

# NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

MAAY20002937

Date In: 07/01/2020 16:07	Job description	Date & Time Completed	Done by
Ref No: NAB/04200004774	SAS e-filing		
Veh No: SE 9513J	E-mail (Johns 3hrs, AIC 2hrs)		
DOA: 07/01/2020 08:30	I-Motor Claim Form		
(ID) (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/Whse		

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SMC 980/B	INC ( ) / Non-INC ( )
Owner / Driver: (		Tel: ( )

Policy No: (	Period: (	Cover Type: (
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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 repair.

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

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

Comments: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time: ( )

( )

( )

( )

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( )

( )

( )

( )

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NA2000152

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

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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	07/01/2020 16:07
Date Of Accident	07/01/2020 08:30
Exact Location Of Accident	TPE TOWARDS CHANGI AFTER LORONG HALUS EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE9513J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VICTOR TEOH HONG CHUAN
NRIC No	SXXXX104C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91888699
Alternative Phone No	OTHERS-91888699

### Vehicle Particulars

Manufacturer	LEXUS
Model	ES250
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	2100478110-03
Cover Note Number	

### Driver

Name of Driver	VICTOR TEOH HONG CHUAN
NRIC No	SXXXX104C
Date Of Birth	10/05/1969
Occupation	INDOOR
Date Of Driving Pass	01/02/1995
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91888699
Fax Number	
Contact Number	OTHERS-91888699
Email Address	NOEMAIL

Address	BLK 513 JURONG WEST STREET 52 #03-40
Postcode	640513
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)	3
Passenger 1	NAME: : ZHONGHONG CHEN GENDER: : MALE
Passenger 2	NAME: : CHEN XINGYI 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	SMC9801B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM BOCK CHEW
NRIC/Passport Number	SXXXX903F
Contact Number	97803972
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	VICTOR TEOH HONG CHUAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLE9513J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	ZHONGHONG CHEN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLE9513J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	CHEN XINGYI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLE9513J
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:

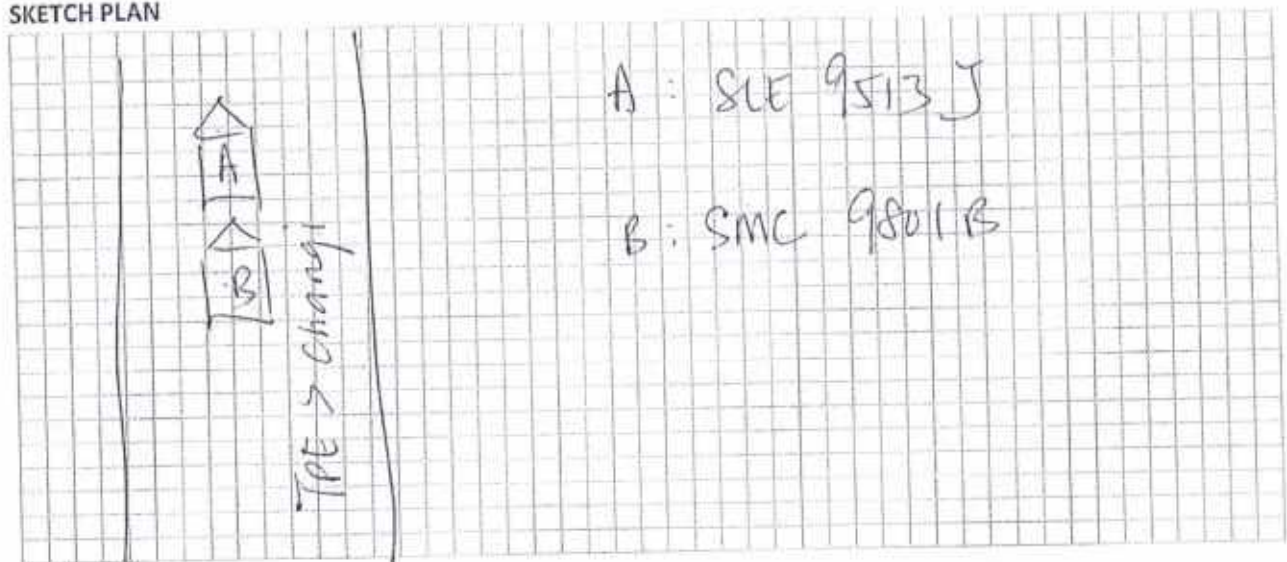
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: *Rashid Mahom*  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/1/20 @ 0830 hrs. I was travelling on TPE towards Changi and after Wong Hui Exit.

Vehicle was slow-moving as it was peak hours. The vehicle in front slow-down and I follow-suit.

My car was stationary when suddenly I felt an impact in the rear. I noticed vehicle B, SMC 9801 B rear-ended me.

My vehicle 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:	7/1/20	TIME:	18:30	(hh:mm) 24 hrs Format
LOCATION	TPE towards Changi (after Lexus-Honda Exit)			
VEHICLE NUMBER	SLE 9513 J			
INSURED NAME	Victor Teoh Hong Chuan			
NRIC / FIN	S6915104C	CONTACT:	9188 8699	
MAKE	Lexus	MODEL	ES 250	
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	MIG			
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT				
POLICY NUMBER :				
NAME DRIVER :	( <input checked="" type="checkbox"/> ) SAME AS INSURED			
NRIC / FIN	CONTACT: 9188 8699			
DATE OF BIRTH:	10/5/69			
DRIVING PASS DATE:	1/12/95			
OCCUPATION :	( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR			
GENDER :	( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE			
EMAIL ADDRESS:	( ) NO EMAIL			
ADDRESS OF DRIVER:	Blk 513 Jurong West St 52 #03-40 (640513)			
Number Of Passenger Include Driver:	1 driver + 2 pax = 3			
(1) ZhongHong Chen - male (2) Chen Xinyi - (F)				
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 : all injured				
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO				
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) 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 SMC 9801B	Lim Boock Chew	( ) / Not Sure ( )	97803972	
Veh C	S1571903F	( ) / 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 : Victor Teoh Hong Chuan  
Period of Insurance : 10 Aug 2019 To 09 Aug 2020  
Engine No. : 2ARF242709  
Chassis No. : JTHBJ1GG002094057

Vehicle No. : SLE9513J  
Policy No. : 2100478110-03  
Endorsement No. :  
Issued Date : 08 Jul 2019

### ABOUT THE COVER

Make/Model : LEXUS ES250

Engine Capacity/Tonnage : 2,494.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2016

Insuring with COE/PARF : 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 authorized 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 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), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2018, are not to be included under these headings.

### EXCESS

Section 1

Fire - \$0 Own Damage - \$1200 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Victor Teoh Hong Chuan - \$1200 (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 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: HONG LEONG FINANCE 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), Road Transport (Amendment) Act 2018 and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0030211000

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

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORIZED REPRESENTATIVE

AIG000000000000

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	104C
<b>Vehicle Details</b>	
Vehicle No.:	SLE9513J
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2020
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS ES250 A/T S/R
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	2ARF242709
Chassis No.:	JTHBJ1GG002094057
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$36,195.00
Original Registration Date:	10 Aug 2016
First Registration Date:	10 Aug 2016
Transfer Count:	0
Actual ARF Paid:	\$42,673.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Aug 2026
PARF Rebate Amount:	\$32,004.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	09 Aug 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$57,508.00
COE Rebate Amount:	\$37,519.00
<b>Total Rebate Amount:</b>	<b>\$69,523.00</b>

The information contained herein is correct as at 07 Jan 2020

OK