

NATIONAL Assessment Centre Services.

[ver 1 Jan'08]

25/11/2008

Date In: 21/08/2008 11:23	Job description	Date & Time Completed	Done by
Ref No: NIA/00190/5421/y	SAS e-filing		
Veh No: SKG 4968m	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 30/08/2008 07:55	I-Motor Claims Form		
OD (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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKG 61687	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 repolior.

() 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: _____

Date/Time	Action

<p>NA1906403</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors Comments:</p> <p>Sat. 1:</p> <p>2/2</p>	<p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$10)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (ver 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON:</p> <p>*NS: Courtesy Car / Tpl Allowance \$3</p> <p>*NG: Repairs Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*NB: DV / Collect Excess Coordination \$3</p> <p>TP (NI): TP (N-in INC) against INC \$20</p> <p>9) NI2: Idao Mobile \$0</p>	<p>Fee Charged</p> <p>Fee Charged</p>
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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	31/08/2019 11:23
Date Of Accident	30/08/2019 07:55
Exact Location Of Accident	MCE TUNNEL TOWARDS TUAS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE4968M
Insured/Policyholder	
Name Of Registered Owner	KUAH TENG SOON
NRIC No	S1296434Z
Email Address	TSNKUAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98388920
Alternative Phone No	OTHERS-98388920
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY-1.5 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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110157781701
Cover Note Number	
Driver	
Name of Driver	KUAH TENG SOON
NRIC No	S1296434Z
Date Of Birth	10/09/1958
Occupation	INDOOR
Date Of Driving Pass	17/02/1989
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98388920
Fax Number	
Contact Number	OTHERS-98388920
EMail Address	TSNKUAH@GMAIL.COM

Address	BLK 573 PASIR RIS STREET 53 #11-30
Postcode	510573
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)	2
Passenger 1	NAME: : TAN BEE SUAN 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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG6168T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S7164763C
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN BEE SUAN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLE4968M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name KUAH TENG SOON

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SLE4968M

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:



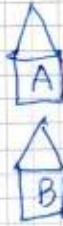
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

MCE TUNNEL TOWARDS TUBS



A - SLE 4968 m

B - SKG 6168T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date and time as I was stationary due to the front car stopped, A few second later I felt a great impact from the rear. I came out and discovered a car bearing SKG 6168T had hit onto my rear portion of my vehicle. I felt pain on my neck and will consult doctor.

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:	30/8/2019	TIME:	0757 hrs	(hh:mm) 24 hrs Format
LOCATION	mce tunnel towards Tuas			
VEHICLE NUMBER	SLE 4968 m			
INSURED NAME	Kuah Teng Soon			
NRIC / FIN	S1296434Z	CONTACT:	98388920	
MAKE	Honda	MODEL	city 1.5 sv CVT	
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	NOT			
TYPE OF POLICY (<input checked="" type="checkbox"/>)	COMPREHENSIVE	()	THIRD PARTY	() TPFT
POLICY NUMBER :	DH0m110157781701			
NAME DRIVER :	(<input checked="" type="checkbox"/>) SAME AS INSURED			
NRIC / FIN	S12964648	CONTACT:		
DATE OF BIRTH:	10.09.1958			
DRIVING PASS DATE :	17.02.1989			
OCCUPATION :	(<input checked="" type="checkbox"/>) INDOOR	()	OUTDOOR	
GENDER :	(<input checked="" type="checkbox"/>) MALE	()	FEMALE	
EMAIL ADDRESS:	TENKU@egnet.com	()	NO EMAIL	
ADDRESS OF DRIVER:	513 PASTR RIS ST 53 # 11-60 S(510573) wife (Tan Bee Suan)			
Number Of Passenger Include Driver:	02	31394519E		
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO				
If No, Relationship Of The Driver With The Insured				
(<input checked="" type="checkbox"/>) 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 Paxs (incl' driver)	Contact	
Veh B	SKG 6168T A16	() / 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. S1296434Z

For LKK/NAC Use Only



KUAH TENG SOON
柯定順
Race
CHINESE
Date of Birth 10-09-1958
Country of Birth SINGAPORE
Sex M



3276513



NRIC No. S1296434Z

For LKK/NAC Use Only



Blood Group - Date of issue 16-12-2002

Address
APT BLK 573 PASIR RIS STREET 53 #11-30
SINGAPORE 510573

NRIC No: S1296434Z Date: 08/07/2008 No: 6061173

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1296434Z**
Name: **KUAH TENG SOON**

For LKK/NAC Use Only

Birth Date: **10 Sep 1958**
Issue Date: **26 Jan 2004**

001097227A



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

1. Motor Vehicle (Category A)
which unladen does not exceed 2500 kilograms

17 Feb 1989

For LKK/NAC Use Only

Licence No: S1296434Z

NP 428A





MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
 3 Anson Road
 #28-01 Springleaf Tower
 Singapore 079909
 Tel (65) 6222 7733
 Fax (65) 6327 3869 / 6327 3670
 Email: ContactUs@uoi.com.sg
 uoi.com.sg
 Co. Reg. No. 197100152A

Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO. DHOM110157781701 **Excess:** \$100/-WINDSCREEN DAMAGE CLAIM
Type of Cover COMPREHENSIVE
Vehicle Number SLE4968M
Name of Insured KUAH TENG SOON
Restricted Driver(s) NOT APPLICABLE

Period of Insurance 25 July 2018 to 24 July 2019

Engine# L15Z14106576
Chassis# MRHGM6660HP000068

PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX 1]
 AUTHORISED DRIVER

- (1) The Insured
- (2) Any other person who is driving on the Insured's order or with his permission
- (3) In the event of the death of the Insured
 - (a) any member of the Insured's family or a paid driver who has been driving the car during the lifetime of the Insured and permission to drive had not been withdrawn prior to the death of Insured and
 - (b) any other person who has been given permission to drive the vehicle prior to the death and such permission had not been withdrawn by the Insured

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business

THE POLICY DOES NOT COVER

Use for hire or reward or racing pace-making reliability trial or speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purposes in connection with the Motor Trade

The carriage of passengers pursuant to car pooling arrangements and payments or any of them made by the passengers thereunder towards the running expenses of any vehicle described in the Schedule shall not be deemed to constitute use for hire or reward

Provided that the person is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

*Limitation rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and part IV of the Road Transport Act, 1987 (Malaysia).

UNITED OVERSEAS INSURANCE LTD

FCTTS Date : 16/07/2018

For the Company

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	434Z
Vehicle Details	
Vehicle No.:	SLE4968M
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Sep 2019
Vehicle Make:	HONDA
Vehicle Model:	CITY 1.5 SV CVT
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	L15Z14106576
Chassis No.:	MRHGM6660HP000068
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$17,500.00
Original Registration Date:	25 Jul 2016
First Registration Date:	25 Jul 2016
Transfer Count:	0
Actual ARF Paid:	\$12,500.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Jul 2026
PARF Rebate Amount:	\$9,375.00
Intended COE Rebate Details	
COE Expiry Date:	24 Jul 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$55,200.00
COE Rebate Amount:	\$37,616.00
Total Rebate Amount:	\$46,991.00

The information contained herein is correct as at 30 Aug 2019

OK