

NATIONAL Assessment Centre Services.

Part 1 Jan 03

MWA 119007543

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 16/1/19 16:56 | Job description | Date & Time Completed | Done by |
| Ref No: NA1A16190001007164 | SAS e-filing | | |
| Veh No: SLP 9803P | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 15/1/19 17:50 | I-Motor Claim Form | | |
| OD: (P) 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: (| Tel: | Fax: |
| TP Particulars: | Veh No: Sdk 6516J | 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% P: 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 No: 674866168)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

| Date/Time | Actions |
|-----------|---------|
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MWA 1900451

| | | | |
|---------------------------------|--|-------------|----------|
| Client's Particulars: | Invoice Item (from Client) | Am (\$) | Adj (\$) |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$50) | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments: | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| | For obtaining against INC Only (see 10 Jan 2003) | | |
| | 6) TR: Re-Inspection \$75 | | |
| | 7) NI: Ideal DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Coordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (Nil): TP (Non INC) against INC \$20 | | |
| | 9) N12: Ideal 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 | 16/01/2019 16:56 |
| Date Of Accident | 15/01/2019 17:50 |
| Exact Location Of Accident | CLEMENCEAU AVE TWDS ORCHARD |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLP9803P |
| Insured/Policyholder | |
| Name Of Registered Owner | ONG YUNZHENG(WANG YUNZHENG) |
| NRIC No | S8726155G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-82982928 |
| Alternative Phone No | OFFICE-82982928 |
| Vehicle Particulars | |
| Manufacturer | MAZDA |
| Model | MAZDA 3 |
| 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 | 2100510967-01 |
| Cover Note Number | - |
| Driver | |
| Name of Driver | ONG YUNZHENG(WANG YUNZHENG) |
| NRIC No | S8726155G |
| Date Of Birth | 27/08/1987 |
| Occupation | INDOOR |
| Date Of Driving Pass | 13/03/2015 |
| Driving Experience | 3 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82982928 |
| Fax Number | |
| Contact Number | OFFICE-82982928 |
| E-Mail Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | BLK 471B FERNVALE ST #06-113 |
| Postcode | 792471 |
| 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 - CHANGE/CROSS LANE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) 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) | 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 ATTACHED STATEMENT.

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 | SDK6516J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | KANDA SAMY SOUNDARARAJAN |
| NRIC/Passport Number | S8062087Z |
| 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.

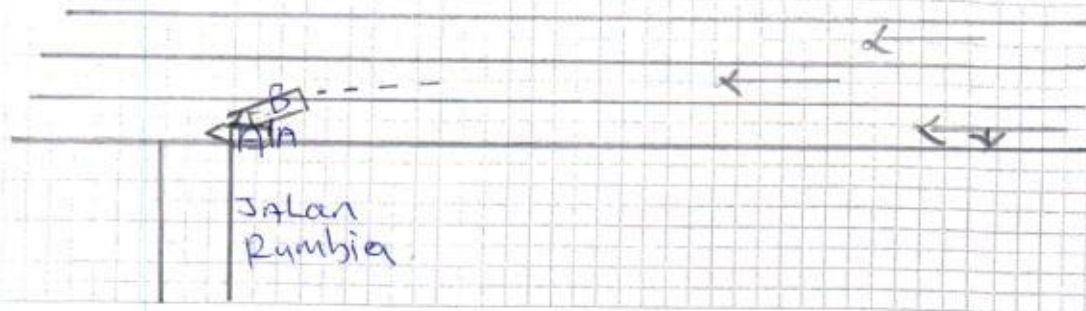

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

A SLP 9803P
B SDK 6516J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15 January 19, at around 1752hrs, I was driving my vehicle SLP9803P along Clemenceau Avenue towards Orchard. I was driving on the extreme left lane. As I was driving, 40 meter in front of me, I saw a vehicle SDK 6516J signalling left. I immediately released my accelerator expecting vehicle SDK 6516J to change lane and move on. However, to my shock, the vehicle started to slow down as it moved into my lane, and almost stopping between 2 lanes. By then the distance was too close for me to avoid this accident. Upon alighting, the vehicle owner of SDK 6516J claimed that actually he wanted to turn ~~in~~ left into Jalan Rumbia. I was totally not at fault at this accident as the vehicle SDK 6516J should not have change lane in this manner, and also not to turn into Jalan Rumbia. If he had change lane in a normal manner, the accident would not have happened.

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: SLP 9803P

MAKE & MODEL: mazda 3 1.5 sportiv

| | |
|--|---|
| DATE OF ACCIDENT | 15 / 01 / 2019 |
| TIME OF ACCIDENT | 5:52 AM (PM) |
| LOCATION OF ACCIDENT | |
| Exact Purpose use during accident | |
| NAME OF OWNER | Mr Yunzheng |
| TELP NO | 8298 2928 |
| NRIC | S87261559 |
| CLAIM TYPE | OD / <u>THIRD PARTY</u> / Reporting Only |
| PRIVATE HIRE | YES / <u>NO</u> ? |
| INSURANCE CO. | AVG |
| TYPE OF CAVERAGE | Comprehensive / Third Party / Third Party Fire & Theft |
| POLICY NO. | |
| NAME OF DRIVER | As above / If No: |
| NRIC | |
| DATE OF BIRTH | 27 / 08 / 1987 |
| OCCUPATION | Outdoor / <u>Indoor</u> |
| DATE OF DRIVING PASS | 13 / 03 / 2015 |
| GENDER | <u>Male</u> / Female |
| CONTACT NO. | |
| ADDRESS | Office: Home: BIK 471B Fernvale Street #06-113 (S) 707471 |
| DRIVER HAVE ANY OWN Vehicle | NO / If yes: Reg No: |
| RELATIONSHIP | Employee / If No: |
| WEATHER CONDITION | <u>Clear</u> / Raining / Other: |
| ROAD SURFACE | <u>Dry</u> / Wet / Other: |
| ANY INJURIES | <u>No</u> / If yes: Who? |
| CONTACT NO. | |
| POLICE REPORT | No / If yes: Where? |
| VEHICLE B NO. | SDK 6516J Any Passenger: - |
| NAME | kanda Samy Soundararajan S80620872 |
| CONTACT NO. | |
| VEHICLE C NO. | Any Passenger: |
| VEHICLE D NO. | Any Passenger: |
| VEHICLE E NO. | Any Passenger: |
| VEHICLE F NO. | Any Passenger: |
| ANY WITNESS | |
| WITNESS CONTACT NO. | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / NO |
| PARTICULAR WORKSHOP | Sme Motor Pte Ltd |
| TELP NO | 1 Kaki bukit ave 6 #02-15 |
| CONTACT PERSON | Autohay @ kaki bukit |
| FAX NO. | Singapore 417883 |
| | Tel: 67476106 (6 lines) |

6 Speed Autowerkz Pte Ltd

68 Kaki Bukit Avenue 6
 #02-05 ARK @ KB, Singapore 417896
 Tel: 6384 7037 Fax: 6384 7039
 Email: 6speedautowerkz@gmail.com

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8726155G**

Name: **ONG YUNZHENG (WANG YUNZHENG)**

Birth Date: **27 Aug 1987**

Issue Date: **13 Mar 2015**

002405145D

SG 50

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8726155G**



Name

ONG YUNZHENG (WANG YUNZHENG)

王云政

Place

CHINESE

Date of birth

27-08-1987

Country/Place of birth

SINGAPORE

Sex

M

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **13 Mar 2015**



NP 428A



6007456

NRIC No. **S8726155G**



Date of issue

24-08-2018

Address

**APT BLK 471B FERNVALE STREET
#06-113
SINGAPORE 792471**



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Ong Yunzheng (Wang Yunzheng)
Period of Insurance : 23 Jun 2018 To 22 Jun 2019
Engine No. : P520446486
Chassis No. : JM6BN22A8H0154500

Vehicle No. : SLP9803P
Policy No. : 2100510967-01
Endorsement No. :
Issued Date : 19 Jun 2018

ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV
Engine Capacity/Tonnage : 1,496.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 30 years old and above

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, 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 - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Ong Yunzheng (Wang Yunzheng) - \$600 (Own Damage)

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

1 Trans Eurokars Pte Ltd Add: 5 Ubi Close, Singapore 408605 63958899

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: OCBC Bank Ltd

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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA
7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX
SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPD60