NATIONAL Assessment Centre	Services. [well san's	I SMORS	45A000	13
Date In: 10/05/2021 12:50	Jeb description	Date &Tim	o Completed	Done by:
Ref No: NB 8/4742/005632N	SAS e-filing			40
Veh No: SMM (450/)	E-mail (within Shrs, AIC 2)	ars)	1	-
D.O.A : 90/01/20	i-Motor Claim Form			
OD (TP-) Reporting Only	i-Motor W/O (Within: O	D 2hrs, 7'P 4hrs)		
OD , FF Reporting Only	i-Photo Uploaded	1		
TD	Assessment/Survey Rep	ort		
TP Insurer:	Ass't Report by Fax / H	and to Owner/Wks	SP.	
Preferred Wksp / INC Assign Wksp / QW; (		Tol:	Fax	: )
TP Particulars: Veh No: Sk	12585 IN	IC( )/Non-I	4C().	
Owner/Driver: (		Tel:	•	)
Policy No: ( . ) Perio	d: (	) Cover Type	:: (	).
Confirmed by : (	Date:		me:	)
1	te-Est. Status (WO): N		9%. P: 30-100	%] .
	arranty: YES ( )/NO	( )		
Excess: (\$ ) Loading: \$1,000	( )/\$2,000( )	(*!5228.1833843K 7.5	Contraction Contraction	CONT. COLOR
General Remarks: Son Williams		<u> </u>	1997 Trans	
( ) Walk-In Customer: Customer's Inform		& Strictly NO Fate	r or repairer.	
( ) Total Loss Case : to e-mail Insurer		,	· .:	•
Drive-In ( )/ Towed-In ( ); Invoice:	YES ( ) / NO (	; Towing Co: (		/ / / / / / / / / / / / / / / / / / /
Remarks: (USC hording: 6788 6616)	To the state of th	f Date&Time	Completed *	Doneby
1) Apply for Transport Allowance ( )/ Cou	irtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$300	00] ( ) :			
Injurý:		<del>, , , , , , , , , , , , , , , , , , , </del>		
DulyTime / Actions (C. Mais	5,000	net in a set it		SELOXINE.
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·	1			
	1			
*1/12/10901/2				Ant (5) ( Amt (5)
MA21038 12		Preparation Ch		MEBIN HAdd Bill
liumant's Particulars :-	1) AR : Ac 2) DA : Da	mage Assessment (510	00); INC (\$30)	
Driver/Owner:	3) TF: To		\$40/\$4 \$12	
Contact No:	5) FT : Fol	low-Through Survey (R	(wef 10 Jan 2005)	0
	6) TR : Re-	inspection	37	
Damaged Portion:		DA + SMRT Survey		
OC Charles the Charles	OD.		nue S	5
C Checked by (Engr-In-Charge):	. • N6: Re	urlesy Car / Tpt Allowa pair Co-ordination		0
Auditors: Comments::	N7: Fo	st Repair Inspection // Collect Excess Coord	52 dination 3	55
at_1;	TP (NI	): TP (Non INC) again	IST INC S2	
	9) N12: Id Involce do		Fee Charged	
at. 2/3;	Involce da	ted	Fee Charged	PER LON

Fig. physical reserve

# 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 witholding 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.

ACCIDEN	T STATEMENT
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	10/05/2021 12:50 (SGT) 09/05/2021 11:30 (SGT) 208 Compassvale Ln, Singapore 540208 - Singapore
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	SMM4501Y
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No CHONG CHEN SENG SXXXX703A chenseng@gmail.com (Phone) +65-92334935 +65-92334935
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Mitsubishi Outlander - Private use No - Claiming third party Private car Auto 1998
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	AIG Asia Pacific Insurance Pte. Ltd. Comprehensive No 1900107760
DRIVER	
Name of Driver NRIC No	CHONG CHEN SENG SXXXX703A

Date Of Birth	19/02/1982	
*Occupation	Indoor	
Date Of Driving Pass	23/06/2008	
-Driving experience	12 YEARS AND 11 MONTHS	
Gender	Male	
Mobile Number	(Phone) +65-92334935	
Alt. Phone Number	+65-92334935	
Email Address	chenseng@gmail.com	
Address	BLK 208 COMPASSVALE LANE #10-80	
Address complement		
Postcode	542208	
Is the driver the policyholder?	Yes	
If No, Relationship of the Driver with the Insured	læ.	
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	0-11-1	
Weather Conditions	Collision - Head to Rear	
Road Surface	Clear	
	Dry	
OTHER INFORMATION		
Mar and first the second secon		
Was any foreign vehicle involved in the accident?	No	
Number of vehicles involved in the accident	2	
Was anybody injured in the Accident?	No	
Was any injured conveyed to hospital by ambulance?	-1	
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	2012	
Gender	CHONG YU KANG	
	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)		
STREET, THE COUNTY OF SOME SHIP STREET,		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	Yes	
Reasons for not uploading a video of the accident	WITH OWNER	
Was there any audio recorded?	No	
DETAILS OF OTHER	VEHICLE PROPERTY 1	
Vehicle Registration Number		
Vehicle Registration Number	SLK1258S	
Vehicle Manufacturer		
Vehicle Model	-	
Vehicle Variant Vehicle Colour	-	
Vehicle Colour	·	
CP .		
Accident report SN08215A0003		Page 2 of 13

Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	-
Address complement	= -
Postcode	
Insurance Company Name	_
Nature Of Damage	=
Details of property damaged in accident	=
No. Of Passenger (Including Driver)	-

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 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 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' law yers/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' law yers/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 law yers/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

Witnessed by Reporting Centre

Personnel

Sketch Plan

venicle 4: SMM 45014				
Vehicle B: SLK12583				
208 เอพออมิงอเ	J. T. A	J (		

Describe Circumstances of the Accident

0 0161
On 9/5/21. 2+ around 1/30 am 2+ 208 compassuale. Jane
Contrassoure 1946
I was herding straight when suddenly the vehicle in
strong stronght. When suddenly the vehicle in
fact 1
front of me stopped. I tollow suit, however he suddening
sudden in
reverse and nit anto my which a
reverse and nit onto my vehicle front portion causing
do and a The soid
damager. The said venido is SLK 12585. We took photos and
7 107 -5 3-41
exchange particular.
V T

### 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

Witnessed by Reporting Centre

Personnel

Date of Accident	: 9 5 2 1 Accident Time: 1130 (24-HR-Format)
Accident Place	: 208 compassible
Vehicle. No. (Car Plate No.)	: SMM 4501 Y Make/Model: MITSUBISHI OUTLANDER
Insurace Company	: Al G Policy No:
Owner or Company Name /IC No.	: CHUNG CHEN SENG S8275703A
Owner or Company Contact No.	: 9233 4935 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: sam as above
DRIVER'S Date Of Birth	: 19-02-1082 DRIVER'S License Pass Date 23.06. 2008
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 208B compossible Lane \$10-50 55\$2208
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	(INDOOR) OUTDOOR (e.g. working inside or outside office)
Email Address	: chenseng Ogmail.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 D	river): 02
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	s being used at the time of accident Private use Work purpose
Other I	Party Driver's Particular (if any)
Vehicle. No: SLK 1258S	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact;	IC No. Driver/Contact:
* NEW - Passenger's name & Chang Yn Kany, Male	



## CERTIFICATE OF INSURANCE

### CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: CHONG CHEN SENG

Period of Insurance

: 28 Jun 2019 To 27 Jun 2021

Engine No. Chassis No. : 4J11AC6625 : GF7W0600764 Vehicle No.

: SMM4501Y : 1900107760

Policy No. Endorsement No.

**Issued Date** 

: 04 Jul 2019

### ABOUT THE COVER

Make/Model

: MITSUBISHI Outlander 2.0 Elegance/Sports

Engine Capacity/Tonnage : 1,998.00 CC Driver Restriction

: NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2019

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

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 Inexpensenced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less

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 him or reward, driving fustor, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or

Loss of Use 1500cc - 1600cc

\* 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, 1967 (Malaysia) and Road Transport (Amendment) Act 2019, 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)

CHONG CHEN SENG - \$500 (Own Damage)

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

1.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 600 Sin Ming Ave Singapore 575733 69325000

2.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 20 Lang Kee Rd Singapore 579733 8932900.
3.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 20 Lang Kee Rd Singapore 199094 64708688.
4.Cycle & Carriage Body & Paint Centre. Add: 209 Pandan Gardens Singapore 609339 65684501.

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine 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: DB\$ BANK LTD

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, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504620222

CACMICP2 - KELVIN 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

prile

AIG Asia Pacific Insurance Pte. Ltd. **AUTHORISED REPRESENTATIVE** 

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	703A
Vehicle No.:	SMM4501Y
Vehicle to be Exported:	No
ntended Deregistration Date:	31 May 2021
/ehicle Make:	MITSUBISHI
/ehicle Model:	OUTLANDER 2.0 CVT
Primary Colour:	Brown
Manufacturing Year:	2018
Engine No.:	4J11AC6625
Chassis No.:	GF7W0600764
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$19,919.00
Original Registration Date:	28 Jun 2019
irst Registration Date:	28 Jun 2019
ransfer Count:	0
Actual ARF Paid: ntended PARF Rebate Details	\$19,919.00
ARF Eligibility:	Yes
ARF Eligibility Expiry Date:	27 Jun 2029
ARF Rebate Amount: ntended COE Rebate Details	\$14,939.00
OE Expiry Date:	27 Jun 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
OE Period(Years):	10
QP Paid:	\$39,728.00
OE Rebate Amount:	\$32,080.00
otal Rebate Amount:	\$47,019.00

The information contained herein is correct as at 10 May 2021