

# NATIONAL Assessment Centre Services.

[Ref: Jan'08]

NAAC/19133787

Date In: 09/10/2009 12:13	Job description	Date & Time Completed	Done by
Ref No: NAAC/19133787	SAS e-filing		
Veh No: SKH 5853A	E-mail (to John Alex, AIC 2hrs)		
D.O.A: 08/10/2009 18:40	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/Whan		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKX 5087	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 ( )	

( ) 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: \_\_\_\_\_

Date of In: _____	Time of In: _____
Location: _____	Weather: _____
Witness: _____	Police: _____
Insurance: _____	Assessment: _____
Repair: _____	Cost: _____

NAAC/19133787	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (210)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditor's Comments:	For claiming against INC Only (over 10 Jan 2009)	
Date:	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	* N5: Courtesy Car / Tpl Allowance \$3	
	* N6: Repair Coordination \$10	
	* N7: Post Repair Inspection \$25	
	* N8: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (N-in INC) against INC \$20	
	* N12: 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	09/10/2019 12:13
Date Of Accident	08/10/2019 18:40
Exact Location Of Accident	AYE TOWARDS CHANGI BEFORE BUONA VISTA EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH5853A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OONG CHUN CHONG, ADRIAN (WENG JUNZHONG, ADRIAN)
NRIC No	S7419477Z
Email Address	OACC95725@GAIL.COM
Mobile Phone No	(LOCAL) +65-92337411
Alternative Phone No	OTHERS-92337411

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE-1.6 L (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	2100444483-03
Cover Note Number	

### Driver

Name of Driver	OONG CHUN CHONG, ADRIAN (WENG JUNZHONG, ADRIAN)
NRIC No	S7419477Z
Date Of Birth	22/06/1974
Occupation	INDOOR
Date Of Driving Pass	22/11/1999
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92337411
Fax Number	
Contact Number	OTHERS-92337411
Email Address	OACC95725@GAIL.COM

Address	BLK 470 UPPER SERANGOON CRESCENT #04-430
Postcode	533470
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	SKX5023T
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	OONG CHUN CHONG, ADRIAN (WENG JUNZHONG, ADRIAN)
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

SKH5853A

YES

NO



## SKETCH PLAN

### IMPORTANT NOTICE

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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:

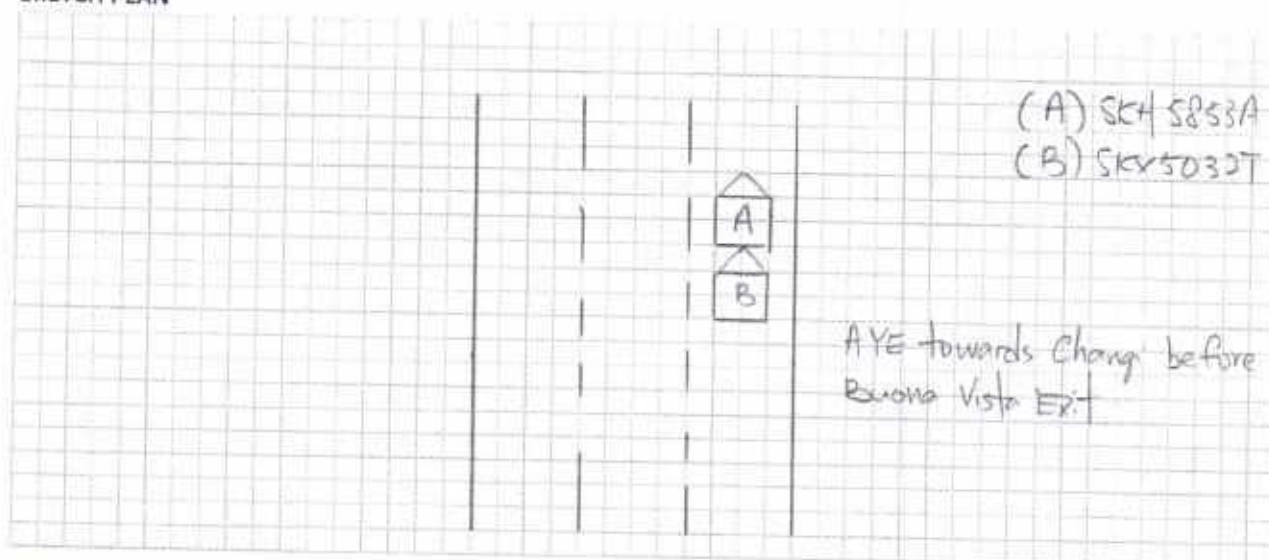
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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 08/10/2019 at around 1840 hrs. I was driving along AYE towards Changi before Buona Vista Exit at extreme right lane. Vehicle in front slow down & I follow suit. All of sudden, I felt an impact from behind. I alighted & realized that vehicle B (SKX 50327) hit onto my rear.

## DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time: 8/10/19

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 8/10/19

*[Signature]*  
Reporting Centre Personnel's Signature  
Name: Kelli Winton  
NRIC/FIN No.:



# ORE ACCIDENT STATEMENT

DATE: 08/10/19 TIME: 1240 hrs (hh:mm) 24 hrs Format

AYE towards Chang before Buona Vista Exit

INSURED NUMBER SKH 5853A

INSURED NAME Ong Chun Chong, Adrain (Weng Jun Zhong, Adrain)

NRIC/FIN S7419472

CONTACT: 9233 7411

MAKE Chevrolet

MODEL Cruze 1.6 AT Auto ABS V/AS 2WD 4DR

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: 210044483-03

NAME DRIVER: Ong Chun Chong, Adrain  
(Weng Jun Zhong, Adrain)

( / ) SAME AS INSURED

NRIC/FIN S7419472

CONTACT: 9233 7411

DATE OF BIRTH: 22/06/1974

DRIVING PASS DATE: 22/11/1999

OCCUPATION: ( / ) INDOOR ( ) OUTDOOR

GENDER: ( / ) MALE ( ) FEMALE

EMAIL ADDRESS: aoc95725@gmail.com

( ) NO EMAIL

ADDRESS OF DRIVER: Blk 470C Upper Serangoon Crescent  
# 04-430 S (533470)

Number Of Passenger Include Driver: Driver only

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: (1) Ong Chun Chong Adrain

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 SKX 50327	N TUC	( ) / Not Sure ( )	
Veh C		( ) / Not Sure ( )	
Veh D		( ) / Not Sure ( )	
Veh E		( ) / Not Sure ( )	
Veh F		( ) / Not Sure ( )	
Veh G		( ) / Not Sure ( )	



# CERTIFICATE OF INSURANCE

## AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Oong Chun Chong Adrain  
Period of Insurance : 26 Dec 2018 To 25 Dec 2019  
Engine No. : F16D4314459KA  
Chassis No. : KL1JA69E9CK650386

Vehicle No. : SKH5853A  
Policy No. : 2100444483-03  
Endorsement No. :  
Issued Date : 16 Dec 2018

### ABOUT THE COVER

Make/Model : CHEVROLET CRUZE 1.6 AT

Engine Capacity/Tonnage : 1,598.00 CC

Sum Insured : Market Value

First Year of Registration : 2012

Driver Restriction : NA

Off Peak Car : No

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 30 years old and above

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 - \$800 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Oong Chun Chong Adrain - \$800 (Own Damage), Ng Ai Choo - \$800 (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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6335 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://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

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).

0000064000

DIRECT CLIENTS 01.4.95

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

AIGSGMOBILEAPP



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 477Z

### Vehicle Details

Vehicle No.: SKH5853A

Vehicle to be Exported: No

Intended Deregistration Date: 31 Oct 2019

Vehicle Make: CHEVROLET

Vehicle Model: CRUZE 1.6L AUTO ABS D/AB 2WD 4DR

Primary Colour: Red

Manufacturing Year: 2012

Engine No.: F16D4314459KA

Chassis No.: KL1JA69E9CK650386

Maximum Power Output: 91.0 kW (122 bhp)

Open Market Value: \$13,119.00

Original Registration Date: 26 Dec 2012

First Registration Date: 26 Dec 2012

Transfer Count: 0

Actual ARF Paid: \$13,119.00

### Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 25 Dec 2022

PARF Rebate Amount: \$8,527.00

### Intended COE Rebate Details

COE Expiry Date: 25 Dec 2022

COE Category: A - Car (1600cc & below)

COE Period(Years): 10

QP Paid: \$81,889.00

COE Rebate Amount: \$25,799.00

**Total Rebate Amount: \$34,326.00**

The information contained herein is correct as at 09 Oct 2019

OK