

NATIONAL Assessment Centre Services

MNA1180644

| | | | |
|--------------------------|------------------------------------------|-----------------------|---------|
| Date In: 3/2/18 @ 9.51am | Job description | Date & Time Completed | Done by |
| Ref No: NA/116 1802541 P | SAS e-filing | | |
| Veh No: 9CV 5245L | E-mail (within 3hrs, AIC 2hrs) | | |
| DOA: 13/12/16 | i-Motor Claim Form | | |
| OD TP: Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|------------------------------------------|------------------------------------------------------------|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: | 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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| | | | |
|---------------------------------|-------------------------------------------------|-------------------|-------------------|
| Claimant's Particulars:- | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments:- | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Cat. 1: | For claiming against INC Only (wef 10 Jan 2005) | | |
| Cat. 2 / 3: | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON* | | |
| | *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 | |

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 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 | 03/02/2018 09:51 |
| Date Of Accident | 13/12/2016 09:45 |
| Exact Location Of Accident | TANGLIN TRUST SCH ENTRANCE 95 PORTSDOWN RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SKU5245L |
| Insured/Policyholder | |
| Name Of Registered Owner | MELVIN RODRIGUES |
| NRIC No | G5298871W |
| Email Address | MELVIN@VMMARINEINTL.COM |
| Mobile Phone No | (LOCAL) +65-83428941 |
| Alternative Phone No | OTHERS-83428941 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|----------------|
| Manufacturer | MINI |
| Model | COOPER-1.5 (A) |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USED |
| 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 | 2100423275 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------|
| Name of Driver | JEREMIAH VANESSA |
| NRIC No | G3107654X |
| Date Of Birth | 31/03/1981 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/06/2015 |
| Driving Experience | 1 YEAR AND 6 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-90875498 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | VANESSA.JEREMIAH@GMAIL.COM |

| | |
|-----------------------------------------------------|--------------------------------------------------|
| Address | 56 CORONATION ROAD WEST #02-03 ASTRID MEADOWS |
| Postcode | 269269 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - HEAD ON COLLISION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

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? | NO |
| 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

DRIVER REVERSED OUR CAR AND OUR CAR TOUCHED TAXI THAT STOPPED TO DROP A PASSENGER.

Attachment(s)

| | |
|-----------------------------------------------|------------------------------------------------|
| Are accident photos available for attachment? | NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------|
| Vehicle Registration Number | SHC5623J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| 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.



Policyholder's Signature
Date & Time:

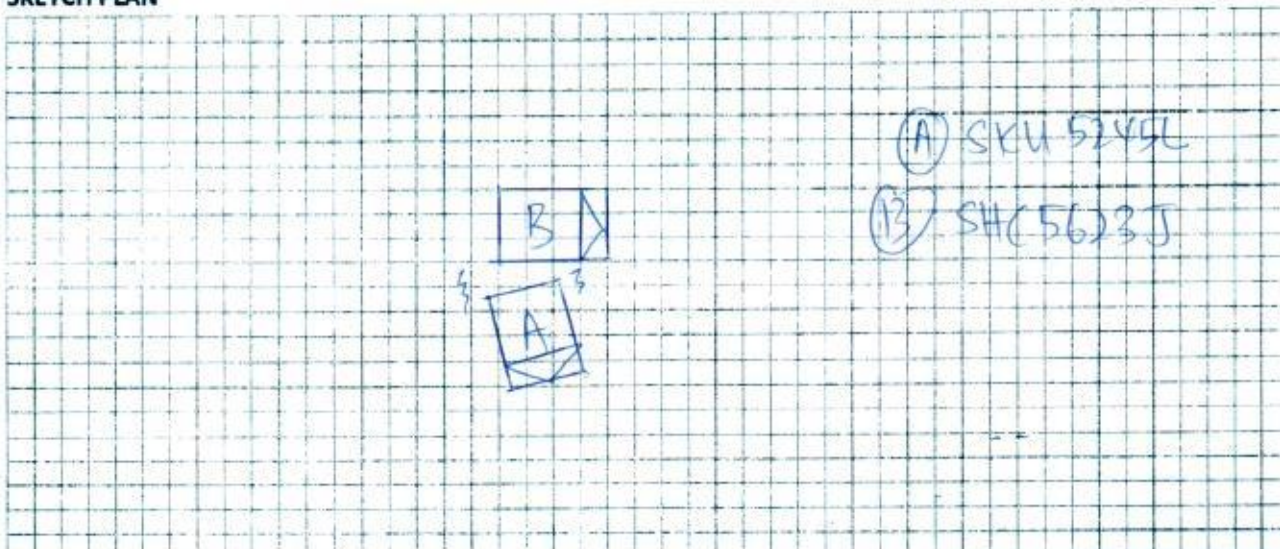


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to GIA Statement.

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:
WRIC/FIN No.:

REPUBLIC OF SINGAPORE

PIN G3107654X



Name
JEREMIAH VANESSA

Date of Birth
31-03-1981

Sex
F

Nationality
INDIAN



FA1538254

DEPENDANT'S PASS
Immigration Regulations



PIN G3107654X

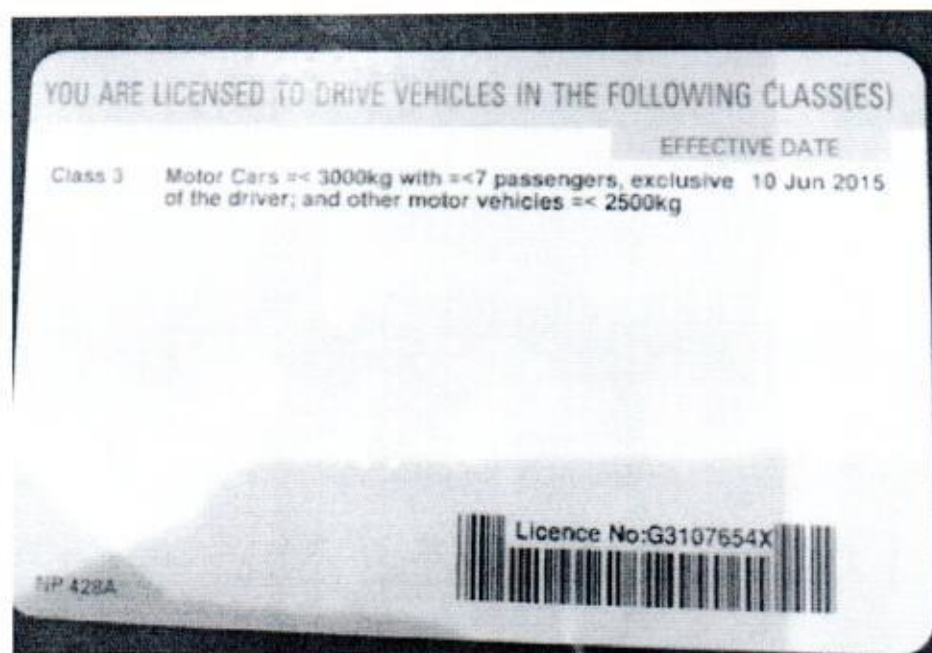
MULTIPLE JOURNEY VISA ISSUED

Date of Issue
17-12-2016

Date of Expiry
09-02-2018



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU





**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

Your Ref : CC3/AIG16024021/Kpa3
Our Ref : GIA/3073/17B/0183
Date : 26 January 2017

MELVIN RODRIGUES
56 CORONATION ROAD WEST
#02-03 ASTRID MEADOWS
SINGAPORE 269269

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING VEHICLES SHC 5623J AND SKU 5245L ON
13/12/2016 @ 1000HRS AT 95 PORTSDOWN ROAD**

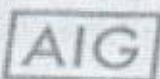
I refer to the above accident.

- 2 We have been informed by your insurance company, **AIG Asia Pacific Insurance Pte Ltd**, that you have yet to report the above accident despite a reminder. Please do so with the said insurance company as soon as possible.
- 3 If you were not involved in any such accident, please inform your insurance company as such.
- 4 Should you have any queries, you may contact your insurance company.
- 5 Thank you.

Yours faithfully,

SSSGT ESTHER CHONG
for HEAD
TRAFFIC INVESTIGATION
TRAFFIC POLICE

cc: AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120
ATTN: CHEW HSIAO TONG – TEL: 6742 3197



MOTOR INSURANCE RENEWAL NOTICE

AIG Asia Pacific Insurance Pte. Ltd.

Mail AIG Building, 78 Shenton Way, #07-10, Singapore 079120

Hotline (65) 64 19 3000

Fax (65) 64 19 3723

Melvin Rodriguez
56 Coronation Road West
#02-013
Astrid Meadows
Singapore 269269

RENEWAL PREMIUM

After 10% No Claim Discount

Now you pay: S\$1,837.03 + Loyalty Home Cover @ S\$101.65

Total = S\$1,938.68 (GST incl.)

OR enjoy 0% Interest Instalment for as low as S\$161.56* per month with Citibank, DBS / POSB or UOB credit card. Insurance coverage includes the following benefit(s): 24 Months New-For-Old Loss Of Use 15 Days (1500 - 1600cc) SUBJECT TO AGE CONDITION (All Age Condition)

* Actual instalments may differ due to Instalment Plan chosen and rounding off.

| | |
|--------------------------|---------------------|
| Motor Policy Number | 2100423275 |
| Vehicle Registration No. | SKU5245L |
| Sum Insured | Market Value |
| Insuring with COE/PAPF* | Yes |
| Coverage | MINI AUTO PROTECTOR |
| Hire Purchase Company | HL Bank |
| New Effective Date | 31 Jul 2016 |
| New Expiry Date | 30 Jul 2017 |
| Excess | S\$500.00 |

CHANGES TO POLICY

Please note that the following change(s) will apply to your policy in the coming renewal:

You have been automatically awarded 5% No-Fault Driving Discount (NFD) if you have at least 30% NCD and with no claims for the last 12 months. (This does not apply to company-registered vehicles.)

Important Notes

- It is your duty to disclose in this Renewal Notice, fully and faithfully, all the facts which you know or ought to know in respect of this proposed insurance and to ensure that all information provided to AIG Asia Pacific Insurance Pte. Ltd. ("the company") is accurate and updated. Information that you should disclose to us would relate to the vehicle, you or your authorised driver(s) and examples of such information include a change in occupation or nature of business, revocation/suspension of driver licence/traffic related convictions, change in claim experiences, physical impairment(s) or illness(es) affecting driving ability, change in the usage of the vehicle, or modification(s) done to the vehicle. These information could result in additional premium being payable by you and different terms and conditions may apply. If such information is not disclosed to us, your policy may be void and you may not receive any benefits under the policy.
- All modifications made to the vehicle must also be declared to the company and is subject to the company's acceptance. If accepted, additional terms and conditions may apply. If you fail to disclose such modifications to the company, your policy may be void and you may not receive any benefits under the policy.
- In addition to the Policy Excess, a Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00 (before GST) will apply to You or Your authorised driver who is below the age of 23 (in case of All Age Condition policies) and/or has less than 2 years' driving experience. The YIDR Excess is not applicable to Named Driver policies.
- If your policy is subject to Driver's Age Condition, we will settle your vehicle's collision damage claim only if you or your authorised driver involved in the accident meets the stipulated age condition.
- If any accident occurs any time during this renewal notice and the expiry of your current policy resulting in a claim or if the company increases its claims reserve on an existing claim on or before the expiry of your current policy, the renewal terms quoted on this notice may be revised or the company may choose to withdraw this renewal offer.
- If you have the NCD Protector benefit, please note that the NCD protected under this benefit is not transferable to any other insurer and offer to renew your policy is not guaranteed.
- If you have a comprehensive policy, windscreen cover will be automatically reinstated after each claim at no additional premium. Excess applies unless otherwise stated in the policy.
- If your policy is a private car policy, all third party liability incurred by your authorised driver will be settled by the company even if your authorised driver owns a vehicle insured by another insurer.
- To avoid road tax late payment penalty, your renewal and payment instructions must reach us at least 14 working days prior to expiry of your current policy. Please do not send the original road tax disc via mail as the company will not be responsible for the loss of the road tax disc or delay in the road tax renewal.
- Please be reminded that driving or permitting someone to drive an uninsured vehicle may result in suspension of driver's licence, fine and/or imprisonment.

Should you have further enquiry, please contact your servicing agent at Tel no. 63776683

501599-140

ARI (AP) PTE LTD - MINI
7 MAXWELL ROAD #01-100
ANNEX B MND COMPLEX
SINGAPORE 069111