

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

NA190658

Date In: 30/08/2009 16:38

Ref No: NA190658/015608/4

Veh No: SKA 102E

D.O.A: 28/08/2009 17:55

OD (TP) Reporting Only

TP Insurer:

Job description

SAS e-illing

E-mail (by date 2hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (With: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: XE2440P / RD3343G

NC () / Non-INC ()

Tel:

Owner / Driver: (

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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Defendant:

Defendant:

Defendant:

Defendant:

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Defendant:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Assessor's Comments:

Ref: 1

2/2

1) All: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$10)

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

4) PT: Follow-Through Survey \$120

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

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:

9) NS: Courtesy Car / Tpt Allowance \$3

10) NG: Repair Coordination \$10

11) NT: Post Repair Inspection \$25

12) NV: DV / Collect Excess Coordination \$3

13) TP (NI): TP (Non INC) against INC \$20

14) NI2: Idea Mobile \$0

Invoice dated

Invoice dated

Fee Charged

Fee Charged

NA190658

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	30/08/2019 16:58
Date Of Accident	29/08/2019 17:55
Exact Location Of Accident	ECP TOWARDS CHANGI BEFORE FORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA1902E
Insured/Policyholder	
Name Of Registered Owner	KATHLEEN TEO SOH CHIN
NRIC No	S0240596B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97710948
Alternative Phone No	OTHERS-97710948

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 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	2100477863-03
Cover Note Number	

Driver

Name of Driver	KATHLEEN TEO SOH CHIN
NRIC No	S0240596B
Date Of Birth	10/11/1943
Occupation	INDOOR
Date Of Driving Pass	11/10/1968
Driving Experience	50 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97710948
Fax Number	
Contact Number	OTHERS-97710948
Email Address	NOEMAIL

Address	10 EASTWOOD ROAD #04-16
Postcode	486364
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)	4
Passenger 1	NAME: : LILIAN TEO SOH KIM GENDER: : FEMALE
Passenger 2	NAME: : EILEEN TEO SOH LIN GENDER: : FEMALE
Passenger 3	NAME: : IRENE TEO SOH GEOK 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	XE2440P
Vehicle Make/Model/Colour	TRD3343G
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LI CHENG
NRIC/Passport Number	G5352500N

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KATHLEEN TEO SOH CHIN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKA1902E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LILIAN TEO SOH KIM
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKA1902E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name IRENE TEO SOH GEOK
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKA1902E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name EILEEN TEO SOH LIN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKA1902E
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:

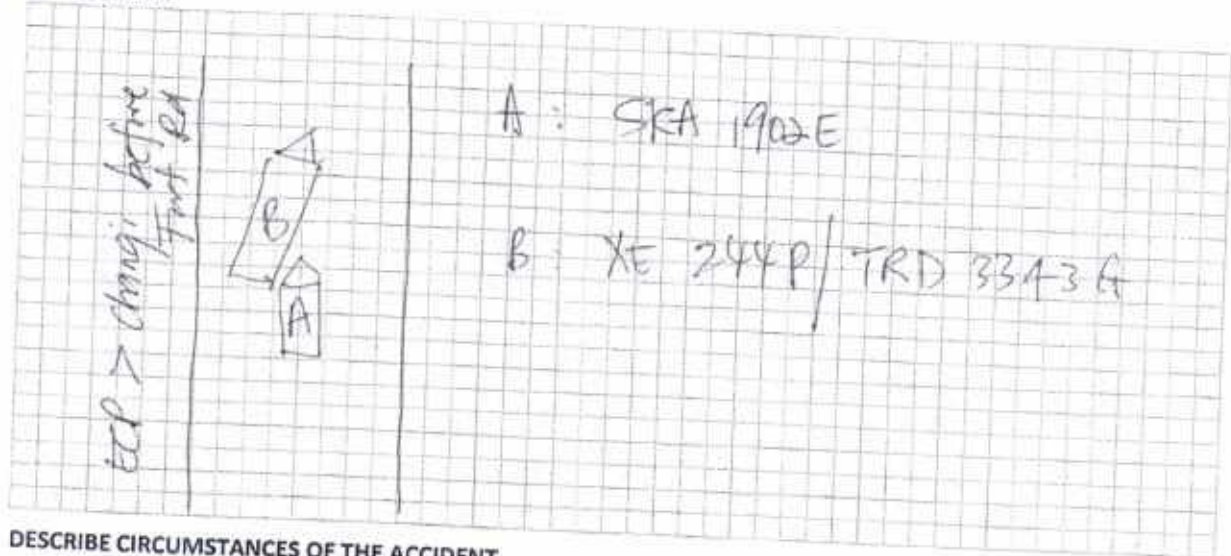
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/8/19 @ 1755 hrs I was travelling along ECF towards Changi and before Fut Rd.

I was driving on my lane when suddenly a long trailer / prime mover cut into my lane and hit the left front side of 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: 29/8/19 TIME: 1755 (hh:mm) 24 hrs Format
LOCATION: ECP towards Changi before First Rd

VEHICLE NUMBER: SKA 192E

INSURED NAME: Kathleen Teo Soh Chin

NRIC / FIN: S0240596B

MAKE: Toyota MODEL: Corolla Altis 1.6 V1

CONTACT: 9771 0948

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: 2100477863

NAME DRIVER: (☒) SAME AS INSURED

NRIC / FIN: S0240596B

DATE OF BIRTH: 10/11/43

CONTACT:

DRIVING PASS DATE: 11/10/68

OCCUPATION: (☒) INDOOR () OUTDOOR

GENDER: () MALE (☒) FEMALE

EMAIL ADDRESS:

ADDRESS OF DRIVER: 10 Eastwood Rd #04-16 (486364) () NO EMAIL

Number Of Passenger Include Driver: 1 driver + 3 pax = 4

Pax ① Lilian Teo Soh Kim Pax ③ Irene Teo Soh Genk

Pax ② Eileen Teo Soh Lim

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: XE 2440P / TRD 3343G Li Cheng

Veh C: GJ5352CON

Veh D: () / Not Sure ()

Veh E: () / Not Sure ()

Veh F: () / Not Sure ()

Veh G: () / Not Sure ()

2225278



NRIC No. S0240596B



For LKK/NAC Use Only

Blood Group Date of issue
O+ 29-07-1994

10 EASTWOOD ROAD #04-16
SINGAPORE 486364

NRIC No: S0240596B

Date: 29/10/2010

No: 6623428

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0240596B



Name

For LKK/NAC Use Only

KATHLEEN TEO SOH CHIN



張素琛

Race

CHINESE

Date of Birth

10-11-1943

Country of Birth

JOHORE

Sex

F



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

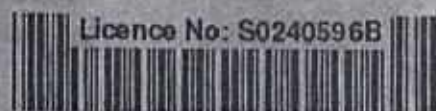
PASS DATE

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

11 Oct 1968

For LKK/NAC Use Only

NP 428A



Licence No: S0240596B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0240596B

Name: KATHLEEN TEO SOH CHIN

For LKK/NAC Use Only

Birth Date: 10 Nov 1943

Issue Date: 16 Dec 2002



000032965B

CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Kathleen Teo Soh Chin
Period of Insurance : 03 Aug 2019 To 02 Aug 2020
Engine No. : 1ZRY311831
Chassis No. : MR053REH104553969

Vehicle No. : SKA1902E
Policy No. : 2100477863-03
Endorsement No. :
Issued Date : 20 Jun 2019

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 : 2016
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 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" ("YIDRE") if You are or Your Authorized 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 5 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0. Own Damage - \$1600. Theft - \$0. Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Kathleen Teo Soh Chin - \$1600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorized Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorized 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 Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6336 8200. 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

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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE P.L.
78 SHENTON WAY #07-16 AIG BUILDING
SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Anile
AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

78 Shenton Way #07-16 AIG Building 079120 | T: +65 64 66 9000 | www.aig.sg

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC
Owner ID: 596B

Vehicle Details

Vehicle No.: SKA1902E
Vehicle to be Exported: No
Intended Deregistration Date: 30 Sep 2019
Vehicle Make: TOYOTA
Vehicle Model: COROLLA ALTIS 1.6 CVT
Primary Colour: Brown
Manufacturing Year: 2016
Engine No.: 1ZRY311831
Chassis No.: MR053REH104553969
Maximum Power Output: 90.0 kW (120 bhp)
Open Market Value: \$19,990.00
Original Registration Date: 03 Aug 2016
First Registration Date: 03 Aug 2016
Transfer Count: 0
Actual ARF Paid: \$19,990.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 02 Aug 2026
PARF Rebate Amount: \$14,992.00

Intended COE Rebate Details

COE Expiry Date: 02 Aug 2026
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$53,000.00
COE Rebate Amount: \$36,245.00
Total Rebate Amount: \$51,237.00

The information contained herein is correct as at 30 Aug 2019

OK