

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 11902864

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 18/1/19-19-19 | Job description | Date & Time Completed | Done by |
| Ref No: NA/A1119003022/24 | SAS e-filing | | |
| Veh No: SDV34820 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 16/1/19-20-19 | 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: (| Tel: (| Fax: (|
| TP Particulars: | Veh No: SUP1802 | 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: | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |

| Claimant's Particulars:- | Invoice Preparation Checklist | Am't (\$) In Bill | Am't (\$) 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 | | |
| | 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:- | | |
| | QD* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TE (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

Auditors' Comments:-

Pat 1:

Pat 2 / 3:

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 | 18/02/2019 19:19 |
| Date Of Accident | 16/02/2019 20:10 |
| Exact Location Of Accident | BKE (SLE) BEFORE KJE EXIT |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SDV3282U |
| Insured/Policyholder | |
| Name Of Registered Owner | NG YONG LAI |
| NRIC No | S7001031C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98435645 |
| Alternative Phone No | OFFICE-98435645 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | ESTIMA AERAS 2.4 CVT ABS AIRBAG 2WD 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 | 1800085099 |
| Cover Note Number | |
| Driver | |
| Name of Driver | NG YONG LAI |
| NRIC No | S7001031C |
| Date Of Birth | 07/01/1970 |
| Occupation | INDOOR |
| Date Of Driving Pass | 21/10/1988 |
| Driving Experience | 30 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98435645 |
| Fax Number | |
| Contact Number | OFFICE-98435645 |
| Email Address | NOEMAIL |

| | |
|---|--------------------|
| Address | 9 WAK HASSAN DRIVE |
| Postcode | 757668 |
| 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 (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) | 6 |
| Passenger 1 | NAME: : ANG LI LENG GENDER: : FEMALE |
| Passenger 2 | NAME: : ELYSSA NG YU XUAN GENDER: : FEMALE |
| Passenger 3 | NAME: : ELENA NG TING XUAN GENDER: : FEMALE |
| Passenger 4 | NAME: : EVALYN NG JING XUAN GENDER: : FEMALE |
| Passenger 5 | NAME: : ENDANG LESTARI 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

REFER TO 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 | SLP2180Z |
|-----------------------------|----------|

| | |
|-------------------------------------|-------------|
| 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) | 1 |

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: SDV 3282 U

Vehicle B: SLP 2180Z

BKE (SLE), before KJE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A, SDV3282U, was travelling straight within my lane on the stated venue. Suddenly, vehicle B, SLP 2180Z, hit onto my vehicle's rear portion.

my passengers: 1) Name: Ang Ai Leng

NRIC: S7513995J

2) Name: Elyssa Ng Yu Xuan

NRIC: T1230250E

3) Name: Elena Ng Ting Xuan

NRIC: T1428227G

4) Name: Evelyn Ng Jing Xuan

NRIC: T1727980C

5) Name: Endang Lestari

NRIC: WP # 008592063


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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 2 / 2018 (DD/MM/YYYY). TIME: 20 : 12 (HH:MM)
LOCATION: BKE TOWARDS SLE (BEFORE FJB)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDV 3202U
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: 100005099
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA ESTIMA AERAS 2.4
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Ng Yung Lai (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: J7001031C CONTACT: 98455645
c) ADDRESS: 9 WAK HASSAN DRIVE S(757668)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 07 / 01 / 1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 30 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLP210A7 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7001031C

Name:

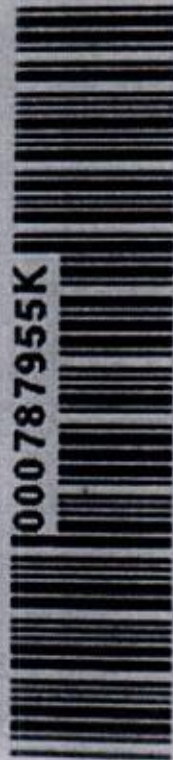
NG YONG LAI



Birth Date: 07 Jan 1970

Issue Date: 30 Aug 2003

000787955K



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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of 21 Oct 1988
which unladen does not exceed 2500 kilograms



NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7001031C



Name

NG YONG LAI



黄永来

Race

CHINESE

Date of Birth

07-01-1970

Sex

M

Country of Birth

SINGAPORE



2278144



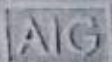
NRIC No. S7001031C



| Blood Group | Date of issue |
|-------------|---------------|
| A + | 13-08-1994 |

9 WAK HASSAN DRIVE
SINGAPORE 757668

| | | | | | |
|----------|-----------|-------|------------|-----|---------|
| NRIC No: | S7001031C | Date: | 28/02/2010 | No: | 6388769 |
|----------|-----------|-------|------------|-----|---------|



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : NG YONG LAI
Period of Insurance : 18 Jul 2018 To 17 Sep 2019
Engine No. : 2AZJ055218
Chassis No. : ACR500174368

Vehicle No. : SDV3282U
Policy No. : 1800085099
Endorsement No. : 000000000214680
Issued Date : 17 Jul 2018

ABOUT THE COVER

Make/Model : TOYOTA ESTIMA AERAS 2.4 (Sedan)
Engine Capacity/Tonnage : 2,362.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2014
Insuring with COE/PARF : Yes

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 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" ("YIDR") 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, 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. 185) 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)

NG YONG LAI - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorized Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorized 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 Authorized 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. 185), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

0500659000

INSMART (INSURANCE) AGENCY PTE
NO 1 KAKI BUKIT ROAD 1 #02-27 ENTERPRISE ONE
SINGAPORE 415934

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE