

# NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

NA/19/55498

Date In: 25/1/2009 15:58	Job description	Date & Time Completed	Done by
Ref No: NA/19/55498/20837	SAS e-filing		
Veh No: SJZ 87425	E-mail (w/old thrs, AIC thrs)		
DOA: 22/1/2009 16:20	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/Wk32		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: YP 11585	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 repaior.
( ) Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:
1) Apply for Transport Allowance ( ) / Courtesy Car ( )
2) QC Check / Post Repair Inspection ( )
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:
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Date/Time:	Actions:

NA/19/55498/55	Invoice Details:
Claimant's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	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: Ideal DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpl Allowance \$5
	*NS: Repair Co-ordination \$10
	*NS: Post Repair Inspection \$25
	*NS: DV / Collect Excess Coordination \$5
	TP (NI): TP (Non INC) against INC \$20
	*NI: Ideal Mobile \$30

QC Checked by (Engr-In-Charge):	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	25/11/2019 15:53
Date Of Accident	22/11/2019 16:20
Exact Location Of Accident	YISHUN CENTRAL TOWARDS YISHUN CENTRAL 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8742J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHOO KIM LANG
NRIC No	S1609629F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97390985
Alternative Phone No	OTHERS-97390985

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO-1.4 TSI (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	1800071059-01
Cover Note Number	

### Driver

Name of Driver	TAN PUAY NGUAN, GERALD
NRIC No	S9032593J
Date Of Birth	06/09/1990
Occupation	INDOOR
Date Of Driving Pass	02/01/2013
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97390985
Fax Number	
Contact Number	OTHERS-97390985
Email Address	NOEMAIL

Address	BLK 263 JURONG EAST STREET 24 #11-493
Postcode	600263
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

#### 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: : JACKY CHIA ZHI WEI GENDER: : MALE

#### 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	YP1158S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	ERGO INSURANCE PTE. LTD.
Nature Of Damage	

No. Of Passenger (Including Driver)

## 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.

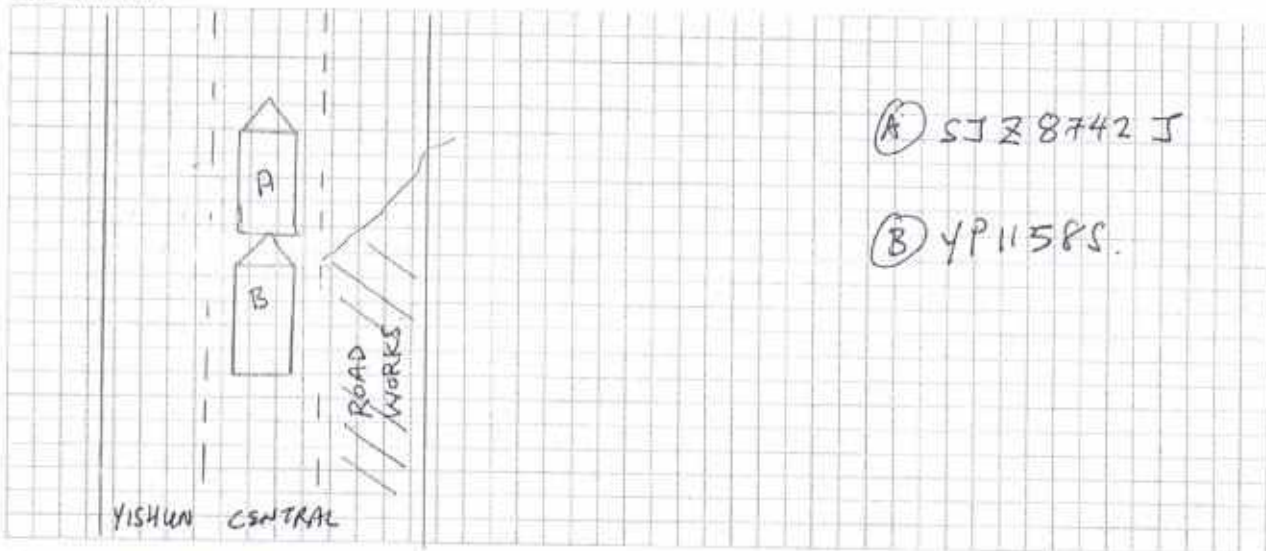
Policyholder's Signature  
Date & Time:

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 22 NOV 2019 @ 1630 HRS I WAS DRIVING STRAIGHT ALONG YISHUN CENTRAL WHEN VEHICLE B TRIED TO AVOID THE ROAD WORKS COLLIDED TO THE RIGHT REAR SIDE OF MY VEHICLE WHEN PUSHED ME FWD. SIDEWAYS.

## 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: 22 NOV 2019		TIME: 1620 HRS.		(hh:mm) 24 hrs Format	
LOCATION YISHUN CENTRAL TWDS YISHUN CENTRAL 1					
VEHICLE NUMBER SJ28742J					
INSURED NAME KHOO KIM LIANG					
NRIC / FIN 51609629F		CONTACT:			
MAKE VOLKSWAGEN		MODEL SCIROCCO 1.4 TSI			
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: 1800071059-01					
NAME DRIVER: TAN PUAY NGUAN GERALD ( ) SAME AS INSURED					
NRIC / FIN 59032593J		CONTACT: 9739 0985			
DATE OF BIRTH: 06/09/1990					
DRIVING PASS DATE: 02/06/2013					
OCCUPATION: ( / ) INDOOR ( ) OUTDOOR					
GENDER: ( / ) MALE ( ) FEMALE					
EMAIL ADDRESS: ( ) NO EMAIL					
ADDRESS OF DRIVER: BLK 263 JURONG EAST STREET 24 #11-493 S(600263)					
Number Of Passenger Include Driver: 01 DRIVER + 01 PASSENGER.					
JACKY CHIA ZHI WEI (59005656E)					
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: DRIVER & PASSENGER					
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)	
Veh B YP 1158S		(ER60)		( ) / 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

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Khoo Kim Lang  
Period of Insurance : 30 Jun 2019 To 29 Jun 2020  
Engine No. : CAV231985  
Chassis No. : WVVZZZ13ZBV015252

Vehicle No. : SJZ8742J  
Policy No. : 1800071059-01  
Endorsement No. :  
Issued Date : 07 Jun 2019

### ABOUT THE COVER

Make/Model : VOLKSWAGEN SCIROCCO 1.4 TSI  
Engine Capacity/Tonnage : 1,390.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2010  
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 "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.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 25 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)

Khoo Kim Lang - \$600 (Own Damage); Tan Puiy Nguan Gerald - \$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](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: TOKYO CENTURY LEASING (SINGAPORE) PTE 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, 1989 (Malaysia).

0502263000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOJ/GANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

Mary Khoo Goh



> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	629F
<b>Vehicle Details</b>	
Vehicle No.:	SJZ8742J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	23 Nov 2019
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	SCIROCCO 1.4L AT TSI 1372Q5
Primary Colour:	White
Manufacturing Year:	2010
Engine No.:	CAV231985
Chassis No.:	WVWZZZ13ZBV015252
Maximum Power Output:	118.0 kW (158 bhp)
Open Market Value:	\$25,062.00
Original Registration Date:	30 Dec 2010
First Registration Date:	30 Dec 2010
Transfer Count:	2
Actual ARF Paid:	\$25,062.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Dec 2020
PARF Rebate Amount:	\$13,784.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	29 Dec 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$36,162.00
COE Rebate Amount:	\$3,975.00
<b>Total Rebate Amount:</b>	<b>\$17,759.00</b>

The information contained herein is correct as at 23 Nov 2019

OK