

NATIONAL Assessment Centre Services. [ver 1 Jan'05] **NA4906176**

Date In: 24/05/2015 12:35	Job description	Date & Time Completed	Done by
Ref No: NSA/A194009153/A	SAS e-filing		
Veh No: SJ2 4325G	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 23/05/2015 15:30	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **SJB 3555 R** 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: ()

Comments: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date/Time	Actions

NA4902862	INC () / Non-INC ()	
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$70	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NI: Post Repair Inspection \$25	
	*NB: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (N in INC) against INC \$20	
	9) NI2: Idea Mobile \$0	
	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	24/05/2019 12:35
Date Of Accident	23/05/2019 15:30
Exact Location Of Accident	ALONG WHITLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ4325G
Insured/Policyholder	
Name Of Registered Owner	TAN POH YIN
NRIC No	S1640939A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97460348
Alternative Phone No	OTHERS-97460348

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	2100237995-08
Cover Note Number	

Driver

Name of Driver	TAN POH YIN
NRIC No	S1640939A
Date Of Birth	23/02/1964
Occupation	INDOOR
Date Of Driving Pass	15/02/1982
Driving Experience	37 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97460348
Fax Number	
Contact Number	OTHERS-97460348
Email Address	NOEMAIL

Address	27 ORANGE GROVE ROAD #01-01
Postcode	258356
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 (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

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	SHB3555R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN POH YIN
------	-------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJZ4325G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

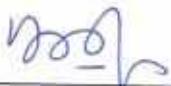
SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

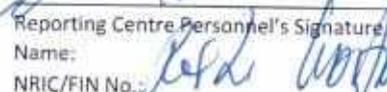
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



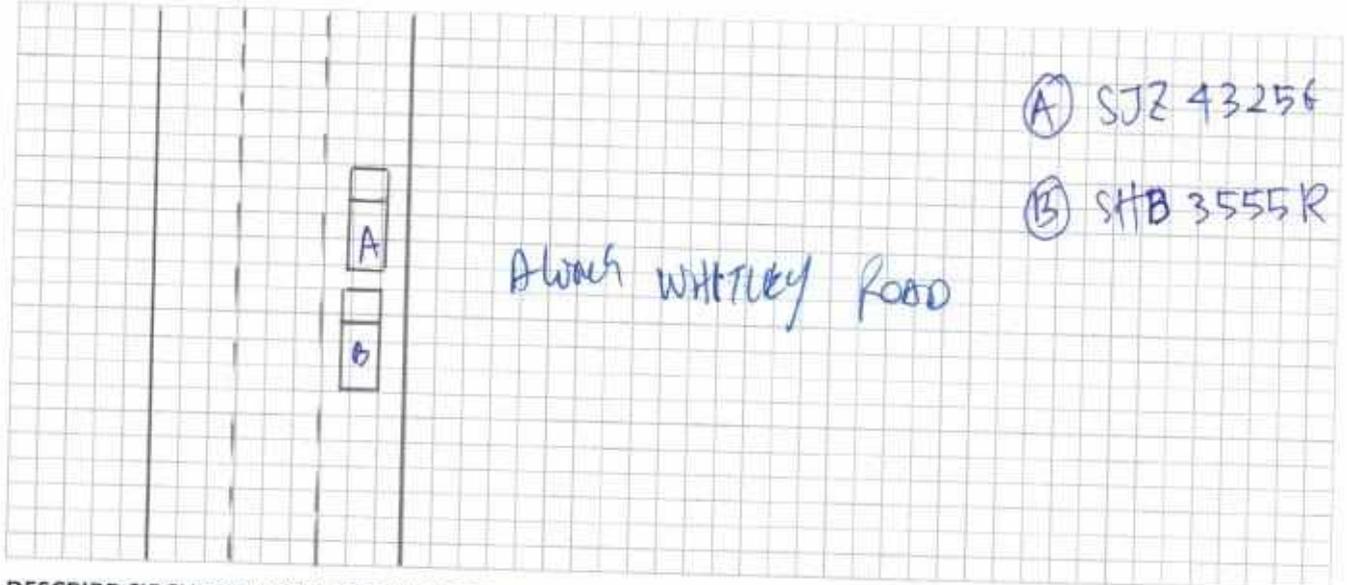
Policyholder's Signature
Date & Time:

Tan POH YIN

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

24/05/2019

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23-05-2019 at about 15:30hrs, I was travelling along ^{an} Whitley Road. As I was heading straight, ahead of me there's a vehicle slow down, I follow suit. While moving slow, all of a sudden I felt an hard impact. Then I realised a taxi SHB 3555R had collided onto my rear. That's all

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

Tan Poh Yin

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

[Signature] 24/05/2019
[Signature]

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

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 23.05.2019		TIME: 15:30hrs		(hh:mm) 24 hrs Format
LOCATION: Whitefish Road				
VEHICLE NUMBER: SJE 43256				
INSURED NAME: Tan Poh Yin				
NRIC / FIN: S1640939A		CONTACT: 9746 0348		
MAKE: Toyota		MODEL: Corolla Altis 1.6A		
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: 2100237995-08				
NAME DRIVER: Tan Poh Yin				() SAME AS INSURED
NRIC / FIN: S1640939A		CONTACT: 9746 0348		
DATE OF BIRTH: 23.02.1969				
DRIVING PASS DATE: 15.02.1982				
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR				
GENDER: () MALE (<input checked="" type="checkbox"/>) FEMALE				
EMAIL ADDRESS:				() NO EMAIL
ADDRESS OF DRIVER: 27 Orange Grove Road # 01-01 (1258 356)				
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 () 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? (<input checked="" type="checkbox"/>) YES () NO				
If YES, Injured details :				
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO				
Was There Any Video Capture By Car Camera? (<input checked="" type="checkbox"/>) YES () 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 Pax (incl' driver)	Contact
Veh B	SHD 3555R	(FIRST CAR)	() / 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. S1640939A



Name

TAN POH YIN



陈宝音

Race

CHINESE

Date of Birth

23-02-1964

Sex

F

Country of Birth

SINGAPORE



1136389

NRIC No: S1640939A



Blood Group Date of Issue

B+

24-07-1993

27 ORANGE GROVE ROAD #01-01
SINGAPORE 258356

NRIC No: S1640939A

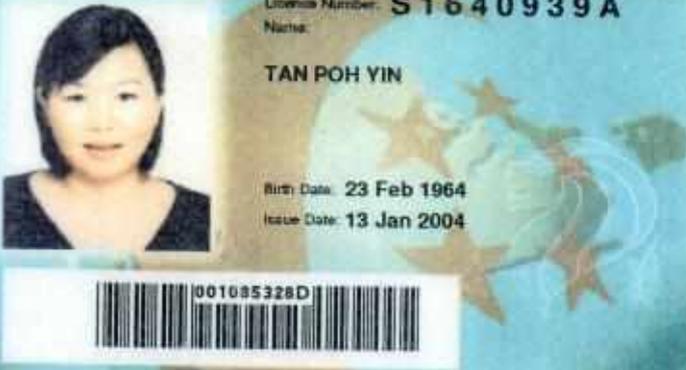
Date: 27/08/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1640939A**
Name: **TAN POH YIN**

Birth Date: **23 Feb 1964**
Issue Date: **13 Jan 2004**

001035328D



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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Feb 1982

NP 428A





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Poh Yin
Period of Insurance : 25 Nov 2018 To 24 Nov 2019
Engine No. : 1ZR046609
Chassis No. : MR053REE104107115

Vehicle No. : SJZ4325G
Policy No. : 2100237995-08
Endorsement No. :
Issued Date : 16 Nov 2018

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6 DUAL
Engine Capacity/Tonnage : 1,598.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2010
Insuring with COE/PARF : 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable):

Tan Poh Yin - \$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: DBS BANK LTD

(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).)

0500530000

V C EDWARD T PTE LTD
 21 ORCHARD BOULEVARD #09-21
 SINGAPORE 248645 SP-RENEE DEAN

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. J. Tan

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Keng Wan Chai

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0939A
Vehicle Details	
Vehicle No.:	SJZ4325G
Vehicle to be Exported:	No
Intended Deregistration Date:	31 May 2019
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	White
Manufacturing Year:	2010
Engine No.:	1ZRX046609
Chassis No.:	MR053REE104107115
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$16,286.00
Original Registration Date:	25 Nov 2010
First Registration Date:	25 Nov 2010
Transfer Count:	0
Actual ARF Paid:	\$16,286.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Nov 2020
PARF Rebate Amount:	\$8,957.00
Intended COE Rebate Details	
COE Expiry Date:	24 Nov 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$32,415.00
COE Rebate Amount:	\$4,808.00
Total Rebate Amount:	\$13,765.00

The information contained herein is correct as at 23 May 2019

OK