

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 15/1/18 14:39 | Job description | Date & Time Completed | Done by |
| Ref No: NA/118/18000838/h4 | SAS e-filing | | |
| Veh No: SKV 7832Z | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 12/1/18 15:15 | i-Motor Claim Form | | |
| OD / TP / Repairing 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: SKR 6287A | 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 |
|-----------|---------|
| | |
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| | |

| | | | |
|---------------------------------|--|-------------|----------|
| NA 1800373 | Invoice Preparation Checklist | Ant (\$) | Ant (\$) |
| | | In Bill | Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30) | 30.00 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming assist INC Only (waf 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idan DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | Q1: | | |
| QC Checked by (Engr-In-Charge): | *N5: Courtesy Car / Tpt Allowance | \$5 | |
| | *N6: Repair Co-ordination | \$10 | |
| | *N7: Post Repair Inspection | \$25 | |
| | *N8: DV / Collect Excess Coordination | \$5 | |
| Auditors' Comments:- | TP (N11): TP (Non-INC) against INC | \$20 | |
| | 9) N12: Idan Mobile | 30 | |
| Pat 1: | Invoice dated | Fee Charged | |
| Pat 2 / 3: | 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 ability.
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 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 Report | 15/01/2018 14:39 |
| Date Of Accident | 12/01/2018 15:15 |
| Exact Location Of Accident | PORTSDOWN ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SKV7832Z |
| Insured/Policyholder | |
| Name Of Registered Owner | CSAM ASSET MANAGEMENT PTE LTD |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-92266483 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | AUDI |
| Model | A6 |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| 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 | 2100431548-02 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | MOHAMED RASHID BIN MUSA |
| NRIC No | S1225124F |
| Date Of Birth | 25/12/1957 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/10/1985 |
| Driving Experience | 32 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92266483 |
| Fax Number | |
| Contact Number | |
| Email Address | MOHAMED4483@GMAIL.COM |

| | |
|---|---------------------------|
| Address | BLK 135 SIMEI ST 1 #02-52 |
| Postcode | 520135 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------|
| Type Of Accident | NO COLLISION |
| Weather Conditions | DRIZZLING |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO 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 | SKR6287A |
| 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) | |

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)**

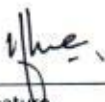
I understand, acknowledge, agree and consent that:


- (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.



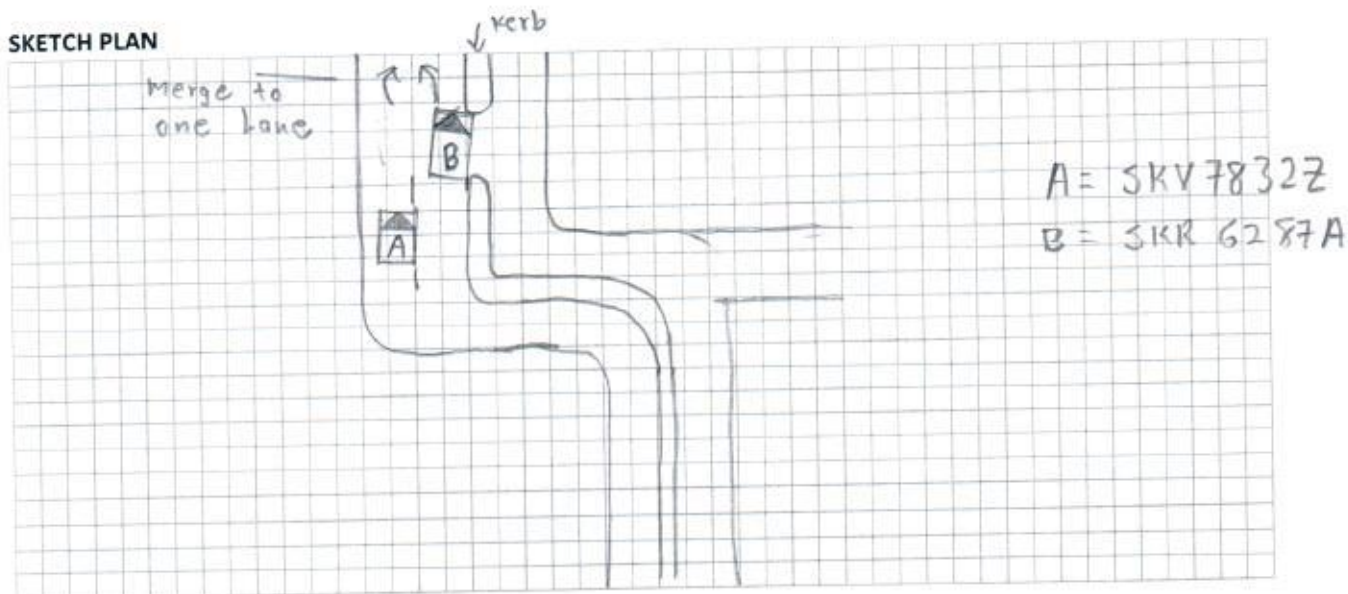
CSAM
Asset Management
Reg. No.: 200908534R
80 South Bridge Rd
#03-01 Golden Castle Building
Singapore 058710

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/1/2018 at about 1515 hrs, vehicle A was driving along Portsdown Road towards North Bouna Vista Road. Upon reaching the end of the road, vehicle A decided to make a U-turn at the opening of the centre divider. As vehicle A was doubtful as to whether the U-turn is legal he paused. Suddenly, from his right, came vehicle B passing by from the right and hit the centre divider. Both vehicles did not have contact nor hit one another. Damage to vehicle B is some scratches at bottom right of the front mudguard and some broken plastic from undercover below the car. Vehicle B also suffer flat tyre on the front ~~left~~ right tyre. No injuries on both drivers.

DECLARATION
 CSAM Asset Management Pte Ltd
 Reg. No.: 200908534R
 I/We declare the foregoing particulars are true in every respect.
 Asset Management #03-01 Golden Castle Building
 Singapore 058710

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.:

Reported on 13/11/2018
@ 0920 AM.

ACCIDENT STATEMENT

ACCIDENT DATE: (12/01/2018) (DD/MM/YYYY), TIME: (15:15) (HH:MM)

LOCATION: Portsmouth ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKV7832Z
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 92266483
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Drizzling

b) ROAD SURFACE: (DRY / WET / OTHERS) Drizzling

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKR6287A MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = mohamed4483@gmail.com

fax = _____

* Waiting for certificate?

& Vehicle Photo? & Company Chop?
& Email Address?

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1225124F



MOHAMED RASHID BIN MUSA

JAVANESE
 Date of Birth: 25-12-1957 M
 Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1225124F -
 Name: MOHAMED RASHID BIN MUSA

Birth Date: 25 Dec 1957
 Issue Date: 16 Jul 2003




000659153J

1510503



S1225124F



15-12-1993

APT BLK 135 SIMEI STREET 1 #02-52
 SINGAPORE 520135


NRIC No: S1225124F Date: 20/12/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

| Class | Description | Valid From |
|----------|--|-------------|
| Class 2A | Motorcycles not exceeding 200 cc | 21 Aug 1976 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 21 Aug 1976 |
| Class 2 | Motorcycles exceeding 400 cc | 21 Aug 1976 |
| Class 3 | Motor Cars and Motor Tractors the weight of which with load does not exceed 2500 kilograms | 28 Oct 1985 |

125A

License No: S1225124F





CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CSAM ASSET MANAGEMENT PTE LTD
 Period of Insurance : 30 Sep 2017 To 29 Sep 2018
 Engine No. : CYG006424
 Chassis No. : WAUZZZ4GXFN099184

Vehicle No. : SKV7832Z
 Policy No. : 2109431548-02
 Endorsement No. :
 Issued Date : 19-Sep-2017

ABOUT THE COVER

| | | | | | |
|-------------------------|------------------------|--------------|--------------|----------------------------|------|
| Make/Model | AUDI A6 1.8 TFSI ULTRA | Sum Insured | Market Value | First Year of Registration | 2015 |
| Engine Capacity/Tonnage | 1,796.00 CC | Off Peak Car | No | Insuring with COE/PAFF | Yes |
| Driver Restriction | NA | | | | |

Person or Classes of Persons Entitled to Drive*

*Persons entitled to drive the vehicle are those persons named in the policy schedule or any subsequent endorsement. The policy will not cover any person who is not named in the policy schedule or any subsequent endorsement.

Insurance cover is available only to the named driver or the named driver's spouse or partner or any person named in the policy schedule or any subsequent endorsement. The policy will not cover any person who is not named in the policy schedule or any subsequent endorsement.

Age Condition: All Age Condition

Limitation as to use*

*Covered for personal, domestic and pleasure use only and for the policyholder's business. This Policy does not cover use for hire or reward, driving under the influence of alcohol, driving while impaired, racing, participation in illegal activities, or any other use prohibited by law. The policy will not cover any person who is not named in the policy schedule or any subsequent endorsement.

Excess of Loss

Excess of Loss: The policyholder is responsible for the excess of loss in the event of a claim. The excess of loss is the amount of the claim in excess of the sum insured. The policy will not cover any person who is not named in the policy schedule or any subsequent endorsement.

EXCESS

Section 1: Excess of Loss: \$5000 (First \$5000 of Loss) / \$5000 (First \$5000 of Loss)

Section 2: Property Damage: \$0

Section 3: Theft: \$0

Named Driver and Excess: (where applicable)

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

Approved Reporting Centres: (where applicable) (where applicable) (where applicable)

Approved Reporting Centres: (where applicable) (where applicable) (where applicable) (where applicable) (where applicable) (where applicable) (where applicable) (where applicable) (where applicable) (where applicable)

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

While driving, comply with the policy conditions and the terms of the policy. The policyholder is responsible for the excess of loss in the event of a claim. The policy will not cover any person who is not named in the policy schedule or any subsequent endorsement.

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Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE