

NATIONAL Assessment Centre Services.

(w/ 1 Jan 2005)

NA19032298

Date In: 11/02/2019 12:49	Job description	Date & Time Completed	Done by
Ref No: NBS/0919000226/Y	SAS e-filing		
Veh No: SLF 2056C	E-mail (w/ 1 Jan 2005)		
D.O.A: 09/02/2019 12:30	I-Motor Claim Form		
OID (TP) Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: STA 6097H

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:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time:

NA1901861

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Ref:

2/3

Invoice Particulars:

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$50)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

Forfeiting against INC Only (w/ 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NIUC Additional Services:

ON:

*NS: Courtesy Car / TP 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: Idao Mobile \$30

Fee Charged

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	11/03/2019 12:49
Date Of Accident	09/03/2019 12:30
Exact Location Of Accident	PIE TOWARDS CHANGI BEFORE THOMSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF2056C
Insured/Policyholder	
Name Of Registered Owner	THENG SOO TING
NRIC No	S2763209B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96728049
Alternative Phone No	OTHERS-92344179

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 HATCHBACK (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	1800098864
Cover Note Number	

Driver

Name of Driver	ANNETTE HEITMANN
NRIC No	S8677429A
Date Of Birth	07/05/1986
Occupation	INDOOR
Date Of Driving Pass	09/05/2012
Driving Experience	6 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92344179
Fax Number	
Contact Number	OTHERS-96728049
EMail Address	NOEMAIL

Address	50 CHOA CHU KANG NORTH 6 #03-01
Postcode	689574
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (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)	2
Passenger 1	NAME: : THENG SOO TING GENDER: : FEMALE

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	SJA6097H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	THENG SOO TING
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLF2056C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ANNETTE HEITMANN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLF2056C
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:



11/03/2019
Reporting Centre Personnel's Signature
Name: *Paul Tan*
NRIC/FIN No.:

SKETCH PLAN

PIE
TWDs
CHANGI
before
Thomson

(A) SLF2056C
(B) SJA6097H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 09 MAR 2019 @ 1230HRS I WAS DRIVING ALONG PIE TWDs CHANGI BEFORE THOMSON WHEN THE FRONT VEHICLE STOPPED I FOLLOW SUIT. SUDDENLY VEHICLE B 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:

11/03/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

* SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 09 MAR 2019.		TIME: 1230HRS		(hh:mm) 24 hrs Format	
LOCATION PIE TWDS CHANGLI BEFORE THOMSON					
VEHICLE NUMBER SLF 2056C					
INSURED NAME THENG SOD TING					
NRIC/FIN S2763209B		CONTACT: 96728049			
MAKE MAZDA 3		MODEL 1.5 SKY ACTIV			
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 INSURANCE					
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT					
POLICY NUMBER : 1800098864					
NAME DRIVER : ANNETTE HEITMANN				() SAME AS INSURED	
NRIC/FIN S8677429A		CONTACT: 92344179			
DATE OF BIRTH: 07 MAY 1986					
DRIVING PASS DATE: 09 MAY 2012					
OCCUPATION : (/) INDOOR () OUTDOOR					
GENDER : () MALE (/) FEMALE					
EMAIL ADDRESS:				() NO EMAIL	
ADDRESS OF DRIVER: 50 CHOA CHU KANG NORTH 6 #03-01 S(689574)					
Number Of Passenger Include Driver: 1 DRIVER + 1 PASSENGER (Owner & 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 : DRIVER + PASSENGER					
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)	
Veh B SJA 6097H		WITNES		() / Not Sure ()	
Veh C				() / Not Sure ()	
Veh D				() / Not Sure ()	
Veh E				() / Not Sure ()	
Veh F				() / Not Sure ()	
Veh G				() / Not Sure ()	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8677429A



Name

ANNETTE HEITMANN

Race

EURASIAN

Date of birth

07-05-1985

Sex

F

Country of birth

MALAYSIA



5722274



NRIC No. S8677429A



Date of issue

30-03-2017

50 CHOA CHU KANG NORTH @ #03-01
SINGAPORE 689574

NRIC No: S8677429A

Date: 17/09/2018

DRIVER

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8677429A**
Name: **ANNETTE HEITMANN**

Birth Date: **07 May 1986**
Issue Date: **09 May 2012**

002066361J



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

EFFECTIVE DATE

Class 3A: Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg **09 May 2012**

NP 428A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2763209B



Name

THENG SOO TING

Race

CHINESE

Date of Birth

19-04-1955

Sex

F

S2763209B

Country of birth

MALAYSIA

3056211



NRIC No. S2763209B



Nationality

MALAYSIAN

Date of issue

31-08-2009

50 CHOA CHU KANG NORTH B #03-01
SINGAPORE 686574

NRIC No. S2763209B

Date: 22/08/2018

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Policy No. : 1800098864
 Period of Insurance : 17 Aug 2018 to 16 Aug 2019

Issued Date : 16 Aug 2018

ABOUT THE POLICYHOLDER

Name of Policyholder : Theng Soo Ting
 Address : 130A Hillview Avenue
 #09-03
 SINGAPORE 669609
 Occupation/Nature of Business : Manager/Director/Management

ABOUT THE VEHICLE

Registration No. : SLF2056C Engine Capacity/Tonnage : 1,496.00 CC
 Chassis No. : JM6BM44A8G0342099 Engine No. : P520367079
 Seating Capacity : 5 First Year of Registration : 2016 Body Type : Sedan
 Make/Model : MAZDA 3 1.5 SKYACTIV
 Hire Purchase Company/Employer's Loan : HONG LEONG FINANCE LTD

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No
 Driver Restriction : NA 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 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.

Other Key Policy Benefits :

Act of God, Strike, Riots and Civil Commotions, PA to Authorised Driver / Unnamed Passengers- \$10000, Dealer + AIG Authorised Workshops, PA Insured- \$100000, Fixture and Accessories (Cosmetic)- \$5000, Solar Film- \$1150, Loss of Use 1500cc - 1600cc Optional, New For Old (36 months), In-Car Camera Excess Waiver, Glass Roof/ Moon Roof/ Sun Roof/ Panoramic Glass Roof, NCD Protector

EXCESS

Section 1
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver
 Theng Soo Ting - \$600 (Own Damage)

PREMIUM

Premium	:	\$	1,195.68
GST (7%)	:	\$	84.40
<hr/>			
Total	:	\$	1,290.16

Your Premium includes the following discount(s):
 Safe Driver Discount - 5.00%, No Claim Discount - 50%

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	3209B
Vehicle Details	
Vehicle No.:	SLF2056C
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Mar 2019
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 5-DOOR HATCHBACK 1.5L SP.6EAT
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	P520367079
Chassis No.:	JM6BM44A8G0342099
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$18,927.00
Original Registration Date:	17 Aug 2016
First Registration Date:	17 Aug 2016
Transfer Count:	0
Actual ARF Paid:	\$13,927.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Aug 2026
PARF Rebate Amount:	\$10,445.00
Intended COE Rebate Details	
COE Expiry Date:	16 Aug 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$52,503.00
COE Rebate Amount:	\$38,728.00
Total Rebate Amount:	\$49,173.00

The information contained herein is correct as at 11 Mar 2019

OK