NATIONAL ASS	essment Centi	e Services [war : Janos]	MNAUROTCOL	-	-
Date In 1100 00	15:00	Jeb description:	Date & Time Completed	Done	les
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Veh No SVO S	92			-	
DOA 1080670	2010	E-mail (within 8hrs, AIC 2hrs)	1		
	968 JU.23	i-Motor Claim Form	1.		
OD (1) Reporting	Only	I-Motor W/O (Within: OD :	Zhrs, 7'P 4hrs)		
		i-Photo Uploaded			+
TP Insurer:		Assessment/Survey Report			
Preferred Wksp / INC As	sian Wksp / OW- /	Ass't Report by Fax / Han			-
TP Particulars:	Veh No:	N 5050 Y INC	Tel: Fax	5	
Owner / Driver: (1,00,10,	17 20507 . INC			
Policy No: () Pe	riod: (Tel:	2	
Confirmed by	12.00	Date:	Cover Type: (
Insured/Driver Liabili		Well-Track Co.	Time: -20%; P: 21-79%. P: 80-100)	
Year of Registration:		Warranty: YES ()/NO (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(50]	
Excess: (\$) Loading: \$1,0	The state of the s	1		
General Remarks:-		LINCAL DRAWN SIGNAPORT IN STR	D 0/300000 - 2 - 3 - 4 1 - 2 - 4		
2) QC Check / Post Rep 3) Upload Resurvey Pho Injury: Date/Time Actions		000] ()			-
MM803661	and the second section of the second	# No. 10 Per 19	reparation Checklist	Anit (\$)	Ami (
laimant's Particulars :			ge Assessment (\$100); INC (\$80)		
river/Owner:		3) TF : Towing 4) FT : Follow	g Fee \$40/\$4 -Through Survey \$12		
ontact No:		5) FT : Follow	-Through Survey (Resurvey) \$3 g against INC Only (wef 10 Jan 2005)	-	
amaged Portion:		6) TR: Re-ins 7) N1: Ideo D	pection \$7 A + SMRT Survey \$16	-	
C Checked by (Engr-I	n-Charge):	OD* •N5: Courte	itional Services:- ssy Car / Tpt Allowance \$		
uditors' Comments :-	12, 1910 - 1859 p. to	• N6; Repair • N7; Post R	r Co-ordination \$1 tepair Inspection \$2		
ut 1:	ATT THE VIEW OF THE		Collect Excess Coordination S TP (Non INC) against INC S2		
		9) N12: Ideo h	dobile 3	0	
nt. 2 / 3:		Involve dated Involve dated	Fee Charged Fee Charged	est files	may.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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	11/06/2018 15:00
Date Of Accident	08/06/2018 20:25
Exact Location Of Accident	ALONG JALAN HAJI ALIAS
Country/State of Loss	SINGAPORE
Company of the Compan	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ519B
Insured/Policyholder	
Name Of Registered Owner	AZHAR BIN ABDUL SALAM
NRIC No	\$69205111
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98512034
Alternative Phone No	OTHERS-98512034
Vehicle Particulars	
Manufacturer	SUBARU
Model	XV-1.6 I-S AWD CVT (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	2100390581-03
Cover Note Number	
Driver	
Name of Driver	AZHAR BIN ABDUL SALAM
NRIC No	\$69205111
Date Of Birth	07/07/1969
Occupation	INDOOR
Date Of Driving Pass	16/08/1994
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98512034
Fax Number	

OTHERS-98512034

NOEMAIL

Address

BLK 103 CLEMENTI STREET 14

#03-121

Postcode

120103

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ROCHOR NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 11 KAMPONG KAPOR ROAD, POSTCODE: 208678, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2949999 - FAX NO: 63918583

Was notice of Intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180609/2026

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 Witness 1

Name

MIRA

Phone Number

94899783

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJY5050Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 16

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

AXA INSURANCE PTE LTD

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 and 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 invoive 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:
 - 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 Personne's Sig

Name:

NRIC/FIN No.:

GIARDO SECTOVINO UNIVERSIDA

Date & Time:





Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

1 of 3 Report No. T/20180609/2026

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 08:48	Made:	Vide Report No.:	Station Diary No.: 46
Informa	nt's Partic	ulars		
	Informant: BIN ABDUL		Address: APT BLK 103 CLEMENTI ST 120103	REET 14 #03-121 SINGAPORE
THE RESERVE TO SECURE ASSESSMENT	/ ID No.: D / S69205	111	Contact No.: Home/Office:	Mobile: 98512034
National SINGAP	ity: ORE CITIZ	EN	Email: azharabdulsalam@hotmail.co	om
Sex: Male	Age: 48	Date of Birth: 07/07/1969	Type of Informant: Driver	
Race: Javanes	е	101	Language: English	Institution / School Name:
Occupat Polytech	ion: inic lecturer	£	Driving Licence Information: Class: 2B,3	Date of Expiry:

General Infor	mation of the Accid	ent				
Type of Accident:	Non-Injury Others	10	Drink Drive; No	Date/Time of Accident: 08/06/2018 20:2	5	Type of Location: Straight Road
Location: Along Road 1 JALAN HAJI Vehicle was p Weather: Clear		Road	Surface:		Road	d Speed Limit:
Traffic Flow: Dual Carriage	e Way	- 14 CCC 6000	c Control:		100000000000000000000000000000000000000	îc Volume: raffic
Type of Collis Moving Vehic	ion: le Against - Parked \				Anyo	one conveyed by ulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJY5050	Car				1 10 15 15 10 10 10 10 10 10 10 10 10 10 10 10 10	0
SKQ519B	Car	SUBARU	XV 1.6I AWD	Grey	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ519B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100390581-03	30/10/2017	29/10/2018





T/20180609/2028

2 of 3

Report No. T/20180609/2026

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

CONTINUATION OF REPORT

Any Pedestrian Ir	n Involved					
No. of Pedestrian			Use of Ped	destrian	Cross	ing: NA
Name	Uknown			ID No		NIL
Related Vehicle	SJY5050 (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licent Expiry	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			
Driver	THE RESERVE THE PARTY OF THE PA					
Name	AZHAR BIN ABDUL S	SALAM		ID No	8	S69205111
Related Vehicle	SKQ519B (Car)			Conta	ct No.	98512034
Hospital/Clinic	NIL			Class Driving Licent Expiry	9	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 8 June 2018 at about 2015h I parked my vehicle along the side of Jalan Haji Alias in order to go to the mosque nearby. I usually park along this road whenever I go to the mosque.

I returned to the vehicle at about 2130h with others from the mosque. Some of them alerted me that there was a note left on my windscreen. The note was left by a passerby and stated that the passerby had witnessed another vehicle hit my car and then drive off. The note stated that the witness believed the license plate number of the said vehicle was SJY 5050 however she could not be sure, and that the accident occurred at 2023h. The witness also stated in the note that she would be willing to act as a witness and left her mobile number (+65 9489 9783).

After reading the note I inspected the car and found damage to the bodywork of my car around the rear right wheel. I observed no other damage to the car's bodywork or its functionality apart from this. I wish to lodge this report for insurance purposes.





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999 3 of 3 Report No. T/20180609/2026

CONTINUATION OF REPORT

C	ketc	L 17	fan min
7.0	REPARCE	13. 14.	15811
-	and the		CLIL

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: A / ASP JOSHUA EBENEZER JESUDASON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/06/2018 08:48
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp	

if you want to lodge police report, I can be your witness.

Mira. +65-94899783.

While car.

place number

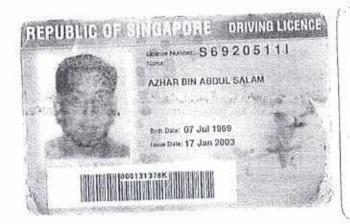
SJY 5050

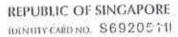
i think Chequickly
think Chequickly
hit your car today
8 Jun 2018 (2) 20.23 pm.
across 48A Haji Alias.

2002 untions

SINGAPORE ACCIDENT STATEMENT

LOCATION Jalun Hali Alia c	TIME: 20:25 45.	(hh:mm) 24 hrs Format
LOCATION Jalun Hair Aliar	were to experie	(4,5,111,17,11,111,111,111,111,111,111,111
VEHICLE NUMBER SKOG 19B		
INSURED NAME ALLOY BY About Salam		
NRIC/FIN 569205111	CONTACT:	98512034
111111111111111111111111111111111111111	.6I AWO CVI	10.121.2077
Are you claiming under your own insurance policy for	repair to your vehicle?	
() Yes, If No, Pls Select : (V) Third Party () Reporting Only	
INSURANCE COMPANY ALE) reporting Only	
TYPE OF POLICY (V) COMPREHENSIVE () THIRD PARTY () TPFT
POLICY NUMBER: 2100390561-03) IIIKD IAKII () IFFI
NAME DRIVER:	() SAME AS INSURED
NRIC/FIN S6920511 I	CONTACT:	
DATE OF BIRTH: 07-07,1969		
DRIVING PASS DATE: 6.08-1-994		
OCCUPATION: (V)INDOOR ()OU	TDOOR	
GENDER: (✓) MALE () FEN	MALE	
EMAIL ADDRESS:		() NO EMAIL
ADDRESS OF DRIVER: 103 CLEMENT ST 14	* 03-121 S(12	0103)
Number Of Passenger Include Driver: (NIL)		
Was driver an employee of the Insured's Company? () YES (V)NO	
If No Relationship Of The Driver With The Insure) 1153 (V) NO	
	i u	
(\/) Owner () Snouse () Eviend () Polet	ine () Child	1077
(V) Owner () Spouse () Friend () Relat	ive () Children () Sibling () Others
Does The Driver Own Any Other Vehicle?: () YE	S (V)NO) Sibling () Others
Does The Driver Own Any Other Vehicle?: () YE If Yes, Vehicle Registration Number Of Driver's Own	S (V)NO) Sibling () Others
Does The Driver Own Any Other Vehicle? : () YE If Yes, Vehicle Registration Number Of Driver's Own Insurance Company Of Driver's Own Vehicle	S (V) NO Vehicle:	
Does The Driver Own Any Other Vehicle?: () YE If Yes, Vehicle Registration Number Of Driver's Own Insurance Company Of Driver's Own Vehicle Weather Conditions: (✓) Clear () Raining	S (V) NO Vehicle: g () Drizzling () Sibling () Others) Others
Does The Driver Own Any Other Vehicle?: () YE If Yes, Vehicle Registration Number Of Driver's Own Insurance Company Of Driver's Own Vehicle Weather Conditions: (✓) Clear () Raining Road Surface : (✓) Dry () Wet	S (V) NO Vehicle: g () Drizzling (() Others) Others
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Does The Driver Own Any Other Vehicle?:() YE If Yes, Vehicle Registration Number Of Driver's Own Insurance Company Of Driver's Own Vehicle Weather Conditions:() Clear () Raining Road Surface :() Dry () Wet Was Any Foreign Vehicle Involved In This Acciden Was Any Foreign Vehicle Involved In This Acciden Was Anybody Injured In The Accident? (If YES, Injured details: Convey By Ambulance: () YES () NO Was There Any Video Capture By Car Camera? (Was There Accident Reported To The Police? () Police Report Number (if any) Details Of 3rd Party Name / NR Veh B SIN 50507	S (V) NO Vehicle: g () Drizzling (() Others et? () YES (V) YES (V) NO) YES (V) NO) YES (V) NO () YES (NO If Y) Others) NO /es Attach Police Report
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AZHAR BIN ABDUL SALAM

ازهر بن عبد السلام JAVANESE 07-07-1969 SINGAPORE

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

NP e

Class 28 Motorcycles no! exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

PASS DATE 21 Aug 1995 16 Aug 1994



Mcm S69205111

APT BLK 103-CLEMENTI STREET 14 #03-121 SINGAPORE 120103

илис но: SG9205111

Date: 07/12/2010 No: 66A114.1



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Azhar Bin Abdul Salam

Period of Insurance

: 30 Oct 2017 To 29 Oct 2018

Engine No. Chassis No. : FB16R365164

: JF1GP3KC5DG019714

Vehicle No.

: SKQ519B

Policy No.

Issued Date

: 2100390581-03

Endorsement No.

: 26 Oct 2017

ABOUT THE COVER

Make/Model

: SUBARU XV 1.6

Engine Capacity/Tonnage: 1,600.00 CC Driver Restriction

: NA

Sum Insured : Market Value

First Year of Registration : 2014

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

as the constituted 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 hershe meets the specified age condition.

You have to pay an additional auru of \$3,000 as "Young and/or inexperienced Driver Excess" (YIDR') if You are or Your Authorised 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 live or reward, driving bullion, dr

Loss of Use 1500cc - 1600cc

* Dimitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malayala), are not to be included under these boardings.

EXCESS

Section 1
Fire - S0 Own Demage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Dansage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Azher Sin Abdul Salam - \$800 (Own Damage)

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

1.Mater Image Enterprises Pte Ltd. Add: 19 Lorong & Tee Payon Singapore 319255 64176100

For other: Approved Reporting Centres(AIG Authorised Repairers, please contact our 24-hour eccident emergancy holline at +65 6338 6200. Alternatively, you may refer to AIG website your alg comiss or AIG 3G Mobile App. Simply search and down/oad "AIG SG" from (Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

I/We hereby certify that the policy to which this Certificate of Insuvance relates is issued in accordance with the provisions of the follow Vehicles/Third Party Risks and Congression) Act (Cop. 189), Part IV of 3 the Road Transport Act, 1987 (Malaysia) and Motor Valicies (Titled Party Rishs) Rules, 1956 (Malaysia)

0500810010

TAN CHONG CREDIT - SUBARU PA 911 SUKIT TIMAH ROAD SINGAPORE 589622 ANSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHOR/SED REPRESENTATIVE

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 0511I

Vehicle Details

Vehicle No.: SKQ519B

Vehicle to be Exported: No

Intended De-registration Date: 30 Jun 2018

Vehicle Make: SUBARU

Vehicle Model: XV 1.6I AWD CVT

Primary Colour: Grey
Manufacturing Year: 2012

Engine No.: FB16R365164

Chassis No.: JF1GP3KC5DG019714

Maximum Power Output: 84.0 kW (112 bhp)

Open Market Value: \$17,586.00
Original Registration Date: 30 Oct 2014
First Registration Date: 30 Oct 2014

Transfer Count: 0

Actual ARF Paid: \$12,586.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 29 Oct 2024 PARF Rebate Amount: \$9,439.00

Intended COE Rebate Details

COE Expiry Date: 29 Oct 2024

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$63,990.00
COE Rebate Amount: \$40,492.00
Total Rebate Amount: \$49,931.00

Total Repare Amount. \$47,731.00

The information contained herein is correct as at 09 Jun 2018

OK