

NATIONAL Assessment Centre Services.

(ver 1 Jan'00)

NA19002097

Date In: 05/01/2019 14:54	Job description	Date & Time Completed	Done by
Ref No: NA/AG/190002724	SAS e-filing		
Veh No: SLE 9171L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 05/01/2019 14:55	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: SKN 98213	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% 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 by:
1) Apply for Transport Allowance () / Courtesy Car ()				
2) QC Check / Post Repair Inspection ()				
3) Upload Resurvey Photo [Repair Cost > \$3000] ()				

Injury: _____

Date/Time	Action

NA1900168	Invoice Ref: NA1900168	Invoice Date: 05/01/2019	Invoice Time: 14:55	Invoice By: [Signature]
Claimant's Particulars:	1) AR: Accident Reporting (\$30) 2) DA: Damage Assessment (\$100) INC (\$80) 3) TP: Towing Fee \$40/\$45 4) PT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (ver 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idao DA + EMRT Survey \$160 8) NTUC Additional Services:- ON* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 TP (Nil): TP (Non INC) against INC \$20 9) N12: Idao Mobile \$0			
Driver/Owner:				
Contact No:				
Damaged Portion:				
QC Checked by (Engr-In-Charge):				
Auditors' Comments:				
Page 1:	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	05/01/2019 14:54
Date Of Accident	04/01/2019 14:55
Exact Location Of Accident	JALAN TOA PAYOH TOWARDS CTE (PIE TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE9171L
Insured/Policyholder	
Name Of Registered Owner	CHEEN HSIEN HONG
NRIC No	S6835760H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96374691
Alternative Phone No	OTHERS-90104934

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 X CVT (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	1800082489
Cover Note Number	

Driver

Name of Driver	TAY SU-LIN YVONNE
NRIC No	S7012743A
Date Of Birth	23/04/1970
Occupation	INDOOR
Date Of Driving Pass	24/10/1990
Driving Experience	28 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96374691
Fax Number	
Contact Number	OTHERS-90104934
EMail Address	NOEMAIL

Address	BLK 116 CLEMENTI STREET 13 #08-82
Postcode	120116
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	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?	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	SKN9821J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JACEE
NRIC/Passport Number	
Contact Number	97259905
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

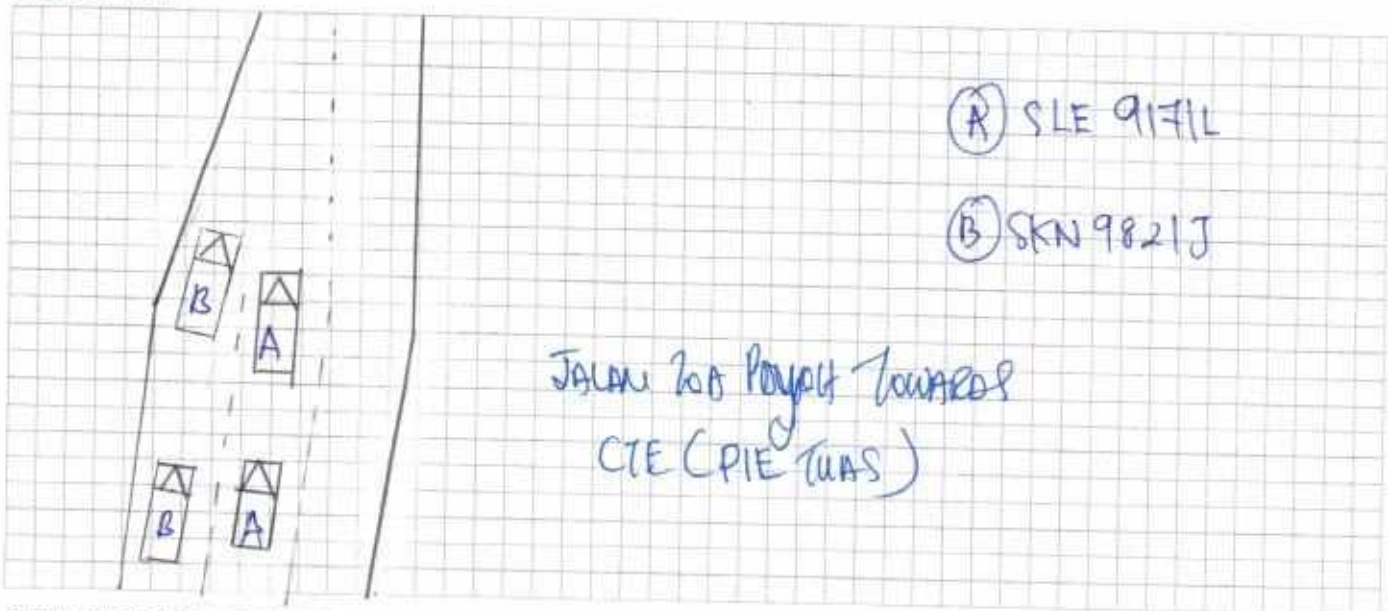
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



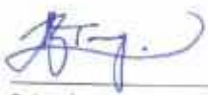
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04-01-2019 at about 14:58hrs, I was travelling along Jalan Toa Payoh Towards CTE (PIE/Tuas). As I reaching to merging road and continue to my lane, all of a sudden a vehicle SKN 9821J from my left make a sudden swerve and collided onto my left side position.

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:

 04/01/2019
Reporting Centre Personnel's Signature
Name: Reshi
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 04-01-2018	TIME: 14:58hrs	(hh:mm) 24 hrs Format	
LOCATION: Jalan Toa Payoh, Towards TE (PTE) Tuis			
VEHICLE NUMBER: SLE 9171L			
INSURED NAME: Cheen Hsien Heng			
NRIC / FIN: S6835760H	CONTACT: 9637 4691		
MAKE: Toyota Mirai 1.8x	MODEL: CRT ABS D/DIRBAG 2nd 5PR		
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: 1800082489			
NAME DRIVER: Tay Su-Lin Yvonne () SAME AS INSURED			
NRIC / FIN: S7012743H	CONTACT: 9010 4934		
DATE OF BIRTH: 23-04-1970			
DRIVING PASS DATE: 24-10-1990			
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER: () MALE (<input checked="" type="checkbox"/>) FEMALE			
EMAIL ADDRESS: () NO EMAIL			
ADDRESS OF DRIVER: 116 Clementi St 13 #06-82 S(120116)			
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 (<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 (<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):			
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver)	Contact
Veh B: SKN 9921 J	(NTUC)	() / Not Sure ()	AT25 9905
Veh C:	Jacee	() / 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: **S7012743A**
 Name: **TAY SU-LIN YVONNE**
 Birth Date: **23 Apr 1970**
 Issue Date: **10 Sep 2003**

1000601489F



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO: **S7012743A**



TAY SU-LIN YVONNE

郑素筠

CHINESE

Date of Birth: **23-04-1970** Sex: **F**

Country of Birth: **SINGAPORE**



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
24 Oct 1990



NP 428A



1186603



NPIC No: **S7012743A**

Blood Group: **O+** Date of issue: **10-08-1993**

APT BLK 116 CLEMENTI STREET 13 #08-82
SINGAPORE 120116

NPIC No: **S7012743A** Date: **21-08-2005** No: **5158129**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6835760H



CHEEN HSIEN HONG

陈显宏

Name

CHINESE

Date of Birth

11-09-1968

Sex

M

Country of Birth

SINGAPORE



1255326

NRIC No. S6835760H



Blood Group: Date of Issue

A+ 11-09-1993

APT BLK 118 CLEMENTI STREET 13 #08-02
SINGAPORE 120118

NRIC No: S6835760H

Date: 21-08-2005 No: 5128128



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : CHEEN HSIEN HONG
Period of Insurance : 04 Aug 2018 To 03 Aug 2019
Engine No. : ZZR1716557
Chassis No. : ZGE206029596

Vehicle No. : SLE9171L
Policy No. : 1800082489
Endorsement No. :
Issued Date : 13 Jul 2018

ABOUT THE COVER

Make/Model : TOYOTA WISH 1.8
Engine Capacity/Tonnage : 1,798.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
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 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 - \$0 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CHEEN HSIEN HONG, TAY SU-LIN YVONNE

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: OCBC Bank Ltd

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).

0503982000

KHC HOLDINGS PTE. LTD.
389A BALESTIER ROAD
SINGAPORE 329798

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

Seah Kih Ng

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	5760H
Vehicle Details	
Vehicle No.:	SLE9171L
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2019
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8X CVT ABS D/AIRBAG 2WD 5DR
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	2ZR1716557
Chassis No.:	ZGE206029596
Maximum Power Output:	105.0 kW (140 bhp)
Open Market Value:	\$19,967.00
Original Registration Date:	04 Aug 2016
First Registration Date:	04 Aug 2016
Transfer Count:	0
Actual ARF Paid:	\$19,967.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Aug 2026
PARF Rebate Amount:	\$14,975.00
Intended COE Rebate Details	
COE Expiry Date:	03 Aug 2026
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$56,002.00
COE Rebate Amount:	\$42,046.00
Total Rebate Amount:	\$57,021.00

The information contained herein is correct as at 05 Jan 2019

OK