

NATIONAL Assessment Centre Services

Date In: 11/02/22	Job description	Date & Time Completed	Done by
Ref No: NA/A1622001310/13	SAS e-filing		
Veh No: SLB7239E	E-mail (within 2hrs. AP: 2hrs)		
D.O.A: 09/02/22 2210	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD: 2hrs, TP: 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKC 4538T	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%; F: 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 repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA2200376

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		1st Bill	Add Bill
1) AR : Accident Reporting (\$30);			
2) DA : Damage Assessment (\$100);	INC (\$80)		
3) TF : Towing Fee	\$40/\$45		
4) FT : Follow-Through Survey	\$120		
5) RT : Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	\$75		
7) NI : Idac DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
OD*			
*N5: Courtesy Car / Tpt Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (N11): TP (Non INC) against INC	\$20		
9) N12: Idac Mobile	\$30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2/3:

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	11/02/2022 12:25 (SGT)
Date of Accident	09/02/2022 22:10 (SGT)
Exact Location of Accident	Changi Rd, Singapore
Additional Location Information	TOWARDS JALAN EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB7239E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG KAH LYE@ONG SEE KIANG
NRIC No	SXXXX386C
Email Address	michaelong@huphinho.com.sg
Mobile Phone No	(Phone) +65-93661055
Alternative Phone No	+65-93661055

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100461983-05
Cover Note Number	-

DRIVER

Name of Driver	ONG SENG YAN
NRIC No	SXXXX868F

Date Of Birth	14/11/1971
Occupation	Outdoor
Date Of Driving Pass	25/08/1994
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96209906
Alt. Phone Number	-
Email Address	michaelong@huphinho.com.sg
Address	15 LORONG 35 GEYLANG
Address complement	#05-08
Postcode	387945
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Raining
Road Surface	Wet

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	SKC4538T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG SENG YAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SHOULDER & BACK
Injured person in which vehicle?	SLB7239E
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 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.


X
Policyholder's Signature / Date & Time


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

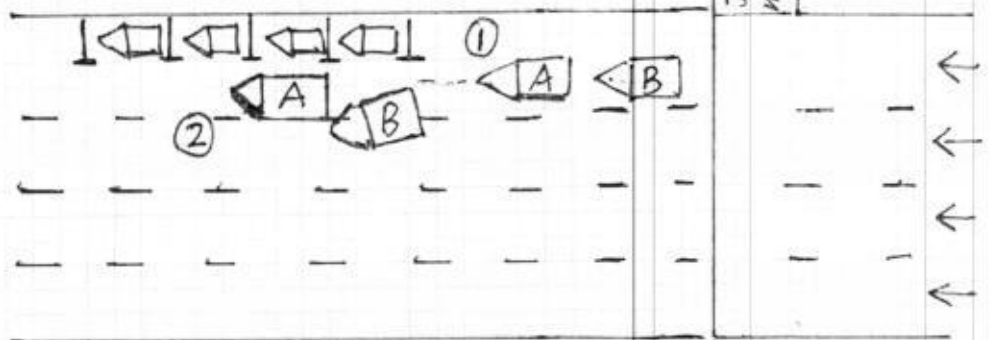
 11/02/22
Witnessed by Reporting Centre Personnel

Sketch Plan

CHANGI ROAD TOWARDS JALAN BUROS

VEH. A - SLB7239E

VEH. B - SKC4538T



Describe Circumstances of the Accident

ON THE STATED DATE AND TIME. I, VEHICLE 'A' WAS TRAVELLING STRAIGHT ALONG CHANGI ROAD TOWARDS BUNOS DIRECTION. I WAS KEEPING TO THE EXTREME LEFT OF THE EXTREME RIGHT LANE DUE TO THE ROW OF PARKING LOTS TO MY RIGHT. THE VEHICLE IN FRONT OF MINE CAME TO A STOP LIKELY DUE TO VEHICLES WANTING TO DO PARALLEL PARKING IN FRONT AND AS SUCH, I FOLLOWED SUIT.

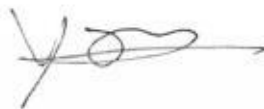
I WAS CHECKING FOR ONCOMING TRAFFIC ALONG THE LANE TO MY LEFT WHEN SUDDENLY, A HUGE IMPACT HIT ME FROM THE REAR, PROPELLING MY VEHICLE FORWARD. VEHICLE 'B' WHICH WAS INITIALLY TRAVELLING DIRECTLY BEHIND ME ALONG THE EXTREME RIGHT LANE, WAS NOT ABLE TO STOP IN TIME AND DESPITE ATTEMPTING TO SWERVE TO THE LEFT TO AVOID MY VEHICLE, STILL HIT ONTO MY VEHICLE'S REAR LEFT PORTION.

Declaration

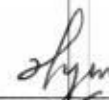
We declare the foregoing particulars are true in every respect.



x
Policyholder's Signature / Date &
Time



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

 11/02/22

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20220210/7053

1 of 3

Report No. T/20220210/7053

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2022 21:41		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG SENG YAN			Address: 15 LORONG 35 GEYLANG #05-06 SINGAPORE 387945		
ID Type / ID No.: NRIC NO / S7143868F			Contact No.: Home/Office: Mobile: 96209906		
Nationality: SINGAPORE CITIZEN			Email: michaelong@huphinho.com.sg		
Sex: Male	Age: 50	Date of Birth: 14/11/1971	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Administration manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/02/2022 22:10	Type of Location: Straight Road
Location: Changi road towards Jalan Eunos				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKC4538T	Car					0
SLB7239E	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220210/7053

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

2 of 3

Report No. T/20220210/7053

CONTINUATION OF REPORT

Driver				
Name	ONG SENG YAN		ID No.	S7143868F
Related Vehicle	SLB7239E (Car)		Contact No.	96209906
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	10/02/2022		Date	10/02/2022
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

On the stated date and time, I, Vehicle (SLB7239E) was travelling straight along Changi road towards Eunus direction. I was keeping to the extreme left of the extreme right lane due to the row of parking lots to my right. The vehicle in front of mine came to a stop likely due to vehicles wanting to do parallel parking in front and as such, I followed suit. I was checking for oncoming traffic along the lane to my left when suddenly, a huge impact hit me from the rear, propelling my vehicle forward. Vehicle (SKC4538T which was initially travelling directly behind me along the extreme right lane, was not able to stop in time and despite attempting to swerve to the left to avoid my vehicle but still hit onto my vehicle's rear left portion.

The next day after the accident, I felt pain on my shoulder and back due to the accident. I then went to Lifeplus medical group (Bedok) to seek medical treatment and was given 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20220210/7053

3 of 3

Report No. T/20220210/7053

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

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 / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

This report is lodged at Siglap NPP Kiosk
NP168

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

Date/Time:
10/02/2022 21:41

Classification Of Case:

Date of Accident : 09/02/2022 Accident Time: 2210 (24-HR-Format)
Accident Place : CHANGI ROAD TOWARDS JALAN EUNOS
Vehicle No. (Car Plate No.) : SLB 7239E Make/Model: TOYOTA ALTIS 1.6L V1
Insurance Company : AIG Policy No: 2100461983-05
Owner or Company Name / IC No. : ONG KAH LYE S0584386C
Owner or Company Contact No. : 93661055 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : ONG SENG YAN S7143868F
DRIVER'S Date Of Birth : 14/11/1971 DRIVER'S License Pass Date 25/08/1994
Relationship of Owner & Driver : Spouse Parents Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 15 LORONG 35 GEYLANG #05-08 5387945
DRIVER'S Contact No./ Alt No. : 1) 96209906 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : MICHAELONG@HUPHINHO.COM.SG
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): 01
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): 3 DAYS MC (SHOULDER & BACK)

(B) **Other Party Driver's Particular (if any)**

Vehicle No: <u>SKC 4538T</u>	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:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ong Kah Lye @Ong See Kiang
Period of Insurance : 20 Apr 2021 To 19 Apr 2022
Engine No. : 1ZRY241642
Chassis No. : MR053REH104543351

Vehicle No. : SLB7239E
Policy No. : 2100461983-05
Endorsement No. :
Issued Date : 09 Apr 2021

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6 DUAL
Engine Capacity/Tonnage : 1,598.00 CC Sum Insured : Market Value First Year of Registration : 2016
Driver Restriction : NA Off Peak Car : No Insuring with COE/PAFF : 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 Mileage Condition : Unlimited Mileage

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 2019, are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$4000 Theft - \$0 Flood Cover - \$4000

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Ong Kah Lye @Ong See Kiang - \$4000 (Own Damage), \$4000 (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

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) PTE 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, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030210478
AIG - AUTO DIRECT

AIG Asia Pacific Insurance Pte. Ltd.
This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

SSP1ALU

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 386C

Vehicle Details

Vehicle No.: SLB7239E
Vehicle to be Exported: No
Intended Deregistration Date: 12 Mar 2022
Vehicle Make: TOYOTA
Vehicle Model: TOYOTA COROLLA ALTIS 1.6L CVT
Primary Colour: Black
Manufacturing Year: 2015
Engine No.: 1ZRY241642
Chassis No.: MR053REH104543351
Maximum Power Output: 90.0 kW (120 bhp)
Open Market Value: \$19,589.00
Original Registration Date: 20 Apr 2016
First Registration Date: 20 Apr 2016
Transfer Count: 0
Actual ARF Paid: \$19,589.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 19 Apr 2026
PARF Rebate Amount: \$13,712.00

Intended COE Rebate Details

COE Expiry Date: 19 Apr 2026
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$46,009.00
COE Rebate Amount: \$18,876.00
Total Rebate Amount: \$32,588.00

The information contained herein is correct as at 11 Feb 2022

OK