NATIONAL Assessment Conti	e Services	wer's Janes N	11.18416072635		
Date in 05/06/2018 0951	Jeb description		Date &Time Completed	Done	by
REFNERUBA AUGUSTEL	SAS e-filing				
Veh No SIT WAREC	E-mail (within	Shra, AIC 2hra;			
DOA 01/06/200 19'20					
		(Within: OD 2hrs	TP 4hrs)		
OD (TP) Reporting Only	i-Photo Uplo				7.7
TRACE	Assessment/Su				
TP Insurer		y Fax / Hand to	Owner/Wksp		1741
Preferred Wksp / INC Assign Wksp / QW: (			Tel: Fax	38	-
TP Particulars: Veh No: SL	B 26129	INC (	)/Non-INC( )		
Owner/Driver: (			Tel:	)	
Policy No. ( ) Pe	eriod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
	Note-Est Status (V	VO): N: 0-20	%; P: 21-79%. F: 80-100	)%]	
	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,0	000()/\$2,000	( )			11000
General Remarks:-	STEE STEELS			4.3	
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions	( )				
MAG03569			ase prisoned and the first of the		
laimant's Particulars :-		1) AR : Accident 2) DA : Damage	Assessment (\$100); INC (\$80)		
laimant's Particulars :-		1) AR : Accident	Reporting (\$30); Assessment (\$100); INC (\$80) te \$40/\$	1și Bill 45	
Priver/Owner:		1) AR : Accident 2) DA : Damage , 3) TF : Towing Fo 4) FT : Follow-Ti 5) FT : Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$80) te \$40/\$ trough Survey \$1 trough Survey (Resurvey) \$.	1și Bill 45	
Priver/Owner:		1) AR : Accident 2) DA : Damage . 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming ai 6) TR : Re-inspec 7) N1 : Idae DA -	Reporting (\$30);  Assessment (\$100); INC (\$80)  be \$40/\$  brough Survey \$1  brough Survey (Resurvey) \$2  brough Survey (Resurvey) \$3  brough Survey (Resurvey) \$3  brough Survey (Resurvey) \$4  brough Survey (\$4  brough Survey \$4  brough Survey \$5  brough Survey \$1	1st Bill   45   20   30   75	
Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion:		1) AR : Accident 2) DA : Damage . 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming at 6) TR : Re-inspec 7) N1 : Idae DA - 8) NTUC Addition OD: *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$80) be \$40/\$ brough Survey \$1 brough Survey (Resurvey) \$2 brough Survey (Resurvey) \$3 brough Survey (Resurvey) \$4 brough Survey (Resurvey) \$5 brough Survey (\$6 brough Survey \$1 brough S	1st Bill 45 20 30 75 60	
Claimant's Particulars :-  Driver/Owner:  Contact No:  Damaged Portion:  OC Checked by (Engr-In-Charge):		1) AR : Accident 2) DA : Damage . 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming a: 6) TR : Re-inspec 7) N1 : Idae DA - 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Fast Rep	Reporting (\$30); Assessment (\$100); INC (\$80) the \$40/\$ trough Survey \$1 trough Survey (Resurvey) \$ teinst INC Only (wef 10 Jan 2005) tion \$ SMRT Survey \$1 that Services:-  Cas / Tpt Allowance pordination \$ tir Inspection \$	1st Bill 45 20 30 75	
Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion:		1) AR : Accident 2) DA : Damage 3) TF : Towing Fe 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idae DA = 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Font Repo *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$80) to \$40/\$ trough Survey \$1 trough Survey (Resurvey) \$ teinst INC Only (wef 10 Jan 2005) tion \$ - SMRT Survey \$1 this Services  Car / Tpt Allowance to-ordination \$ transpection \$ transp	1st Bill 45 20 30 75 60	Amt (3 Add Bi
Claimant's Particulars :-  Oriver/Owner:  Contact No:  Oamaged Portion:  C Checked by (Engr-In-Charge):		1) AR : Accident 2) DA : Damage 3) TF : Towing Fe 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idae DA = 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Font Repo *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$80) te \$40/\$ trough Survey \$1 trough Survey (Resurvey) \$ teinst INC Only (wef 10 Jan 2005) tion \$ - SMRT Survey \$1 this Services; Car / Tpt Allowance to-ordination \$ transpection \$ transpec	1 st Bill   45   20   30   30   30   30   30   30   30	

### 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or wilholding 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.

<b>在当外的国际的国际的</b>	ACCIDENT STATEMENT	
Date Of Report	05/06/2018 09:51	
Date Of Accident	01/06/2018 19:20	
Exact Location Of Accident	PIE TOWARDS JURONG BEFORE EXIT 12	
Country/State of Loss	SINGAPORE	
THE RESERVE AND PARTY OF THE PA	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT4448S	
Insured/Policyholder		
Name Of Registered Owner	ARPUTHASAMY NATHAN	
NRIC No	S1607040H	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97223479	
Alternative Phone No	OTHERS-97223479	
Vehicle Particulars		
Manufacturer	HYUNDAI	
Model	AVANTE-1.6 ABS AIRBAG 2WD 4DR (A)	
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	2100165695-08	
Cover Note Number		
Driver		

Name of Driver ARPUTHASAMY NATHAN

 NRIC No
 \$1607040H

 Date Of Birth
 28/12/1963

 Occupation
 INDOOR

 Date Of Driving Pass
 25/11/1986

Driving Experience 31 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97223479

Fax Number

Contact Number OTHERS-97223479

EMail Address NOEMAIL

Address

BLK 289B BUKIT BATOK STREET 25

#06-198

Postcode

651289

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

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

2

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** 

NO

Was the accident reported to the police? If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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

SLB2642G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

FAISAL BIN HUSIN

NRIC/Passport Number

Contact Number

85691095

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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;
  - 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:

Drjver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel

Name

NRIC/FIN No .

SKETCH PLAN

SKETCH PLAN

A: SSTT 4448 S

A B: SLB D64D G

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1st June 2018, I was travelling on PIE Cohong head	-
towards Ivong). The weather and then was the I was on	
my right side of lare. The vehicle infant of me was stopp	ilm.
So as usual, I to had to bake intermetted to signed to	- 4
the te rear vehicle dover I come to a stop confortable	L.
The vehicle behind me, SLB 2642 Gr sever thru the in-	É
Energy lone and hit my rear and side. The driver	
of SIR 2142 G, methored Hat he done that the emergen	25.45
lare to avail direct but on my rear. The time of exact	=
accident was est. 1920 - 1925 how The traffic was moderat	×1
heavy. The driver of SIB 2642 G, acknowledged his	
mistikes. Nobody was injured and no gost papels is	
Carrage.	
I have also filed an on line AlG accident repating to	
I have also filed on on line A/G accident repting to Claim from third party: A/G Ref no WSVE 18000813.	

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

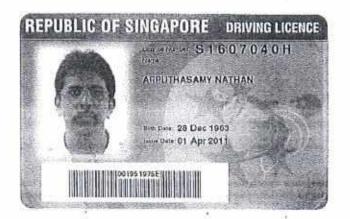
(If driver is not the policyholder)

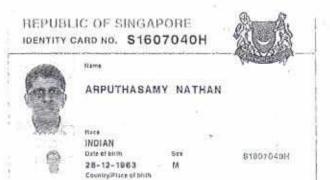
Date & Time:

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

## SINGAPORE ACCIDENT STATEMENT

	TIME: 1920	(hh:mm) 24 hrs Format
LOCATION PIE JUNIORS JULIORS	Leture Exit 12	
VEHICLE NUMBER SJT 4448 S		
INSURED NAME Aputhacamy N	athan	
NRIC/FIN SIGOTOKOH	CONTACT;	97,02 3479
MAKE Hyundai MODEL	The second secon	TO ADS AIRBAG SR AW
Are you claiming under your own insurance policy for	r repair to your vehicle?	AND AND
( ) Yes, If No, Pls Select : ( ✓ ) Third Party (	) Reporting Only	11/15
INSURANCE COMPANY AT (		
TYPE OF POLICY ( V ) COMPREHENSIVE (	) THIRD PARTY (	) TPFT
POLICY NUMBER: 2100/65695-08		
NAME DRIVER :	(~	SAME AS INSURED
NRIC / FIN		
	CONTACT:	
	TENOOR	
	TDOOR	
EMAIL ADDRESS: ( V ) MALE ( ) FEI	MALE	
	10410151	( ) NO EMAIL
DIE - DIE	it Batok St 24	+06-198
Number Of Passenger Include Driver:		
Number Of Fassenger include Driver:	river	
Was driver an employee of the Insured's Company? (	) YES ( V) NO	
If No, Relationship Of The Driver With The Insure	ed	
( ✓ ) Owner ( ) Spouse ( ) Friend ( ) Relat		) Sibling ( ) Others
Does The Driver Own Any Other Vehicle? : ( ) YE	S(V)NO	
If Yes, Vehicle Registration Number Of Driver's Own	Vehicle:	
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: ( / ) Clear ( ) Raining	g ( ) Drizzling (	) Others
Road Surface : ( / ) Dry ( ) Wet	( ) Others	
Was Any Foreign Vehicle Involved In This Accider	it? ( ) YES ( 🗸	) NO
Was Anybody Injured In The Accident? (	YES ( / ) NO	
If YES, Injured details :	12.	
Convey By Ambulance: ( ) YES ( ) NO		
Was There Any Video Capture By Car Camera? (	) YES ( /) NO	
Was There Accident Reported To The Police? (		on Attack Daller Devent
Police Report Number (if any)	jitas ( jito ii it	es Attach Police Report
Details Of 3rd Party Name / NR	ac.	Contact
Control of the Contro	in Husin	Contact Ex 691095
Veh C	1.00	420 110-14
Veh D		
Veh E		
Veh F		
Veh G		
		The state of the s





SINGAPORE

YOUNARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 26 Apr 1988 Class 3 Motor Cars=< 2000kg with =</ passengers, exclusive 26 Nov 1986 of the driver; and other motor vehicles =< 2500kg

Ucence No: \$1507040H

Date of lasue 09-09-2016

Admess

APT BLK 2898 BUKIT BATOK STREET 25 #08-198 SINGAPORE 651289 5647428

# CERTIFICATE OF INSURANCE

## YUNDALAUTO PROTECTOR (DELUXE) PRIVATE VEHICLE

Name of Policyholder

: Arputhasamy Nathan

Period of Insurance

Engine No. : KMHDU41BMAU890937 Chassis No.

: 10 Oct 2017 To 09 Oct 2018 G4FC9U724616

Vahicle No.

: SJT4448S : 2100165695-08

Policy No.

Endorsement No. Issued Date

: 02 Oct 2017

4/4:(0) b) (4/1: (0)0) Vil(3)

: HYUNDAI AVANTE Make/Model

Engine Capacity/Tonnage : 1,591.00 CC

Sum Insured : Market Value

First Year of Registration : 2009

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\* :

ay The Polityholder

to Any effect person who is driving on the Policyholder's ender or with histocriperints for.

The Policy will indemnify the Policyholder or any outherised driver only if hershe meets the specified age condition. You have to pay on additional sum of \$3,000 as "Young engly inexpedienced Driver Excass" ("YIDR") if You are or Your Australised Driver (named or unrunned is under the age of 23 armiter has less than 2 years arwing experiences.

Age Condition

: All Age Condition

Use only for social, donestic and pleasure surposes and for the Policyholder's but mass. This Policy does not cover use for the or reward, deliving test, reting, pace needing, seasibility station social, donestic and pleasure surposes and for the Policyholder's but mass. This Policy does not cover use for the or reward, they are delivered testing testing the place that there are no covered to cover the covered testing the covered testing the place that there are no covered to covered testing the covered testing the covered testing testing the covered testing the covered testing testing the covered testing testing testing the covered testing testi

\* Limitations rendered inoperative by Section 8 of the Moder Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) and Section 85 of the Read Transport Act, 3507 (Multiplie), are not to be implicated under these headings.

### E)KGE(SIS)

Fire - \$0 Octo Démaye - \$0 Thatt - \$0 Flood Cover - \$0

Section 2

Property Demage - \$0

Windscreen: \$0

Named Driver and Excess (vices applicable)

## ARPROVEDIRERORUNG CENTRESIA UNITORISED REPAIRERS (FOR CHAUMS RELAYED REPAIRS)

1 Konnoco Mathre Pto 115 Add 253 Alexandra Road Singapore 150935 64735588

For all that Approved Reporting CentrapIAIG Authorised Reparents, please contact our 24-hour acutelet extragency hobins at +65-6338-6290. Attendativity, you may refer to AIG switcher with a tycomist or AIG SIS Mobile App. Simply search and dozzdood SIG Sign (Paices or Google Play).

Hire Purchase Company/Employer's Loan: MayBank

WWe hereby trully that the policy is which the Certificate of Insurance relates is injured in accordance with the provisions of the Motor Vehicles (Thrill Porty Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act. 1907 (Maleysia) and Motor Vehicles (Thrill Party Risks Roiss. 1959 (Maleysia).

0500581324

KOMOCO TRADING PIE LTO LDL DAOH ARDHAXAJA 625

SINGAPORE 159936 AYSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pto, Ltd.

on the mice of the state of the open the state of the sta

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

### > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

7040H

Vehicle Details

Vehicle No.:

SJT4448S

Vehicle to be Exported:

No

Intended De-registration Date:

30 Jun 2018

Vehicle Make:

HYUNDAI

Vehicle Model:

AVANTE 1.6 AUTO ABS AIRBAG SR 2WD

4DR

Primary Colour:

White

Manufacturing Year:

2009

Engine No.:

G4FC9U724616

Chassis No.:

KMHDU41BMAU890937

Maximum Power Output:

89.7 kW (120 bhp)

Open Market Value:

\$11,930.00

Original Registration Date:

10 Oct 2009

First Registration Date:

10 Oct 2009

Transfer Count:

0

Actual ARF Paid:

\$11,930.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

09 Oct 2019

PARF Rebate Amount:

\$6,561.00

Intended COE Rebate Details

COE Expiry Date:

09 Oct 2019

COE Category:

A - Car (1600cc & below)

COE Period(Years):

10

QP Paid:

\$13,658.00

COE Rebate Amount:

\$1,740.00

Total Rebate Amount:

\$8,301.00

The information contained herein is correct as at 05 Jun 2018

OK