

NATIONAL Assessment Centre Services. (ver 1 Jan 06) N: NA2000 9734

Date In: 14/09/2020 16:57	Job description	Date & Time Completed	Done by
Ref No: NBS/NA200098317	SAS e-illing		
Veh No: SMK 9031R	E-mail (By date sent, AIG 2hrs)		
DOA: 11/09/2020 21:55	I-Motor Claims Form		
OD TP: Reporting Only	I-Motor W/O (Withlet OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whose		

Preferred Wkep / INC Assgn Wkep / QW: (Tel:	Fax:
TP Particulars: Vch No: SKD 222.S	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: _____

NA2000 9734	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TT: Towing Fee \$40/45	
Damage Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engn-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: IDAO DA + EMRT Survey \$160	
	8) NTUC Additional Services	
	9) NI: IDAO DA + EMRT Survey \$160	
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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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	14/09/2020 16:51
Date Of Accident	11/09/2020 21:55
Exact Location Of Accident	TEMASEK AVENUE JUNCTION OF RAFFLES AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF9031R
Insured/Policyholder	
Name Of Registered Owner	QUEK WEI MING
NRIC No	SXXXX693H
Email Address	QUEKWEIMING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94877927
Alternative Phone No	OTHERS-94877927

Vehicle Particulars

Manufacturer	MAZDA
Model	6-2.0 SEDAN EXECUTIVE 2WD (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	1800138401
Cover Note Number	

Driver

Name of Driver	QUEK WEI MING
NRIC No	SXXXX693H
Date Of Birth	04/07/1984
Occupation	INDOOR
Date Of Driving Pass	18/12/2008
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94877927
Fax Number	
Contact Number	OTHERS-94877927
EEmail Address	QUEKWEIMING@GMAIL.COM

Address	BLK 7 BOON KENG ROAD #34-130
Postcode	330007
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 ON COLLISION
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200912/7008

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD2272S
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)

DETAILS OF INJURED PERSON 1

Name QUEK WEI MING

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SMF9031R

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.

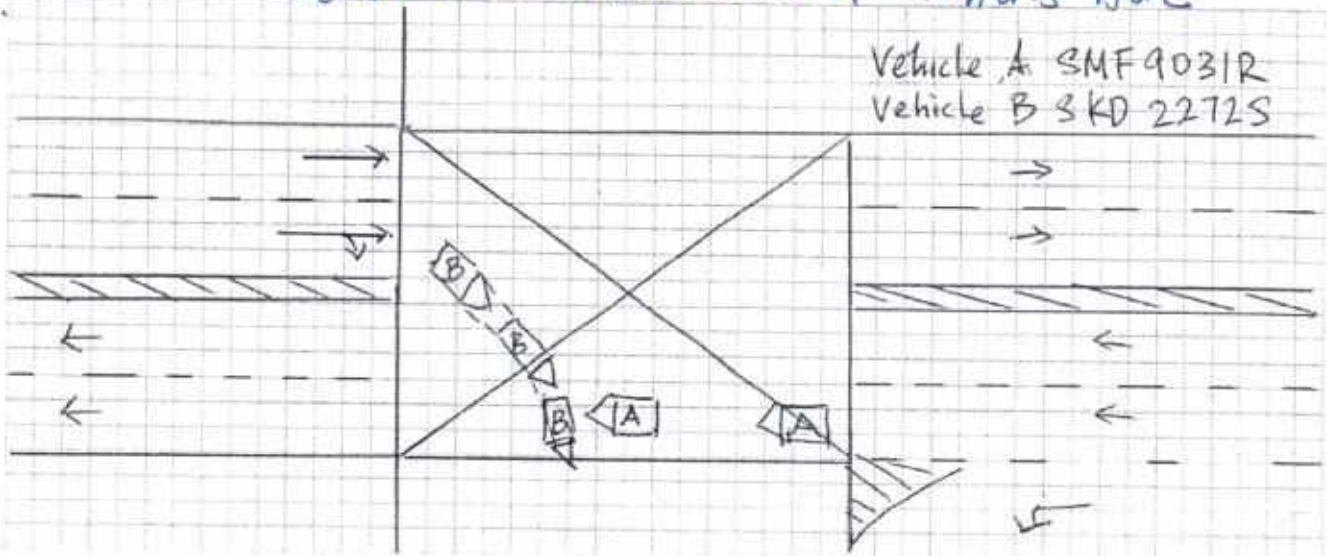
Policyholder's Signature
Date & Time:

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

14/09/2020
Reporting Centre Personnel's Signature
Name: Resh Kumar
NRIC/FIN No.:

SKETCH PLAN

TEMASAK AVE JUNCTION OF ROFFINS AVE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report (Report No. T/20200912/7008)

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:

14/09/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 11-9-2020	TIME: 2155	(hh:mm) 24 hrs Format
LOCATION: Temasek Ave Junction of Raffles Ave		
VEHICLE NUMBER: SMF 9031R		
INSURED NAME: Quek Wei Ming		
NRIC / FIN: S8420639	S8420693 H	CONTACT: 94877927
MAKE: Mazda 6	MODEL	
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: AIG		
TYPE OF POLICY () COMPREHENSIVE (<input checked="" type="checkbox"/>) THIRD PARTY () TPFT		
POLICY NUMBER: 1800138401		
NAME DRIVER: Quek Wei Ming (<input checked="" type="checkbox"/>) SAME AS INSURED		
NRIC / FIN: S8420693 H CONTACT: 94877927		
DATE OF BIRTH: 04-07-1984		
DRIVING PASS DATE: 18 Dec 2008		
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS: quekweiming@gmail.com () NO EMAIL		
ADDRESS OF DRIVER: Blk 7 Boon Leng Road #34-130		
Number Of Passenger Include Driver: 1		
Driver only		
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: () Clear (<input checked="" type="checkbox"/>) Raining () Drizzling () Others		
Road Surface : () Dry (<input checked="" type="checkbox"/>) 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 : Head		
Quek Wei Ming		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? (<input checked="" type="checkbox"/>) YES () NO with owner		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report		
Police Report Number (if any) T/20200912/7008		
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver)
Veh B SKD 2272 S		(1) / Not Sure ()
Veh C		() / Not Sure ()
Veh D		() / Not Sure ()
Veh E		() / Not Sure ()
Veh F		() / Not Sure ()
Veh G		() / Not Sure ()



**SINGAPORE
POLICE FORCE**



T/20200912/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200912/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2020 13:55		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: QUEK WEI MING			Address: 7 BOON KENG ROAD #34-130 SINGAPORE 330007		
ID Type / ID No.: NRIC NO / S8420693H			Contact No.: Home/Office: Mobile: 94877927		
Nationality: SINGAPORE CITIZEN			Email: QUEKWEIMING@GMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 04/07/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Accountant			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/09/2020 21:50	Type of Location: X-Junction
Location: BAYFRONT AVENUE				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 60 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKD2272S	Car			Black	Slightly Damaged	1
SMF9031R	Car	MAZDA	MAZDA6 SEDAN 2.0 AT EXECUTIVE 2WD	Blue		0



**SINGAPORE
POLICE FORCE**



T/20200912/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200912/7008

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF9031R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800138401	29/11/2018	28/11/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	QUEK WEI MING	ID No.	S8420693H
Related Vehicle	SMF9031R (Car)	Contact No.	94877927
Hospital/Clinic	THOMSON MEDICAL CENTRE	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	12/09/2020	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was travelling along Bayfront Avenue towards Temasek Avenue. On approaching the cross junction of Raffles Avenue, with the traffic light in my favour (green) a car from the opposite direction dashed out from my right and i collided on to its left



**SINGAPORE
POLICE FORCE**



T/20200912/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200912/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
12/09/2020 13:55

Classification Of Case:



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Quek Wei Ming
Period of Insurance : 29 Nov 2018 To 28 Nov 2020
Engine No. : PE21234081
Chassis No. : JM6GL1072K0309237

Vehicle No. : SMF9031R
Policy No. : 1800138401
Endorsement No. :
Issued Date : 14 Dec 2018

ABOUT THE COVER

Make/Model : MAZDA 6 2.0 SKYACTIV
Engine Capacity/Tonnage : 1,998.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
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 "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.

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 93 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)

Quek Wei Ming - \$800 (Own Damage)

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

1. Trans Eurokats Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

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 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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA
7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX
SINGAPORE 069111
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

59CZ06

1001172300/AC/000001

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 693H

Vehicle Details

Vehicle No.: SMF9031R
Vehicle to be Exported: Yes
Intended Deregistration Date: 14 Sep 2020
Vehicle Make: MAZDA
Vehicle Model: MAZDA6 SEDAN 2.0 AT EXECUTIVE 2WD
Primary Colour: Blue
Manufacturing Year: 2018
Engine No.: PE21234081
Chassis No.: JM6GL1072K0309237
Maximum Power Output: 121.0 kW (162 bhp)
Open Market Value: \$21,881.00
Original Registration Date: 29 Nov 2018
First Registration Date: 29 Nov 2018
Transfer Count: 0
Actual ARF Paid: \$22,634.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 28 Nov 2028
PARF Rebate Amount: \$16,975.00

Intended COE Rebate Details

COE Expiry Date: 28 Nov 2028
COE Category: E - Open - all except motorcycle
COE Period(Years): 10
QP Paid: \$32,000.00
COE Rebate Amount: \$25,045.00
Total Rebate Amount: \$42,020.00

The information contained herein is correct as at 14 Sep 2020

OK