

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 20/06/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/1418011394/13 | SAS e-filing | | |
| Veh No: 5LL96305 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 21/06/18 1815 | i-Motor Claim Form | | |
| OD (TP) 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: (TWINCAR | Tel: | Fax: |
| TP Particulars: | Veh No: SKF7334J | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|---|-------------|----------|----------|
| NA1803921 | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
| Claimant's Particulars :- | | | 1st Bill | Add Bill |
| Driver/Owner: | 1) AR : Accident Reporting (\$30); | | | |
| 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 | | | |
| | 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:- | | | |
| | OD* | | | |
| | *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 \$0 | | | |
| 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 | 22/06/2018 15:22 |
| Date Of Accident | 21/06/2018 18:15 |
| Exact Location Of Accident | SLIP RD FROM BOON LAY WAY INTO CORPORATION RD |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLL9630S |
| Insured/Policyholder | |
| Name Of Registered Owner | HITACHI CAPITAL ASIA PACIFIC PTE LTD |
| Co Reg No | 199400399N |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-68336263 |
| Vehicle Particulars | |
| Manufacturer | BMW |
| Model | 130I |
| 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 | 2100507987 |
| Cover Note Number | |
| Driver | |
| Name of Driver | PEGGY LEE |
| NRIC No | S9235824J |
| Date Of Birth | 05/10/1992 |
| Occupation | INDOOR |
| Date Of Driving Pass | 14/10/2011 |
| Driving Experience | 6 YEARS AND 8 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-88090963 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 275D JURONG WEST ST 25 #09-63 |
| Postcode | 644275 |
| 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 | |
| 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) | 3 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : FEMALE |
| Passenger 2 | NAME: : UNKNOWN GENDER: : MALE |

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? | YES |
| Remarks/ Reasons: | FRONT ONLY |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SKF7234J |
| 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 | PEGGY LEE |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | SLL9630S |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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.

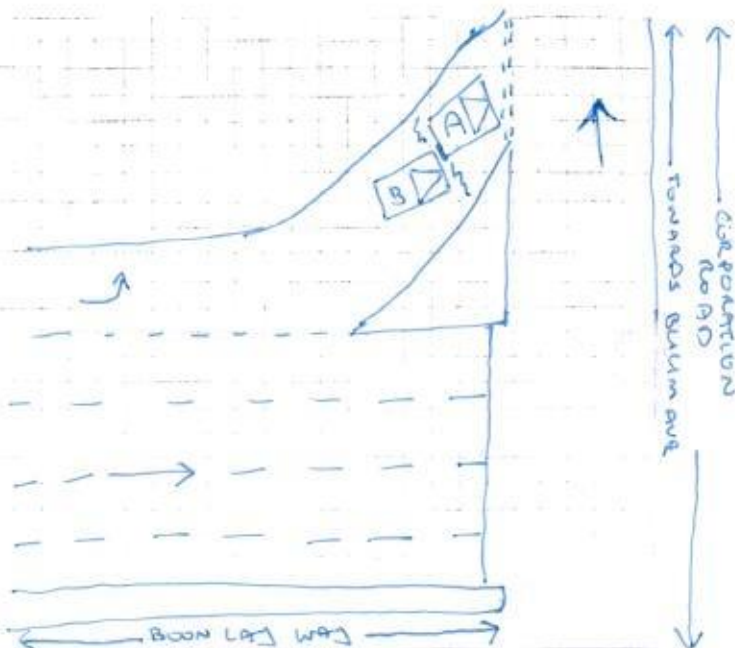
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

VEHICLE A - SLL 96305
VEHICLE B - SKR 72343



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARY STOPPED AT THE GIVEWAY LINE, AT THE SLIP ROAD FROM BOON LAY WAS INTO CORPORATION ROAD TOWARDS THE DIRECTION OF BULIM AVE.

WHILE GIVING WAY TO THE ON-GOING VEHICLE ALONG CORPORATION, SUDDENLY I FELT A IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE BEARING (SKR 72343) THAT COLLIDED TO THE REAR OF MY VEHICLE, WHILE I WAS STATIONARY STOPPED AT THE GIVEWAY LINE.

THE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SLL 96305

VEHICLE B - SKR 72343

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.:

| | | | |
|-----------------------------------|--|--------------------------------------|----------------------------|
| Vehicle No. | SLL 96301 | Model / Make | Bmw 130i |
| Date of Accident | 21/6/18 | | |
| Time of Accident | 1815 | HRS | |
| Location of Accident | SLIP ROAD FROM BOON LAY WAYS INTO CORPORATION RD TOWARDS BULIM AVE | | |
| Exact purpose use during accident | PRIVATE USE | | |
| Name of Owner | HITACHI CAPITAL ASIA PACIFIC PTE LTD | | |
| Telephone No. | H/P: | Home: | Office: 68336263 |
| NRIC | 199400399N | | (SAME) |
| Address | 111 SOMERSET ROAD #14-05-15 TRIPURNE SOMERSET | | |
| Claim type | OD | THIRD PARTY | REPORTING ONLY SC 238164 |
| Insurance Company | AIG | | |
| Type of Coverage | Comprehensive | Third Party | Third Party / Fire / Theft |
| Policy No. | 2100507987 | | |
| Name of Driver | As Above If <input checked="" type="radio"/> Please Let | | |
| NRIC | S9235824J | Any Passengers: 2 (1 male, 1 female) | |
| Date of birth | 05/10/1972 | | |
| Occupation | Outdoor | / | Indoor |
| Driving License Pass Date | 14 OCT 2011 | | |
| Gender | Male | / | Female |
| Contact No. | H/P: 8809 0963 | Home: | Office: |
| Address | BLK 275D JURONG WEST ST 25 #09-63 S(644275) | | |
| Driver have any own vehicle | <input checked="" type="radio"/> No | If yes, Reg No. | |
| Relationship | Employee, | If no, state | OWNER / MAIN DRIVER |
| Weather condition | Clear | Raining | Other |
| Road Surface | Dry | Wet | Other |
| Any Injuries | No, | If Yes, Who? | |
| Name And Contact No. | | | |
| Name And Contact No. | | | |
| Police Report | <input checked="" type="radio"/> No | If Yes, Where? | |
| Vehicle B No. | SKE7234J | Any Passengers: | |
| Name of Driver | | Contact No.: | |
| Vehicle C No. | | Any Passengers: | |
| Vehicle D No. | | Any Passengers: | |
| Vehicle E no. | | Any Passengers: | |
| Vehicle F No. | | Any Passengers: | |
| Vehicle G No. | | Any Passengers: | |
| Witness Name | | Witness Contact: | |
| Accident Portion | REAR | | |
| Camera Recorder | <input checked="" type="radio"/> Yes / No | FRONT VIEW | |
| Email Address | | | |
| | | | |
| | | | |
| PARTICULAR WORKSHOP | TWINCAR AUTOMOTIVE PTE LTD | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | IAN | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP Email ADDRESS | sales@n51.com.sg | | |

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9235824J



Name

PEGGY LEE

李佩琪

Race

CHINESE

Date of birth

05-10-1992

Sex

F

Country of birth

SINGAPORE

S9235824J

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9235824J
Name:

PEGGY LEE

Beth Date: 05 Oct 1992

Issue Date: 14 Oct 2011



002008674B



4110059

NRIC No. S9235824J



Date of issue

04-10-2007

APT BLK 275D JURONG WEST STREET 25 #09-63
SINGAPORE 644275
NRIC No: S9235824J Date: 18/04/2017

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 14 Oct 2011
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg



Licence No: S9235824J

NP 428A



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Hitachi Capital Asia Pacific Pte Ltd
 Period of Insurance : 20 Apr 2017 To 21 Apr 2018
 Engine No. : 74404338N52B30AF
 Chassis No. : WBAUB12020VE72069

Vehicle No. : SLL9630S
 Policy No. : 2100507987
 Endorsement No. : 000000000150731
 Issued Date : 11 Oct 2017

ABOUT THE COVER

Make/Model : BMW 130i
 Engine Capacity/Tonnage : 2,996.00 CC
 Driver Restriction : NA

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2009
 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

Any person who is driving on the Policyholder's order or with their 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 S\$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 25 and/or has less than 2 years' driving experience. This additional sum does not apply if your policy is a Named Driver policy.

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, prize-winning, 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.

* Limitations rendered inoperative by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) 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 - \$1500 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Hg HanSheng - \$1500 (Own Damage) Peggy Lee - \$1500 (Own Damage) HITACHI CAPITAL ASIA PACIFIC PTE LTD - \$1500 (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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For 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: NA

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third-Party Risks) Rules, 1988 (Malaysia).

0504398100

PRIVILEGE CAPITAL PL - HITACHI
 MAPEX BUILDING 37 JALAN PEINIMPIH #01-01
 SINGAPORE 577177

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Janile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

KIA THING CHIA