

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MNA118133694**

| | | | |
|----------------------------------|--|-----------------------|---------|
| Date In: 12/10/18 - 14:11 | Job description | Date & Time Completed | Done by |
| Ref No: NA118133694/24 | SAS e-filing | | |
| Veh No: JME155A | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 12/10/18-20:25 | i-Motor Claim Form | | |
| OD: TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: ()

TP Particulars: Vch No: **JKU1637U** Tel: () Fax: ()

Owner / Driver: () INC () / Non-INC ()

Policy No: () Period: () Tel: ()

Confirmed by: () Cover Type: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%] Date: () Time: ()

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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

NA1806585

| | | | | |
|---------------------------------|---|-------------|----------|----------|
| Claimant's Particulars: | Invoice Preparation Checklist: | | Amt (\$) | Amt (\$) |
| Driver/Owner: | 1) AR : Accident Reporting (\$30); | | In-Bill | Add-Bill |
| 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 | | | |
| Auditors' Comments: | 5) FT : Follow-Through Survey (Resurvey) \$30 | | | |
| at 1: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| at 2 / 3: | 6) TR : Re-inspection \$75 | | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | Q1* | | | |
| | *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 30 | | | |
| | 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 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. 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 | 15/10/2018 14:11 |
| Date Of Accident | 12/10/2018 20:25 |
| Exact Location Of Accident | KOVAN HEARTLAND MALL OPEN SPACE CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|---------------------------|
| Vehicle Registration Number | SME1155A |
| Insured/Policyholder | |
| Name Of Registered Owner | WEE JIA HUI |
| NRIC No | S8930743J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92228362 |
| Alternative Phone No | OFFICE-92228362 |
| Vehicle Particulars | |
| Manufacturer | SUBARU |
| Model | FORESTER 2.0XT CVT AWD SR |
| 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 | 1800046189 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN TECK LENG, CALVIN |
| NRIC No | S8208282D |
| Date Of Birth | 13/03/1982 |
| Occupation | INDOOR |
| Date Of Driving Pass | 19/01/2006 |
| Driving Experience | 12 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97894662 |
| Fax Number | |
| Contact Number | OFFICE-97894662 |
| EMail Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 521 HOUGANG AVENUE 6 #10-45 |
| Postcode | 530521 |
| 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 | 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? | |
| 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 | HOUGANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4890999 - FAX NO: 63128989 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20181012/2157.

Attachment(s)

| | |
|---|---------------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SKU1627U |
| 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)

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:

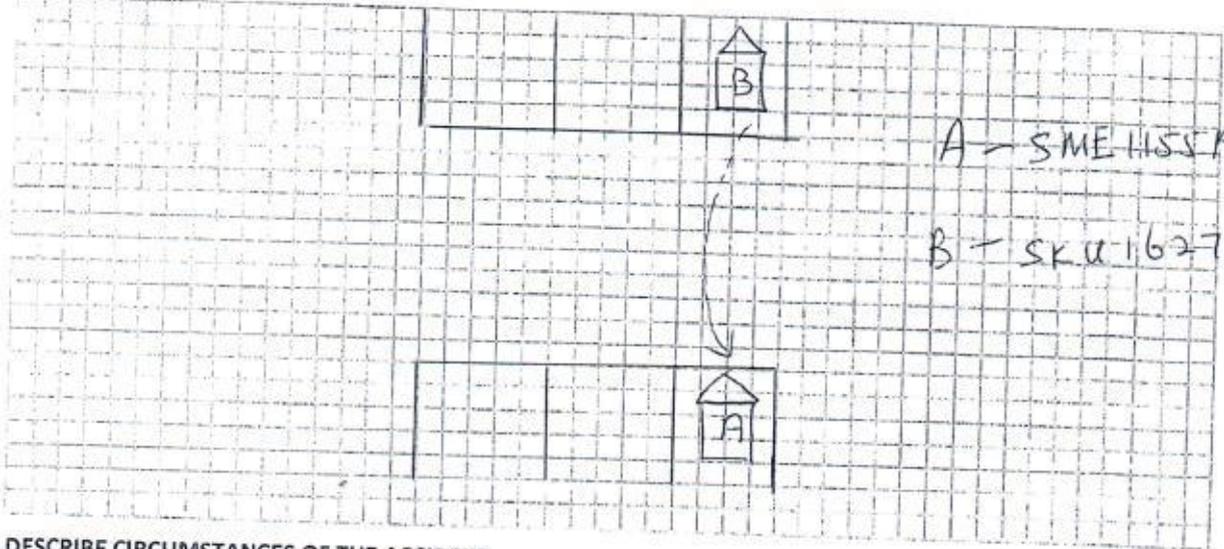
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report 1/20181012/2157

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:
NIC/FIN No.:

Date of Accident : 12/10/18 Accident Time: 20.25 (24-HR-Format)
 Accident Place : Kovan Heartland Mall open carpark
 Vehicle No. (Car Plate No.) : SME 1155A Make/Model: Subaru Forester
 Insurance Company : AIG Policy No: 1800046189
 Owner or Company Name /IC No. : S/8930743/J Wee Jia Hui
 Owner or Company Contact No. : _____ Owner's Hp 92228362 Company Tel _____
 DRIVER'S Name / IC No. : Calvin Tan Teck Leng (S/8208282/D)
 DRIVER'S Date Of Birth : 13/05/1982 DRIVER'S License Pass Date 19/01/2006
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: husband
 DRIVER'S Address : Blk 521 Hougang Ave 6 #10-45 S530521
 DRIVER'S Contact No / Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : ca mm 11 jj@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): NO
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

| | |
|------------------------------|------------------------------|
| Vehicle No: <u>SKU 1627U</u> | Vehicle No: _____ |
| Vehicle Make\Model: _____ | Vehicle Make\Model: _____ |
| Name Driver: _____ | Name Driver: _____ |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

* NEW - Passenger's name & gender:



**SINGAPORE
POLICE FORCE**



T/20181012/2157

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3
Report No. T/20181012/2157

CONTINUATION OF REPORT

| Vehicle Owner | | | |
|-----------------------------------|-----------------------|--|---------------------------------|
| Name | TAN TECK LENG, CALVIN | ID No. | S8208282D |
| Related Vehicle | SME1155A (Car) | Contact No. | 97894662 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 12/10/2018 at about 2010hrs, I parked my vehicle SME1155A at the open carpark at the mentioned location.

Later I returned to my vehicle and I received a notification informing impact detected. I viewed the footage and discovered that at 2026hrs, the mentioned vehicle SKU1627U had hit the center of the front bumper of my vehicle. The vehicle left without leaving any note.

The damage on my vehicle is on the front bumper.



**SINGAPORE
POLICE FORCE**



T/20181012/2157

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20181012/2157

CONTINUATION OF REPORT

Sketch Plan

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: F / Staff Sgt MUHAMMAD HELMI BIN SUBAWI | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 12/10/2018 22:09 |
| Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902 | Classification Of Case: |

Authentication Stamp
NP168


 Signature: _____
 Singapore Police Force

Land Transport Authority
 Land Transport Authority
 10 Sin Ming Drive
 Singapore 575701
 GST Registration No. M4-0006529-2

Print Date/Time: 27 Sep 2018 / 15:07:00
 Receipt Date/Time: 27 Sep 2018 / 15:07:00

Tax Invoice/Receipt

Receipt No. ITNET-00000-180927-001495

Previous Receipt No.:

| S/N | Item Description/ Business Transaction Reference No. | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
|-------------------------------|--|-------------------------------|-----------------------------------|------------------------------|
| Replaced Vehicle No. SLZ3230D | | | | |
| 1 | Replacement of Veh Reg No. - SME1155A Replacement Fee 20180927150539829244 | 300.00 | 21.00 | 321.00 |
| Sub-Total | | 300.00 | 21.00 | 321.00 |
| Total Before Rounding | | 300.00 | 21.00 | 321.00 |
| Rounding Difference | | | | 0.00 |
| Total Amount Payable | | | | 321.00 |
| Paid By | | | | |
| | 20180927150554841 | Direct Debit | eNETS Debit (Internet Banking) | 321.00 |
| Total | | | | 321.00 |
| Cash Change | | | | 0.00 |
| Tendered Amount | | | | 321.00 |
| Excess Refundable Amount | | | | 0.00 |

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8208282D

Name: TAN TECK LENG, CALVIN

Birth Date: 13 Mar 1982

Issue Date: 05 Mar 2019

002402150E




5428916



NRIC No. S8208282D



Date of Issue: 07-02-2015

Address: APT BLK 521 HOUGANG AVENUE 6 #10-45 SINGAPORE 530521

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8208282D



Name: TAN TECK LENG, CALVIN

陈 德 能

Race: CHINESE

Date of birth: 13-03-1982

Country/place of birth: SINGAPORE

Sex: M




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars < 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

EFFECTIVE DATE: 19 Jan 2006



Licence No: S8208282D

NP 428A



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTION PRIVATE VEHICLE

Name of Policyholder : Wee Jia Hua
 Period of Insurance : 26 Apr 2018 To 27 Apr 2019
 Engine No : FA20CC60882
 Chassis No : JF15JGKRSJG107572

Vehicle No : SLZ2300
 Policy No : 1500046189
 Endorsement No :
 Issued Date : 21 May 2018

ABOUT THE COVER

Make/Model : SUBARU New Forester 2.0XT
 Engine Capacity/Tonnage : 1,998.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2018
 Insuring with GOE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

is the Policyholder
 to Any other person who is driving on the Policyholder's order or with his/her permission
 This Policy will indemnify the Policyholder or any authorized 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' ('YDI') 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, delivery, driving test, racing, pace-making, stability test or speed testing, the carriage of goods other than samples or containers with any form of business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations imposed hereunder by Section 9 of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 193) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$1,140; Own Damage - \$1400; Theft - \$0; Flood Cover - \$0

Section 2

Theft or Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Wee Jia Hua - \$1400 (Own Damage)

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

1 Motor repair Enterprise Pte. Ltd. Amd 15 Looong 8 Tse Payoh Singapore 218255 64176930

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6738 8208. 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 this is a true and correct copy of the Certificate of Insurance which is issued in accordance with the provisions of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 193) and Section 95 of the Road Transport Act, 1987 (Malaysia) and Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 193) and Section 95 of the Road Transport Act, 1987 (Malaysia).

050019216

TAN CHONG CHHUT SUBARU-JAN

011 BUKIT TIMAH ROAD

SINGAPORE 596022

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE