURED

NRIC / FIN

CONTACT:

DATE OF BIRTH: 29/4/62

DRIVING PASS DATE: 8/6/83

OCCUPATION : () INDOOR () OUTDOOR

GENDER : () MALE () FEMALE

EMAIL ADDRESS: () NO EMAIL

ADDRESS OF DRIVER: 462 Clementi Avenue 3 #12-632 S1120462

Number Of Passenger Include Driver: 1 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 :

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	No.of Paxs (incl'driver)	Contact
Veh B YK8880U	Nang Jiguang	() / Not Sure ()	84329457
Veh C	A2548075N	() / Not Sure ()	
Veh D		() / Not Sure ()	
Veh E	Tokio Marine	() / Not Sure ()	
Veh F		() / Not Sure ()	
Veh G		() / Not Sure ()	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1556247A**



Name

CHUA SIEW LIAN IRENE

蔡 秀 莲

Race

CHINESE

Date of birth

29-04-1962

Sex

F

S1556247A



Country/Place of birth

SINGAPORE

5741210



NRIC No. **S1556247A**



Date of issue

11-05-2017

Address

**APT BLK 462 CLEMENTI AVENUE 3
#12-632
SINGAPORE 120462**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1556247A**

Name:

CHUA SIEW LIAN IRENE

Birth Date: **29 Apr 1962**

Issue Date: **18 Aug 2003**



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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

08 Jun 1983

NP 428A





CERTIFICATE OF INSURANCE

HYUNDAI AUTO PROTECTOR (DELUXE) PRIVATE VEHICLE

Name of Policyholder : Chua Siew Lian Irene
Period of Insurance : 01 Aug 2018 To 31 Jul 2019
Engine No. : G4FGFU245198
Chassis No. : KMHDH41CMFU552626

Vehicle No. : SKU5792Z
Policy No. : 2100422636-03
Endorsement No. :
Issued Date : 10 Jul 2018

ABOUT THE COVER

Make/Model : HYUNDAI ELANTRA ELITE

Engine Capacity/Tonnage : 1,591.00 CC

Sum Insured : Market Value

First Year of Registration : 2015

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PAF : 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 authorized 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 35 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$0 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$0

Named Driver and Excess (where applicable)

Chua Siew Lian Irene

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

1. Komoco Motors Pte Ltd Add: 253 Alexandra Road Singapore 159936 64736588

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 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: Citibank Singapore Limited

I/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, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500581311

KOMOCO TRADING PTE LTD-DNC

253 ALEXANDRA ROAD

SINGAPORE 159936 AYSF-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSCFKJ

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6247A
Vehicle Details	
Vehicle No.:	SKU5792Z
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	G4FGFU245198
Chassis No.:	KMHDH41CMFU552626
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$14,568.00
Original Registration Date:	01 Aug 2015
First Registration Date:	01 Aug 2015
Transfer Count:	0
Actual ARF Paid:	\$14,568.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 Jul 2025
PARF Rebate Amount:	\$10,926.00
Intended COE Rebate Details	
COE Expiry Date:	31 Jul 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$58,700.00
COE Rebate Amount:	\$38,644.00
Total Rebate Amount:	\$49,570.00

The information contained herein is correct as at 04 Dec 2018

OK