NATIONAL Assessment Centre Services	. [wel 1 Jan'05] .	MAY 19009583	
Date In: MOLI 2009 12:46 Jeb descrip		Date & Time Completed	Done by
Ref No: NBA ALGO 900 1267 14 SAS C-1111	ng		
	(this thus, AIC 2hm)		*
	Salm Form		
i-Motor V	W/O (Within: OD 2hes,	TP 4hrs)	
OD / (FP /) Reporting Only			
Assessmen	t/Survey Report		
1 12 insurer:	rt by Fax / Hand to	Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tul: Fa	x;)
TP Particulars: Veh No: FBT 71930	INC()/Non-INC().	
Owner/Driver: (Tel:)
Policy No: () Period: ()	Cover Type: ()
Confirmed by : (Dates	Timer)
Insured/Driver Liability: (%) [Note-Est. Statu	s (WO): N: 0-209	%; P: 21-79%. P: 80-10	0%]
Year of Registration: () Warranty: YES	()/NO()		
Excess: (\$) Loading: \$1,000 ()/\$2,0	000()		
General Kelindelta & K. Tana M. And Black Ask and Calif		经对外的人们的	21 ()
() Walk-In Customer : Customer's Information strictly	Confidential & Stric	tly NO rafer of repairer.	
() Total Loss Case : to e-mail Insurer URGENTL	Υ	, · .:	· ·
Drive-In ()/ Towed-In (); Invoice: YES ()	/ NO (); To	wing Co: (· , '	·)
neminals:	DE LOS MENTOS DE LA COMPANSION DE LA COM	Blicking Completing	La Emons by
1) Apply for Transport Allowance ()/ Courtesy Car ()		usacekalo ace — ——— Svente la Balka-esecul
2) QC Check / Post Repair Inspection (•)		
3) Upload Resurvey Photo [Repair Cost>\$3000] () :	• •	1 1
Injury:			
Directions Actions were sense to the sense of the sense o	NAME OF THE PARTY	inguistant substitution	A OFFICE AND A
ACCESSANCE POSSESSANCE PARAMETERS AND ACCESSANCE PARAMETERS AND ACCESS	energanistra (unitaleo entra	ACTION CONTRACTOR AND ACTION ASSESSMENT	Christian .
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intrinants particulars of the second second	1) AR : Assident Re	porting (530);	
Designation of the second seco	2) DA : Damage As 3) TF : Towing Pea	. \$40/5	45
river/Owner:	4) PT : Follow-Thre	ough Survey (Resurvey)	20
ontact No:	· For elaiming aga	inat INC Only (wef 10 Jan 200)	75
amaged Portion:	7) N1 : Idao DA + S	MRT Survey	60
	8) NTUC Additions	al Sorvices:-	
C Checked by (Engr-In-Charge):		et i aparamo	35
	*N6: Repair Co-	Inspection	725
runtura 200minents is	NB: DV / Collect	t Excess Coordination	35
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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.
- 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.

SHARING HEAD SHARING	ACCIDENT STATEMENT
Date Of Report	21/01/2019 12:46
Date Of Accident	19/01/2019 12:20
Exact Location Of Accident	ALONG FARRER ROAD
Country/State of Loss	SINGAPORE
STATE OF THE STATE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW6144R
Insured/Policyholder	
Name Of Registered Owner	TAN TUCK YONG
NRIC No	S1755750E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81116471
Alternative Phone No	OTHERS-81116471
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA-1,4 TSI (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	1800027300
Cover Note Number	
Driver	
Name of Driver	CHELSEA CHEN XI
NRIC No	S9348652H
Date Of Birth	23/12/1993
Occupation	INDOOR
Date Of Driving Pass	21/07/2012
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81116471
Fax Number	

OTHERS-81116471

NOEMAIL

Address

BLK 326 BUKIT BATOK STREET 33

#03-53

Postcode

650326

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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?

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?

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)

2

Passenger 1

NAME:

: CINDY LEE XIN TING

GENDER:

: FEMALE

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 POLICE REPORT T/20190119/7005

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

FBJ7193D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

KNAGESVARAN S/O THRUNAVAKARASU

NRIC/Passport Number

S8516484H

Contact Number

93882097

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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 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:
 - 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

NRIC/FIN No :

00

Please r	efer to	police repor	Repar	HO-7/201	90119 (7005)

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





1 of 3

Report No. T/20190119/7005

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Date/Time 19/01/201		lade:	Vide Report No.: E/20190119/0079	Station Diary No.:
Informant	's Particu	ılars		
Name of I		1	Address: APT BLK 326 BUKIT BATOK 650326	STREET 33 #03-53 SINGAPORI
ID Type / NRIC NO		52H	Contact No.: Home/Office:	Mobile: 81116471
Nationality		EN	Email: 13r.dwi@gmail.com	
Sex: Female	Age: 25	Date of Birth: 23/12/1993	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation		lopment manager	Driving Licence Information: Class:	Date of Expiry:

General Inform	nation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/01/2019 12:20	Type of Location: Straight Road
Location: FARRER RO	AD			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis	sion: ving Vehicles - Head To R	Rear		Anyone conveyed by ambulance: Yes

Details of V	ehicle Involve	d	- 475			
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBJ7193D	Motorcycle	SUZUKI	1	Red	Slightly Damaged	0
SLW6144R	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



2 of 3

Report No. 7/20190119/7005

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

lider	KNAGESVARAN S/O T	LICH INIAW	AKARASU	ID No.	1	S8516484H
ame	KNAGESVARAN SID T	INOMA				
1.500.00	FBJ7193D (Motorcycle)	No.		Contac	No.	93882097
Related Vehicle	FR1) (Agress) (Moressa) and	X				Class: NiL
Hospital/Clinic	NIL			Class of Driving Licence Expiry	3 &t	Date of Explay: NIL
			T =		NIL	
Date Treatment	NIL	1001	Date Disc	f Injury	Slight	
No. of Days gran	ted Medical Leave	NIL	Degree o	t tripping 1		
Driver				I ID No		S9348652H
Name	CHELSEA CHEN XI			The state of the s		
AMERICA.	18.3			Conta	ct No.	81116471
Paleted Vehicle	SLW6144R (Car)					
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class; NIL Date of Expiry; NIL
			Date Dis	scharge	NIL	
Date Treatmen	NIL	NIL	Degree	of Injury	NIL	
No. of Days gra	inted Medical Leave	1111	- Adapta			The second second
Passenger	CINDY LEE XIN TIN	9		ID N	0.	9036271B
Name	CINDY LEE ANY THE	3711			- at Nic	98755531
Related Vehicl	e SLW6144R (Car)			Con	act No), 30/30001
Keistiga Aetitor	M. 549			Clas	s of	Class: NIL
Hospital/Clinic	NIL			Driv		Date of Expiry: NIL
	75.10		Date D	Discharge	NII	
Date Treatme	nt NIL ranted Medical Leave	NIL	Degro	e of Injur	V NII	0

AT 19/01/2019, TRAFFIC WAS MODERATE AND WEATHER WAS CLEAR. I WAS DRIVING MY VEHICLE (SLW6144R) TRAVELLING ALONG LANE 2 OF FARRER ROAD TOWARD BARTLEY ROAD. OUT OF A SUDDEN, I FELT A IMPACT ON THE REAR, I ALIGHTED AND REALISED THAT THE MOTOR BIKE (FBJ7193D) HAD COLLIDED ONTO THE REAR OF MY VEHICLE. HE WAS THEN CONVEYED TO THE HOSPITAL.





3 of 3

Report No. T/20190119/7005

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / LEE GUANG HUI Contact No.: 65476138

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time: 19/01/2019 14:21

Classification Of Case:

Authentication Stamp NP168

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 19-01. 9019	TIME: 22 Johns (hh:mm) 24 hrs Format
LOCATION Farrer Rd	
LIAL Y	
VEHICLE NUMBER SLW 6144 R	
INSURED NAME Ton Tuck Your	
NRIC/FIN \$ 1755750E	CONTACT:
MAKE VOKSWUGEN MODEL	deta 1-4 TSI AT 1K23Q5 MX
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 A 16	
TYPE OF POLICY () COMPREHENSIVE () THIRD PARTY () TPFT
POLICY NUMBER: \ 9.00027500	
1000	
NAME DRIVER: Che sea Chen X	() SAME AS INSURED
THE PROPERTY OF THE PARTY OF TH	A functional Later Control Con
NRIC/FIN 393486521+	CONTACT: 8 647
DATE OF BIRTH: 23-12.1993	10000000000000000000000000000000000000
DRIVING PASS DATE: 21.07. 2012	
	OUTDOOR
	FEMALE
EMAIL ADDRESS:	() NO EMAIL
ADDRESS OF DRIVER: 326 bull fortok	
THE PERSON NAMED IN THE PE	11 11 12 12 13 14 17 17 17
Number Of Passenger Include Driver: 2 VM	ex indude diarer
(1) Cinar Lee	is the way when
(s) Chelsea Chen V.	
Was driver an employee of the Insured's Company?	?()YES ()NO
If No, Relationship Of The Driver With The Ins	
	elative () Children () Sibling () Others
Does The Driver Own Any Other Vehicle? : ()	
If Yes, Vehicle Registration Number Of Driver's O	
Insurance Company Of Driver's Own Vehicle	
	ning () Drizzling () Others
Road Surface : () Dry () Wet	
Was Any Foreign Vehicle Involved In This Acci	X = /-
Was Anybody Injured In The Accident? (YES ()NO
If YES, Injured details :	4,5,775 (No. 1)
1 125, injured demins	
Convey By Ambulance: () YES () NO)
Was There Any Video Capture By Car Camera	
Was There Accident Reported To The Police?	() YES () NO If Yes Attach Police Report
Police Report Number (if any)	, and the second
Details Of 3rd Party Name / NRIC	No.of Paxs (incl'driver) Contact
Veh B FBJ 71930 NTW	()/Not Sure ()
Veh C	()/Not Sure ()
Veh D	()/ Not Sure ()
Veh E	()/Not Sure ()
	()/Not Sure ()
Veh F	()/Not Sure ()
Veh G	()/ Not Sure ()



IDENTITY CARD NO. \$9348652H





CHELSEA CHEN XI

陈惜

CHINESE

23-12-1993 SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3 Motor Cars < 3000kg with =<7 passengers, exclusive 21 Jul 2012 of the driver; and other motor vehicles < 2500kg

NP 428A

Licence No: \$9348652H

S9348652H

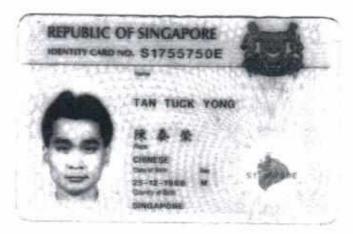
23-12-2008

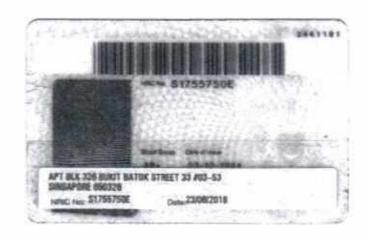
APT BLK 328 BUKIT BATOK STREET 33 403-53 SINGAPORE 650326

PHIND No:

S9348852H Date: 24/08/2018 (R)

4118170







CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Tan Tuck Yong

Period of Insurance

: 17 Mar 2018 To 07 Apr 2019

Engine No.

: CAV211925

Chassis No.

: WWWZZZ1KZBM002656

Vehicle No.

: SLW6144R

Policy No.

: 1800027300

Endorsement No.

: 0000000000209924

Issued Date

: 27 Jun 2018

ABOUT THE COVER

Make/Model

: VOLKSWAGEN JETTA 1.4 TSI

Engine Capacity/Tonnage: 1,390.00 CC

Sum Insured : Market Value

First Year of Registration : 2010

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

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 hershe 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 tuttion, driving test, racing, pade-making, reliability that or speed-testing, the carniage of goods other than samples in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered imperative by Section 6 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

Fire - 50 Own Damage - \$0 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Tan Tuck Yong +

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

Approved Reporting Centres/AIG Authorised Reparers (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 hotine 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 IT uses or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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. 189). Part I/V of the Road Transport Act, 1987 (Melaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Melaysia).

0297000000

TAN TUCK YONG

WHAMPOA POST OFFICE P O BOX 537

SINGAPORE 913251

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

ehicle Owner Particulars	CHARLES AND CONTRACTOR OF THE SECOND
wner ID Type:	Singapore NRIC
Owner ID:	5750E
ehicle Details	21111000 2 12
ehicle No.:	SLW6144R
ehicle to be Exported:	No
ntended Deregistration Date:	31 Jan 2019
/ehicle Make:	VOLKSWAGEN
/ehicle Model:	JETTA 1.4 TSI AT 1K23Q5 MX
Primary Colour:	White
Manufacturing Year:	2010
ingine No.:	CAV211925
Chassis No.:	WVWZZZ1KZBM002656
Maximum Power Output:	118.0 kW (158 bhp)
Open Market Value:	\$21,603.00
Original Registration Date:	08 Oct 2010
First Registration Date:	08 Oct 2010
Fransfer Count:	3
Actual ARF Paid:	\$21,603.00
ntended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Oct 2020
PARF Rebate Amount:	\$11,881.00
Intended COE Rebate Details	
COE Expiry Date:	07 Oct 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$33,089.00
COE Rebate Amount:	\$5,577.00
Total Rebate Amount:	\$17,458.00

The information contained herein is correct as at 21 Jan 2019

OK