

# NATIONAL Assessment Centre Services.

(Ref: 1 Jan 00)

19 MAY 19 137496

Date In: 16/10/2019 17:42	Job description	Date & Time Completed	Done by
Ref No: 10018191901831014	SAS e-Milling		
Veh No: 8LG 1185C	E-mail (4 jobs 2hrs, A/C 2hrs)		
D.O.A: 04/10/2019 19:48	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/Whan		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars: Vch No: SMK 470P	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/Time: ( )
Location: ( )

Driver/Owner: ( )	1) AR: Accident Reporting (\$30)	
Contact No: ( )	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion: ( )	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge): ( )	4) PT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (first 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (N11 INC) against INC \$30	
	9) 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 willful 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	16/10/2019 17:42
Date Of Accident	04/10/2019 19:45
Exact Location Of Accident	VICTORIA STREET LEFT TURN TO ROCHOR ROAD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1885C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GAENGLER THOMAS GUENTER
Passport No/FIN	G3280561U
Email Address	NOEMAIL
Mobile Phone No.	(LOCAL) +65-82281836
Alternative Phone No	OTHERS-82281836
<b>Vehicle Particulars</b>	
Manufacturer	SUBARU
Model	FORESTER-2.0 I-L CVT AWD SR (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	REPORTING ONLY
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	2100483515-03
Cover Note Number	

#### Driver

Name of Driver	GAENGLER THOMAS GUENTER
Passport No/FIN	G3280561U
Date Of Birth	20/02/1969
Occupation	INDOOR
Date Of Driving Pass	16/02/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82281836
Fax Number	
Contact Number	OTHERS-82281836
Email Address	NOEMAIL

Address	62 ANDREW ROAD
Postcode	299971
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?	NO
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: : WIFE 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	SMK470P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



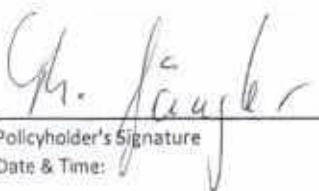
## SKETCH PLAN

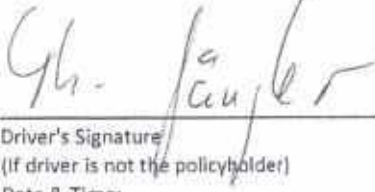
### IMPORTANT NOTICE

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:

  
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 THE STATED DATE AND TIME. I, VEHICLE 'A' WAS TRAVELLING ON THE STATED VENUE. WHILE TURNING LEFT TO ROCHOR RD, I OVER STEER MY VEHICLE TO THE RIGHT AND COLLIDED ONTO VEH. 'B' ON MY RIGHT SIDE. MY VEHICLE GOT A SLIGHT DAMAGE ON THE FRONT RIGHT PORTION.

A) SLG 1885C  
B) SMK 490P

## DECLARATION

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

*Gh. Sengler*  
Policyholder's Signature  
Date & Time:

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

*on 16/01/2019*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Date of Accident : 04/10/2019 Accident Time: 1945 (24-HR-Format)  
Accident Place : VICTORIA STREET LEFT TURN TO ROCHOR RD  
Vehicle No. (Car Plate No.) : SLG 1885C Make/Model: SUBARU FORESTER  
Insurance Company : AIG Policy No: 2100483515-03  
Owner or Company Name / IC No. : GAENELER THOMAS GUENTER (G3280561U)  
Owner or Company Contact No. : 82281836 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : SAME AS ABOVE  
DRIVER'S Date Of Birth : 20/02/1969 DRIVER'S License Pass Date 16/02/2017  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER  
DRIVER'S Address : 62 ANDREW RD 299971  
DRIVER'S Contact No. / Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 07  
Was there any video Captured by car camera: YES (NO)  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): \_\_\_\_\_

Other Party Driver's Particular (if any)

Vehicle No: (B) SMK 470P  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver/Contact: \_\_\_\_\_

Vehicle No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver/Contact: \_\_\_\_\_

\* NEW - Passenger's name & gender:

WIFE - PASSENGER



# CERTIFICATE OF INSURANCE

## SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Gaengler Thomas Guenter  
 Period of Insurance : 23 Sep 2019 To 22 Sep 2020  
 Engine No. : FB20Y347566  
 Chassis No. : JF1SJ5KC5GG074853

Vehicle No. : SLG1885C  
 Policy No. : 2100483515-03  
 Endorsement No. :  
 Issued Date : 30 Aug 2019

### ABOUT THE COVER

Make/Model : SUBARU FORESTER 2.0i-L  
 Engine Capacity/Tonnage : 1,995.00 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 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 Authorized Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 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 transport in connection with any trade or business or use for any purpose in connection with Motor Trade.

Limit of Use: 1500cc - 1600cc

\* Limitations rendered inoperative by Section 8 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 - \$500 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Gaengler Thomas Guenter - \$800 (Own Damage)

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

\* Motor Image Enterprises Pte Ltd, 438, 18 Lorong 8, Tanjong Pagar, Singapore 060106 6479100

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. 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: NA

We hereby certify that the policy in which this Certificate of Insurance is issued is 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, 1959 (Malaysia).

0500619204

TAN CHONG CREDIT SUBARU-ADT

511 BUKIT TIMAH ROAD

SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

AD018A08A1997

78 Shenton Way #07-16 AIG Building 075120 | T: +65 6419 3000 | [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Foreign Identification Number
Owner ID:	561U
<b>Vehicle Details</b>	
Vehicle No.:	SLG1885C
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Oct 2019
Vehicle Make:	SUBARU
Vehicle Model:	FORESTER 2.0I-L CVT AWD SR
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	FB20Y347586
Chassis No.:	JF1SJ5KC5GG074853
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$16,215.00
Original Registration Date:	23 Sep 2016
First Registration Date:	23 Sep 2016
Transfer Count:	0
Actual ARF Paid:	\$16,215.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Sep 2026
PARF Rebate Amount:	\$12,161.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	22 Sep 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$57,002.00
COE Rebate Amount:	\$39,299.00
<b>Total Rebate Amount:</b>	<b>\$51,460.00</b>

The information contained herein is correct as at 16 Oct 2019

OK