

| | | | |
|---|--|-----------------------|---------|
| NATIONAL Assessment Centre Services (wef 1 Jan 2005) MAH002916 | | | |
| Date In 19/06/2018 17:29 | Job description | Date & Time Completed | Done by |
| Ref No NBA/MAH0011331 | SAS e-filing | | |
| Veh No SKX 4891L | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A 19/06/2018 18:45 | i-Motor Claim Form | | |
| OD (1P) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u> | | |

| | | | |
|--|--------------------------|-----------------------|----------|
| Preferred Wksp / INC Assign Wksp / QW: () | | Tel: () | Fax: () |
| TP Particulars: | Veh No: WALKERSON | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---|---|-------------|-----------------------|-----------------------|
| NA1803856 Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3: | Invoice Preparation Checklist | | Am't (\$) 1st Bill | Am't (\$) Add Bill |
| | 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: Idue DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| OD: | | | | |
| • N3: 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: Idue Mobile \$0 | | | | |
| 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 | 19/06/2018 17:29 |
| Date Of Accident | 18/06/2018 18:45 |
| Exact Location Of Accident | BLK 126 SERANGOON NORTH AVENUE 1 OPEN CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKX4891L |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN JOO NGUAN |
| NRIC No | S0729547B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97391782 |
| Alternative Phone No | OTHERS-97391782 |

Vehicle Particulars

| | |
|--|----------------------------|
| Manufacturer | HYUNDAI |
| Model | ELANTRA-1.6 ELITE (MD) (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 | 2100494301-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN JOO NGUAN |
| NRIC No | S0729547B |
| Date Of Birth | 20/02/1953 |
| Occupation | INDOOR |
| Date Of Driving Pass | 31/03/1984 |
| Driving Experience | 34 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97391782 |
| Fax Number | |
| Contact Number | OTHERS-97391782 |
| Email Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 126 SERANGOON NORTH AVENUE 1 #02-71 |
| Postcode | 1955 |
| 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 | SIDE SWIPE |
| 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

| | |
|---|----|
| 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 SKETCH PLAN AND ATTACHMENT

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 | UNKNOWN |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | 92990632 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |


SKETCH PLAN


IMPORTANT NOTICE

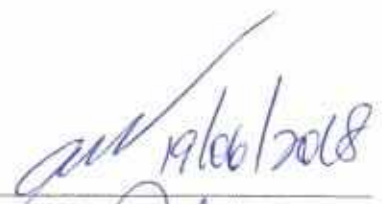

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

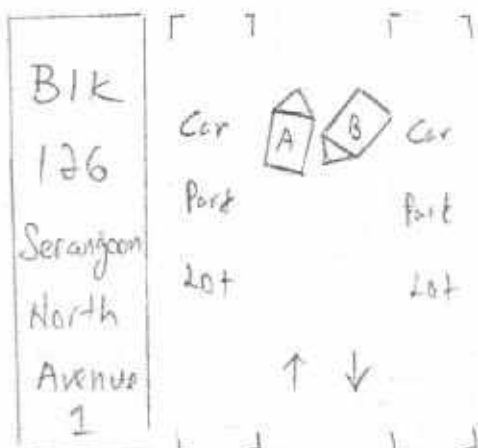
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



A = SKX4891L

B = Unknown

Blk 126 Serangoon North Avenue 1 Open Car Port

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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.:

19/06/2018
[Signature]

On 18.06.18 at about 18:45 hours at along Blk 126 Serangoon North Avenue 1 Open car park. While I was stop and waiting for the car park lot, vehicle B pick up a passenger and make a u turn to exit the car park suddenly I heard a loud bang from my right hand side. The 3rd party driver ask me to move forward my vehicle and causing my vehicle more serious at the right hand side. After the accident I didn't take any accident scene photo and 3rd party vehicle number. I just have 3rd party contact number HP: 9299 0632, I try to call her but she refuse to give me the car plate number.

Vehicle A : SKX4891L

Vehicle B : Unknown

19/06/2018
Rosli naffar

SINGAPORE ACCIDENT STATEMENT

| | | | | | |
|---|--|-------------------------|--|---|--|
| Accident Date: 18/06/18 | | Time: 18:45 | | (hh:mm) 24 hr format | |
| Location Blk 126 Serangoon North Avenue 1 Open car Park | | | | | |
| Vehicle Number SKX4891L | | | | | |
| Insured Name Tan Joo Nguan | | | | | |
| NRIC/FIN S07295447B | | Contact Number 97391782 | | | |
| Make Hyundai | | Model Elantra Elite | | | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | | |
| () Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting | | | | | |
| Insurance Company AIG | | | | | |
| Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only | | | | | |
| Policy Number 2100494301-01 | | | | | |
| Name of Driver | | | | (<input checked="" type="checkbox"/>) Same as Insured | |
| NRIC / FIN | | Contact Number | | | |
| Date of Birth 20/02/1953 | | | | | |
| Driving Pass Date 31/03/1984 | | | | | |
| Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor | | | | | |
| Gender (<input checked="" type="checkbox"/>) Male () Female | | | | | |
| Email Address - No e-mail - | | | | () NO EMAIL | |
| Address of Driver Blk 126 Serangoon North Avenue 1 | | | | | |
| # 02-71 Singapore 1955 | | | | | |
| Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No | | | | | |
| If No, Relationship of the Driver with the Insured | | | | | |
| (<input checked="" type="checkbox"/>) 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 (<input checked="" type="checkbox"/>) Clear () Raining () Others | | | | | |
| Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others | | | | | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | | | | | |
| Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No | | | | | |
| If yes, injured detail - NO - | | | | | |
| Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No | | | | | |
| Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report | | | | | |
| DETAILS OF 3 rd party | | Name / Nric | | Contact | |
| Veh B unknown | | HP 9299 0632 | | | |
| Veh C | | | | | |
| Veh D | | | | | |
| Veh E | | | | | |
| Veh F | | | | | |

Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0729547B



Name
TAN JOO NGUAN

Race
CHINESE
Date of Birth
20-02-1953
Country of Birth
SINGAPORE
Sex
M



SCX 4891L

Owner & driver



0309603



NRIC No. S0729547B

Blood Group
O+

Date of issue

13-04-1992


Address
APT BLK 126 SERANGOON NORTH AVENUE 1
#02-71
SINGAPORE 1955

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0729547B**
 Name: **TAN JOO NGUAN**

Birth Date: **20 Feb 1953**
 Issue Date: **10 Feb 2004**

001114985K




Sex 48912

Owner & driver

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

| Class | Description | PASS DATE |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 31 Mar 1984 |

NP 428A

Licence No: S0729547B





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Joo Nguan
 Period of Insurance : 16 Dec 2017 To 15 Dec 2018
 Engine No. : G4FGFU039635
 Chassis No. : KMHDH41CMGU642932

Vehicle No. : SKX4891L
 Policy No. : 2100494301-01
 Endorsement No. :
 Issued Date : 04 Dec 2017

ABOUT THE COVER

Make/Model : HYUNDAI ELANTRA ELITE
 Engine Capacity/Tonnage : 1 591.00 CC
 Driver Restriction : NA
 Sum Insured :
 Market Value :
 Off Peak Car : No
 First Year of Registration : 2015
 Insuring with COE/PAF : Yes

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 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 hire or reward, driving tutor, 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 1500cc - 1500cc Optional

* Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 185) and Section 94 of the Road Transport Act, 1997 (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 : \$150

Named Driver and Excess (where applicable):

Tan Joo Nguan - \$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 6338 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: HL Bank

I/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. 185), Part IV of the Road Transport Act, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0501205010

INSURE LINK PTE LTD
 2 KALLANG AVE #08-15 CT HUB
 SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Insure Link Pte Ltd
 2 Kallang Avenue #08-15
 CT Hub S(339407)
 Tel: 6338 6200
 Fax: 6338 6201

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Yin Ying Loh