

NATIONAL Assessment Centre Services [Ref: 23705]

| | | | |
|---|--|-----------------------|---------|
| Date In: 06/04/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/A1618006373/13 | SAS e-filing | | |
| Veh No: SLB3801H | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 05/04/18 0400 | i-Motor Claim Form | | |
| OD: <input checked="" type="radio"/> 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: (M. GARAGE | Tel: | Fax: |
| TP Particulars: | Veh No: SLB3341E | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|----------------------------------|---|----------------------|----------------------|
| NA1802112 | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Claimant's Particulars :- | 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) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| QC Checked by (Engr-In-Charge): | Q1: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| Auditors' Comments :- | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| Cat. 1: | Invoice dated | Fee Charged | |
| Cat. 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 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 | 06/04/2018 11:37 |
| Date Of Accident | 05/04/2018 04:00 |
| Exact Location Of Accident | AYE TWDS MCE(ECP) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLB3801H |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN HOCK BENG |
| NRIC No | S6869570H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90107233 |
| Alternative Phone No | OTHERS-90107233 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | HARRIER |
| 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 |
| If No, Please state action to be taken | THIRD PARTY |
| 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 | 2100461433-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | TAY HUEY YEE |
| NRIC No | S7589856H |
| Date Of Birth | 27/12/1975 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/12/2015 |
| Driving Experience | 2 YEARS AND 3 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-90107233 |
| Fax Number | |
| Contact Number | |
| Email Address | TAYHUEYYEE@GMAIL.COM |

| | |
|---|-------------------------|
| Address | 03 SELETAR RD #03-04 |
| Postcode | 807012 |
| 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 TO REAR |
| 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? | YES |
| 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

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 | SKB3341E |
| 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) | |

DETAILS OF INJURED PERSON 1

| | |
|------|--------------|
| Name | TAY HUEY YEE |
|------|--------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BACK & HEAD PAIN

SLB3801H

YES

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 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 (c) 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.

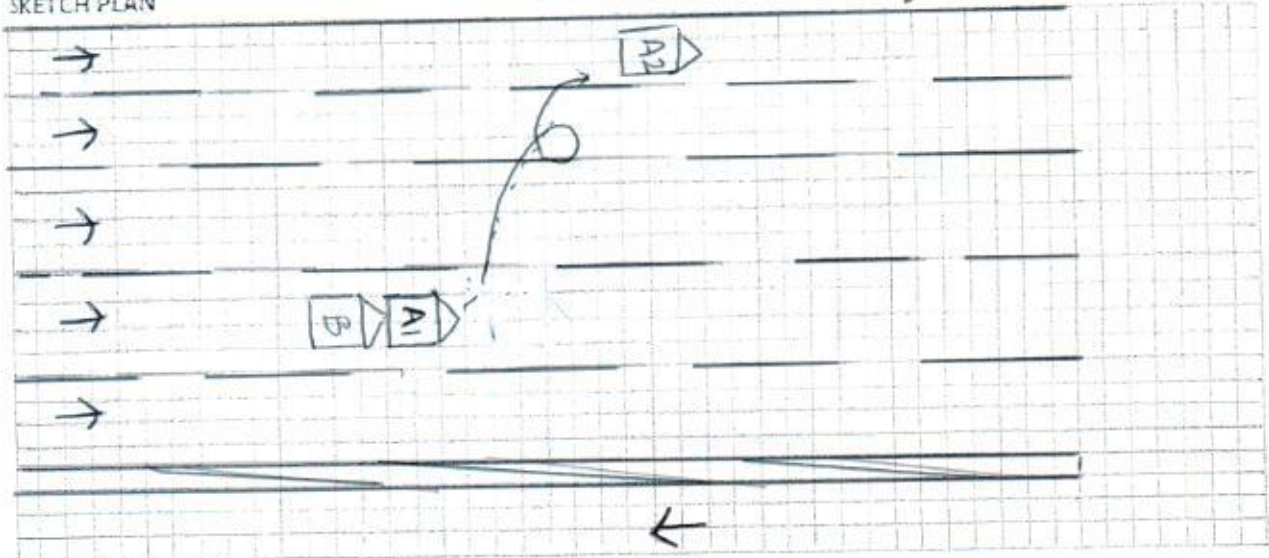
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

AYE towards MCE (ECP)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/04/2018 at about 0400 hrs at along AYE towards MCE (ECP). I was travelling on lane 2 and Suddenly, A vehicle (B) hit onto my rear portion of my vehicle (A) and Cause my vehicle to spin and Come to a complete stop.

When I alighted, I realise that it was vehicle (B) who hit onto my rear portion of vehicle (A) causing damages to my vehicle.

(A) SLB3801H

(B) SKB3341E

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:
NRIC/FIN No.:

[Signature] 06/04/18

SINGAPORE ACCIDENT STATEMENT

| | | |
|---|--------------------------|----------------------|
| Accident Date: 05/04/2018 | Time: 0400 hrs | (hh:mm) 24 hr format |
| Location AYE towards MCE (ECP) | | |
| Vehicle Number SLB 3801 H | | |
| Insured Name Tan Hock Beng | | |
| NRIC / FIN 56869570 H | Contact Number 9010 7233 | |
| Make Toyota | Model Hamer | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | |
| () Yes If No, Pls select: (/) Third Party () Reporting | | |
| Insurance Company AIG | | |
| Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only | | |
| Policy Number 2100461433-02 | | |
| Name of Driver Tay Huey Yee () Same as Insured | | |
| NRIC / FIN 57589856 H Contact Number 9010 7233 | | |
| Date of Birth 27 dec 1975 | | |
| Driving Pass Date 28 dec 2015 | | |
| Occupation (/) Indoor () Outdoor | | |
| Gender () Male (/) Female | | |
| Email Address Tay Huey Yee (9) g.mart.com () NO EMAIL | | |
| Address of Driver 03 seletar Road #03-04 Singapore 807012 | | |
| Was driver an employee of the Insured's Company? () Yes (/) No | | |
| If No, Relationship of the Driver with the Insured | | |
| () Owner (/) Spouse () Friend () Relative () Children () Sibling | | |
| Does the Driver Own Any Other Vehicle? () Yes (/) No | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | |
| Insurance Company of Driver's Own Vehicle | | |
| Weather Conditions (/) Clear () Raining () Others | | |
| Road Surface (/) Dry () Wet () Others | | |
| Was any foreign vehicle involved in this accident? () Yes (/) No | | |
| Was anybody injured in the accident? (/) Yes (/) No | | |
| If yes, injured detail back, head pain | | |
| Was there any video captured by Car Camera? () Yes (/) No | | |
| Was the Accident reported to the Police? () Yes (/) No If yes attach police report | | |
| DETAILS OF 3 rd party | Name / Nric | Contact |
| Veh B | SKB 3341 E | |
| Veh C | | |
| Veh D | | |
| Veh E | | |
| Veh F | | |

1 person including driver

Driver
SLB 3801 H

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7589856H



Name

TAY HUEY YEE

郑惠玉

Race

CHINESE

Date of birth

27-12-1975

Country/Place of birth

MALAYSIA

Sex

F

S7589856H



9360655



NRIC No. S7589856H



Nationality

MALAYSIAN

Date of issue

23-02-2015

Address

03 SELETAR ROAD
#03-04
SINGAPORE 807012

Driver
SLB 3201H

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7589856H**
Name: **TAY HUEY YEE**

Birth Date: **27 Dec 1975**
Issue Date: **28 Dec 2015**

002506435G

SG 50

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| | | EFFECTIVE DATE |
|---------|--|----------------|
| Class 3 | Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ | 28 Dec 2015 |

NP 428A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6869570H



Name

TAN HOCK BENG

陈福明

Race

CHINESE

Date of birth

03-04-1965

Sex

M

S6869570H

Country/Place of birth

MALAYSIA

Owner
SIB 3201H

9360641



Card No. S6869570H



Nationality

MALAYSIAN

Date of issue

23-02-2015

Address

03 SELETAR ROAD
#03-04
SINGAPORE 807012



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Hock Beng
Period of Insurance : 05 Apr 2018 To 04 Apr 2019
Engine No. : 3ZRB758471
Chassis No. : ZSU600075248

Vehicle No. : SLB3801H
Policy No. : 2100461433-02
Endorsement No. :
Issued Date : 21 Mar 2018

ABOUT THE COVER

Make/Model : TOYOTA HARRIER 2.0 PREMIUM
Engine Capacity/Tonnage : 1.986.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PAF : No

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 "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorized 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 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 1600cc - 2000cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), 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)

Tan Hock Beng - \$600 (Own Damage)

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 6339 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: MayBank

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

0126004000

CHENG KIM HONG SHIRLEY
AIG BUILDING 78 SHENTON WAY #07-16
SINGAPORE 079120 SP-RICHARDCHIA-AGNESWON
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mobile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

6500CP