

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In 02/01/19	Job description	Date & Time Completed	Done by
Ref No NA/A1419000074/13	SAS e-filing		
Veh No SJN28905	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 02/01/19 1155	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: **GBH1001A** 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

NA1900097

Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2/3:

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 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:-
- 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 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	02/01/2019 16:40
Date Of Accident	02/01/2019 11:55
Exact Location Of Accident	JUNC OF CARPMAEL RD & PENNEFATHER RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN2890S
Insured/Policyholder	
Name Of Registered Owner	CHIA MUI CHOON
NRIC No	S1573722J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98507431
Alternative Phone No	OTHERS-98507431
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
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	1800115071
Cover Note Number	
Driver	
Name of Driver	CHIA MUI CHOON
NRIC No	S1573722J
Date Of Birth	19/03/1963
Occupation	INDOOR
Date Of Driving Pass	15/06/1982
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98507431
Fax Number	
Contact Number	OTHERS-98507431
EEmail Address	NOEMAIL

Address	BLK 130A LOR 1 TOA PAYOH #37-508
Postcode	311130
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH1001A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VIKNESVARAN
NRIC/Passport Number	
Contact Number	90500720
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHIA MUI CHOON
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJN2890S
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.
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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:

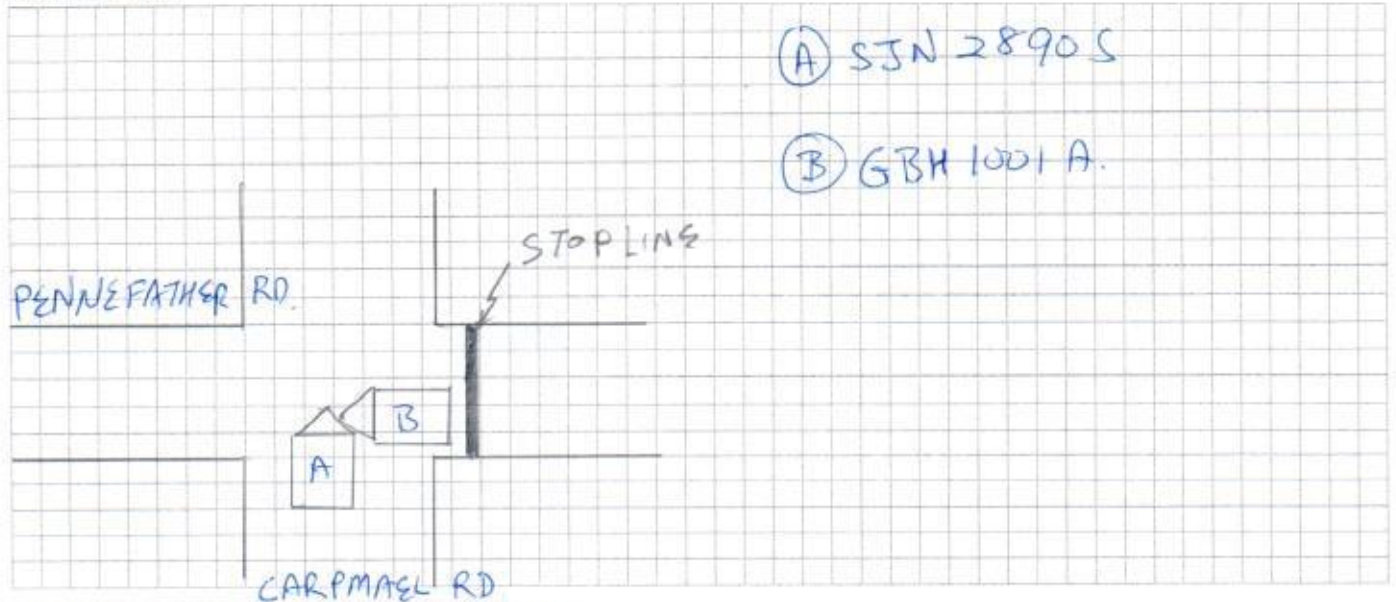
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



Ⓐ SJN 2890 S

Ⓑ GBH 1001 A.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 02 JAN 2019 @ 1155HRS I WAS DRIVING ALONG CARPMAEL RD. WHEN VEHICLE B DID NOT STOP AT THE STOP LINE AND COLLIDED INTO MY VEHICLE.

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:

 02/01/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 02 JAN 2019		TIME: 1155 HRS.		(hh:mm) 24 hrs Format	
LOCATION JUNCTION CARPMAN RD AND PENNIFATHER RD					
VEHICLE NUMBER SJN28905					
INSURED NAME CHIA MUI CHUAN					
NRIC / FIN S1573722 J.		CONTACT: 98507431			
MAKE HYUNDAI		MODEL ELANTRA S			
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 : 1800115071					
NAME DRIVER :					
(/) SAME AS INSURED					
NRIC / FIN		CONTACT:			
DATE OF BIRTH: 19/03/1962					
DRIVING PASS DATE: 15 JUN 1982.					
OCCUPATION : (/) INDOOR () OUTDOOR					
GENDER : (/) MALE () FEMALE					
EMAIL ADDRESS: (/) NO EMAIL					
ADDRESS OF DRIVER: BLK 130 A LORONG 1 TDA PAYOH #37-508 S(31130)					
Number Of Passenger Include Driver: 01 DRIVER.					
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 : CHIA MUI CHUAN S1573722 J.					
Convey By Ambulance: () YES (/) NO					
Was There Any Video Capture By Car Camera? (/) YES () NO WITH OWNER.					
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 GBH1001A.		VIKNE SVARAN		() / Not Sure () 90500720.	
Veh C				() / Not Sure ()	
Veh D				() / Not Sure ()	
Veh E				() / Not Sure ()	
Veh F				() / Not Sure ()	
Veh G				() / Not Sure ()	

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1573722J**
 Name: **CHIA MUI CHOON**
 Birth Date: **19 Mar 1963**
 Issue Date: **23 May 2003**

000507443G



REPUBLIC OF SINGAPORE
IDENTITY CARD NO S1573722J



CHIA MUI CHOON

RACE
CHINESE

Date of birth
19-03-1963

Country/Place of birth
SINGAPORE

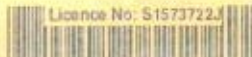
Sex
M

S1573722J

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	02 Jun 1992
Class 2A Motorcycles between 201 cc and 400 cc	25 Nov 1993
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Jun 1982

Licence No: **S1573722J**



NP 428A

5903792



RNC NO S1573722J



Date of issue
02-04-2018

ADDRESS

APT BLK 130A LORONG 1 TOA PAYOH
#37-50B
SINGAPORE 311130



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : CHIA MUI CHOON
Period of Insurance : 05 Oct 2018 To 04 Oct 2019
Engine No. : G4FGJU254509
Chassis No. : KMHD841CMJU736917

Vehicle No. : SJN2890S
Policy No. : 1800115071
Endorsement No. : 000000000232864
Issued Date : 08 Oct 2018

ABOUT THE COVER

Make/Model : HYUNDAI ELANTRA S
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

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)

Chia Mui Choon - \$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 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

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, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0032006000

PHILLIP SECURITIES PTE LTD
230 VICTORIA STREET #04-01 BUGIS JUNCTION TOWER
SINGAPORE 188024

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPVMG

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	3722J
Vehicle Details	
Vehicle No.:	SJN2890S
Vehicle to be Exported:	Yes
Intended Deregistration Date:	03 Jan 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT (AMS)
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	G4FGJU254509
Chassis No.:	KMHD841CMJU736917
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$12,572.00
Original Registration Date:	05 Oct 2018
First Registration Date:	05 Oct 2018
Transfer Count:	0
Actual ARF Paid:	\$12,572.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Oct 2028
PARF Rebate Amount:	\$9,429.00
Intended COE Rebate Details	
COE Expiry Date:	04 Oct 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$28,000.00
COE Rebate Amount:	\$22,400.00
Total Rebate Amount:	\$31,829.00

The information contained herein is correct as at 02 Jan 2019

OK