

NATIONAL Assessment Centre Services. [ref 1 Jan 2001]

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 14/12/2020 13:28 | Job description | Date & Time Completed | Done by |
| Ref No: NPA/1420013769/14 | SAS e-illing | | |
| Veh No: SL 5750E | E-mail (4 days 3hrs, A/C 2hrs) | | |
| D.O.A. 11/12/2020 13:38 | 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/Whse | | |

Preferred Wkep / INC Assign Wkep / GW: () Tel: () Fax: ()

TP Particulars: () Veh No: Yp 22614 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: ()

()

()

()

NA2006443

| | | |
|---------------------------------|--|-------------|
| Driver/Owner: | 1) All: Accident Reporting (\$30) | |
| Contact No: | 2) DA: Damage Assessment (\$100) INC (20) | |
| Damaged Portion: | 3) TP: Towing Fee | \$40/45 |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey | \$120 |
| Author's Comments: | 5) PT: Follow-Through Survey (Resurvey) | \$30 |
| Ref: | For claim against INC Only (ref 10 Jan 2001) | |
| | 6) TR: Re-inspection | \$75 |
| | 7) NI: Idea DA + SMRT Survey | \$160 |
| | 8) NIUC Additional Services: | |
| | ON: | |
| | *NI: Courtesy Car / Tpt Allowance | \$3 |
| | *NI: Repairs Coordination | \$10 |
| | *NI: Post Repair Inspection | \$25 |
| | *NI: DV / Collect Excess Coordination | \$3 |
| | TE (Nil) / TP (Nil) against D46 | \$20 |
| | 9) NI: Idea Mobile | \$0 |
| | Invoice dated | Fee Charged |
| | Invoice dated | Fee Charged |

2/2

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 Submission | 14/12/2020 13:28 (SGT) |
| Date of Accident | 11/12/2020 13:35 (SGT) |
| Exact Location of Accident | Bendemeer Rd, Singapore |
| Additional Location Information | TOWARDS LAVENDER STREET |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLL5750E |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | TAN MEOW ENG |
| NRIC No | SXXXX338H |
| Email Address | anniesms1985@gmail.com |
| Mobile Phone No | (Phone) +65-96693289 |
| Alternative Phone No | +65-96282821 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Hyundai |
| Model | Elantra |
| Variant | - |
| 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 - Claiming third party |
| Vehicle Category | Private car |

INSURANCE COMPANY

| | |
|---------------------------|---------------|
| Name of Insurance Company | AIG |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 2070026100 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-----------------|
| Name of Driver | CHENG CHING HIM |
| NRIC No | SXXXX110I |

| | |
|--|--------------------------|
| Date Of Driving Pass | 21/09/1966 |
| Driving experience | 54 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96282821 |
| Alt. Phone Number | - |
| Email Address | anniesms1985@gmail.com |
| Address | BLK 316 HOUGANG AVENUE 7 |
| Address complement | #03-101 |
| Postcode | 530316 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

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 the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|--------------|
| Name | TAN MEOW ENG |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| 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 | YP2261U |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |

| | |
|---|---|
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-----------------|
| Name of injured person | CHENG CHING HIM |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SLL5750E |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|---------------|
| Name of injured person | TAN MEOW ENG |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SLL5750E |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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:

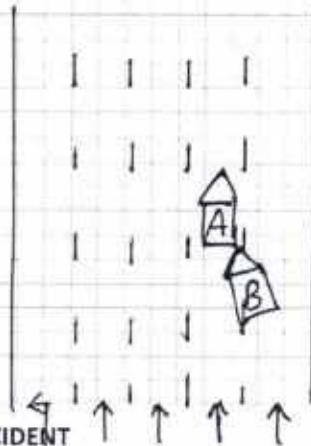
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

BENDERKER RD TOWARD LAVENDER ST.

VEH. A - SLL5750E

VEH. B - YP2261U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME. I, VEH. 'A'
 WAS TRAVELLING AT THE STATED VENUE. AS
 I WAS GOING STRAIGHT, SUDDENLY, VEHICLE 'B'
 CHANGED LANE AND SWERVED TO THE LEFT AND
 BANG ONTO MY VEHICLE REAR AND RIGHT
 SIDE PORTION.

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.:

Date of Accident : 11/12/2020 Accident Time: 1335 (24-HR-Format)
Accident Place : BENDEMEER RD TOWARDS LAVENDER ST.
Vehicle No. (Car Plate No.) : SLL5750E Make/Model: HYUNDAI
Insurance Company : AIG Policy No: 2070026100
Owner or Company Name / IC No. : TAN MEOW ENG 50149338H
Owner or Company Contact No. : 46693289 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : CHENG CHING HIM 50422110I
DRIVER'S Date Of Birth : 15/09/1943 DRIVER'S License Pass Date 21/06/1966
Relationship of Owner & Driver : Spouse Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : BLK 316 HOUMANG AVE 7 #03-101 5530316
DRIVER'S Contact No./ Alt No. : 1) 96282821 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : ANNIESMS1985@GMAIL.COM
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): 02

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): Neck Back Pain (Both injured)

Other Party Driver's Particular (if any)

Vehicle No: (B) YP22614 Vehicle No: _____
Vehicle Make/Model: _____ Vehicle Make/Model: _____
Name Driver: _____ Name Driver: _____
IC No. Driver/Contact: _____ IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

1.) TAN MEOW ENG - FEMALE



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : TAN MEOW ENG
 X Period of Insurance : 01 Mar 2020 To 28 Feb 2021
 Engine No. : G4FGGU014670
 Chassis No. : KMHD841CMHU332528

Vehicle No. : SLL5750E
 Policy No. : 2070026100
 Endorsement No. :
 X Issued Date : 17 Feb 2020

ABOUT THE COVER

Make/Model : HYUNDAI ELANTRA 1.6 GLS
 Engine Capacity/Tonnage : 1,591.00 CC Sum Insured : Market Value First Year of Registration : 2017
 Driver Restriction : NA Off Peak Car : No 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 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 : 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 - 1800cc 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

TAN MEOW ENG - \$600 (Own Damage), \$600 (Flood Cover)

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 6336 6200. Alternatively, You may refer to AIG website www.aig.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), Road Transport (Amendment) Act 2018 and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

0692262000

LYE PAK KUAN MICHAEL

371 ALEXANDRA ROAD #02-18 AIA ALEXANDRA

SINGAPORE 159963 SP-TAN HANG HOON

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

PAK KUAN MICHAEL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 338H

Vehicle Details

Vehicle No.: SLL5750E
Vehicle to be Exported: No
Intended Deregistration Date: 29 Dec 2020
Vehicle Make: HYUNDAI
Vehicle Model: ELANTRA AD 1.6 GLS AT
Primary Colour: Silver
Manufacturing Year: 2016
Engine No.: G4FGGU014670
Chassis No.: KMHD841CMHU332528
Maximum Power Output: 93.8 kW (125 bhp)
Open Market Value: \$13,823.00
Original Registration Date: 01 Mar 2017
First Registration Date: 01 Mar 2017
Transfer Count: 0
Actual ARF Paid: \$13,823.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 28 Feb 2027
PARF Rebate Amount: \$10,367.00

Intended COE Rebate Details

COE Expiry Date: 28 Feb 2027
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$49,430.00
COE Rebate Amount: \$30,481.00
Total Rebate Amount: \$40,848.00

The information contained herein is correct as at 11 Dec 2020

OK