

NATIONAL Assessment Centre Services.

(ver 1 Jan 08)

SM021/10002

Date In: 29/01/2021 12:37	Job description	Date & Time Completed	Done by
Ref No: N/A 210095	SAS e-Milling		
Veh No: SM 1914	E-mail (by date 2hrs, A/C 2hrs)		
D.O.A: 28/01/2021 17:24	1-Motor Claim Form		
OID: TP Reporting Only	1-Motor W/O (withins: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VLSP		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Rating/Type: (	Veh No: SM 1914	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 Refor 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: ()

()

()

()

Driver/Owner:	1) Alt Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TLR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services	
	ON:	
	• NS: Courtesy Car / Tpl Allowance	\$3
	• NS: Repair Coordination	\$10
	• NS: Post Repair Inspection	\$25
	• ND: DV / Collol Excess Coordination	\$3
	• TP (NI) / TP (NI) INC: e-mail DNG	\$25
	9) NI: Idea Mobile	\$30
	Invoice dated	
	Invoice dated	

2/2

Fee Charged

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 Submission	29/01/2021 12:37 (SGT)
Date of Accident	28/01/2021 17:24 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS SLE BEFORE JALAN BAHAGIA EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV4855R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE LI RONG ANDREW
NRIC No	SXXXX370H
Email Address	androoly@gmail.com
Mobile Phone No	(Phone) +65-94881293
Alternative Phone No	+65-94881293

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	2070010591
Cover Note Number	-

DRIVER

Name of Driver	LEE LI RONG ANDREW
NRIC No	SXXXX370H

Date Of Driving Pass	16/02/2006
Driving experience	14 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94881293
Alt. Phone Number	+65-94881293
Email Address	androoly@gmail.com
Address	BLK 456 HOUGANG AVENUE 10 #13-443
Address complement	-
Postcode	530456
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	UNKNOWN
Gender	Male

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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM191U
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	LEE LI RONG ANDREW
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLV4855R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

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

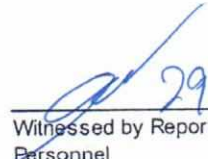
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")

(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.

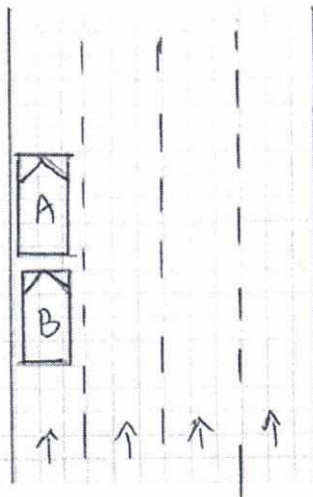

Policyholder's Signature / Date & Time


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

 29/01/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

CTE towards SLE
Before Jalan
Bahagia Exit




(A) SLV4855R
(B) SJM191U


Describe Circumstances of the Accident

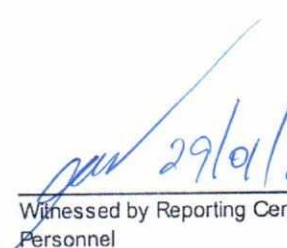
On 28.01.2021 at about 15.24hrs I was travelling along CTE towards SLE before Jalan Bahagia Exit. Ahead of me there's vehicle slow down, I follow suit. All of sudden I felt an impact from the rear. Then I realised vehicle B had collided onto my rear.

Declaration

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

 29/01/2021
Witnessed by Reporting Centre Personnel

Date of Accident : 28.01.2021 Accident Time: 17.24hrs (24-HR-Format)
Accident Place : CTE turn SLE Before Jalan Bahagia Exit
Vehicle. No. (Car Plate No.) : SLV4855R Make/Model: Toyota Corolla Axio Hybrid 1.5
Insurance Company : AIG Policy No: CN:5100029824 ^{CM}
Owner or Company Name /IC No. : Lee Li Pong Andrew (S8633370H)
Owner or Company Contact No. : 94881293 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Same as above
DRIVER'S Date Of Birth : 17.11.1986 DRIVER'S License Pass Date 16.02.2006
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : Blk 456 Hougang Avenue 10 #13-443 S(530456)
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : ang androoly@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): 2
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): Yes

Other Party Driver's Particular (if any)

Vehicle. No: SJM191U
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:**

Unknown / M

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	370H
Vehicle Details	
Vehicle No.:	SLV4855R
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Feb 2021
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA AXIO HYBRID 1.5 CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	1NZR515782
Chassis No.:	NKE1657146163
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$23,252.00
Original Registration Date:	29 Dec 2017
First Registration Date:	29 Dec 2017
Transfer Count:	1
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Dec 2027
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	28 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,200.00
COE Rebate Amount:	\$26,072.00
Total Rebate Amount:	\$29,822.00

The information contained herein is correct as at 29 Jan 2021

OK



CERTIFICATE OF INSURANCE

RIDE SHARE PRIVATE VEHICLE

Name of Policyholder : LEE LI RONG ANDREW
Period of Insurance : 03 Feb 2020 To 02 Feb 2021
Engine No. : 1NZR515782
Chassis No. : NKE1657146163

Vehicle No. : SLV4855R
Policy No. : 2070010591
Endorsement No. :
Issued Date : 03 Feb 2020

ABOUT THE COVER

Make/Model : TOYOTA AXIO 1.5 [Sedan]

Engine Capacity/Tonnage : 1,496.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

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.

When the Vehicle is used for the carriage of passenger for hire or reward, such authorised driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward.

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 for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.

Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.

This Policy does not cover

- 1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
- 2) use whilst drawing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle; and
- 3) 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), 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 - \$1800 Theft - \$0 Flood Cover - \$1800

Section 2

Property Damage - \$2000

Windscreen : \$100

Named Driver and Excess (where applicable)

LEE LI RONG ANDREW - \$1800 (Own Damage) \$2000 (Property Damage), \$1800 (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 6338 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

If the vehicle is used for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward. Should you decide to include any other driver, please contact us. (Company reserves the right to accept/reject the inclusion of any Named Drivers)

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

I/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 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502368000

TH INSURANCE SPECIALIST AGENCY

71 BUKIT BATOK CRESCENT #11-07 PRESTIGE CENTRE
SINGAPORE 658071

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Ying Ling Eileen Goh

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0821170002 Vehicle Registration No : SLV485ER
Name (as shown in NRIC) : LEE LI KONG ANDREW NRIC/FIN/Passport No : SXXXX3704
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 9488 1293
Email Address : _____
Date of Accident : 28/01/2021 Time of Accident : 17:24
Place of Accident : CMA HARBOR SIDE
Insurance Company : ALLW

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To update the correct amount paid

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: