NATIONAL Assessment Centre Services	[wei. 19.404] = = = = = = = = = = = = = = = = = = =		
Date In: 18/04/19 Jeb description	on Date &	Time Completed Done	py.
Ref No. Na / 1619006913/13 SAS e-11lin	g		
Veh No. SEF3199E . E-mail (with	un Shra, AlC 2hraj		
D.OA: 17/04/19 1010 i-Motor Cl	aim Form		
	/O (Within: OD 2hrs, TP 4hrs)		
	/Survey Report		NA CONTRACTOR NO.
TP Insurer:	t by Fax / Hand to Owner	Wksp	
Preferred Wksp / INC Assign Wksp / QW: (TWINCA		Fax:	A A STRUCT
TP Particulars: Veh No: STA320A	INC()/No	n-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			
Excess: (\$) Loading: \$1,000 ()/\$2,0	000()		
	WWW. 1777 P. 427.18	6.16.	
1 74 14172 11 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1	Annual Control of the		
() Walk-In Customer: Customer's information strictly		rater of repairer.	
() Total Loss Case : to e-mail Insurer URGENTLY			
Drive-In () / Towed-In (); Invoice: YES ()	/ NO (); Towing C	0. (
Remarks: " (INC horline: 6788/6616)	о пристава	Time Completed Dor	ie.by
1) Apply for Transport Allowance ()/ Courtesy Car (Sastra Land Anna Carl	000 41 361	
			
2) QC Check / Post Repair Inspection (
3) Upload Resurvey Photo [Repair Cost > \$3000] (, , , , , , , ,		
Injury:			
Dafe/Time Actions			i
53117 ST - FR X 1 1015 131 145 1 141 1 1 1 1 1 1 1 1 1 1 1 1 1 1		· · · · · · · · · · · · · · · · · · ·	
	Invoice Preparatio	Anitys	C. A. C.
NA1902931	学》以2015年18年19日4日18年19年1	1.1. V A. J. Kim	Add Bil
Inimant's Particulars :-	1) AR : Accident Reporting 2) DA : Damage Assessme		
Driver/Owner:	3) TF : Towing Fee	\$40/\$45	
Stivenowner:	4) FT : Follow-Through Sc 5) FT : Follow-Through Sc	rvey (Resurvey) \$30	
Contact No:	For claiming against INC	Only (wef 10 Jen 2005)	
Damäged Portion:	6) TR: Re-inspection 7) N1: Idao DA + SMRT:	T - 1/40	
	8) NTUC Additional Servi		
QC Checked by (Engr-In-Charge):	OD* *NS: Courlesy Cer / Tp	Allowanus \$5	
Ser curency of (publishmentale).	*N6: Repair Co-ordinat	ion 310	
Auditors Comments :=	*N7: Post Repair Inspec		
	*N8: DV / Collect Exce TP (N11): TP (Non IN		
2al. 1:	9) N12: Idae Mobile	30	PARTET
Cat. 2/3:	Invoice dated	Fee Charged	90 P
	Involve dated	Fue 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 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.

ACCIDENT STATEMENT

Date Of Report	18/04/2019 11:49
Date Of Accident	17/04/2019 10:10
Exact Location Of Accident	BOUNDARY RD JUNC OF YIO CHU KANG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT3199E
Insured/Policyholder	
Name Of Registered Owner	TAN YOU XING
NRIC No	S1549688F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90268178
Alternative Phone No	OTHERS-90268178
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER
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
	Managara and the Street Control of the Control of t

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 2100415081-03

Cover Note Number

Driver

 Name of Driver
 TAN YOU XING

 NRIC No
 \$1549688F

 Date Of Birth
 18/04/1962

 Occupation
 INDOOR

 Date Of Driving Pass
 30/07/2007

Driving Experience 11 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90268178

Fax Number

Contact Number OTHERS-90268178

EMail Address NOEMAIL

Address 18 WORTHING ROAD

Postcode 554952

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?

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)

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

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: WITH WORKSHOP

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFA320A

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.
- 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.
- 5. 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)

Lunderstand, 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:
 - (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

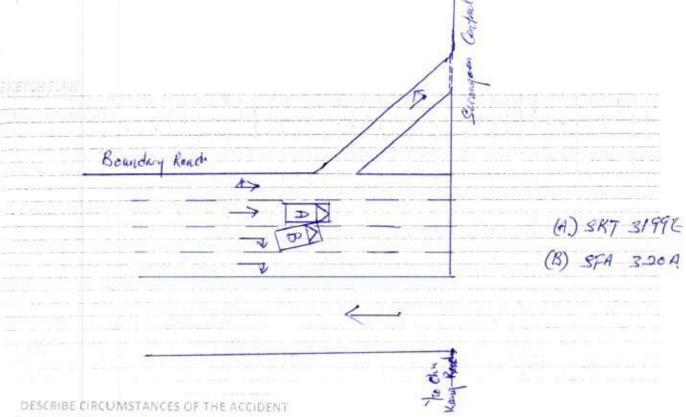
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



On 17/64/19 at a 1010 loss, I was travelling to my vehicle (3KT 31992) along boundary Road towards the direction of CTE on the 2nd lane from the left travelling straight within my lane. Paddely, a car (SFA 320A) on the 3rd lane from the left, at into my path and collected onto the right side of my vehicle. The said vehicle ded not stop after the actident. I chased after the said as and manage to stop her at the aext triffe junction.

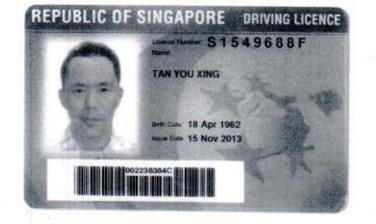
DECLARATION

Ava declarathe foregoing particulers are true in every respect.

Policyholedrik stgnatura Date & Timps Oriver's Signature (If driver is not the policyholder) Lym 18/04/19

Reporting Coruse Personnol's Signature Name:

Vehicle No.	SKT 3199E Model/Make Subara Forester.
Date of Accident	17/04/19.
Time of Accident	ro io HRS
Location of Accident	Boundary Road junction to the Kong Road.
Exact purpose use during accid	
Name of Owner	Tan You Xing
Telephone No.	H/P: 9026 8178 Home: Office:
NRIC	3 4549688 F.
Address	18, Worthing Road (8) 554952.
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	AIG.
	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	2100415081-03
10 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	The second secon
Name of Driver	As Above If No,
NRIC	Any Passengers: N.A.
Date of birth	18/04/1969
Occupation	Outdoor / Indoor
Driving License Pass Date	30/07/2007 :
Gender	Male Female
Contact No.	H/P: 906 \$178 Home: Office:
Address	The state of the s
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state
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	No, If Yes, Where?
Vehicle B No.	3FA 320 A · Any Passengers: N.A.
Name of Driver	Them Mary LT. 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	Withess contact.
Camera Recorder	Yes Y No
Email Address	
	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	
PARTICULAR WORKSHOP	Twincar
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Huixin .
FAX NO	6741 0510



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1549688F

Name



TAN YOU XING

陈佑梓

CHINESE

18-04-1962

149581

Country of birth

SINGAPORE

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 30 Jul 2007 of the driver; and other motor vehicles =< 2500kg

INC No. S1549688F

13-10-2008

18 WORTHING ROAD SINGAPORE 554952 NRIC No.

· Date: 09/07/2012

429145%

NP 428A



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: TAN YOU XING

Period of Insurance

: 30 May 2018 To 29 May 2019

Engine No.

: FA20J973282

Chassis No.

; JF1SJGK85EG041206

Vehicle No.

: SKT3199E

: 2100415081-03 Policy No.

Endorsement No. Issued Date

: 02 May 2018

ABOUT THE COVER

Make/Model

SUBARU NEW FORESTER 2.0XT

Engine Capacity/Tonnage : 1,998.00 CC

Sum Insured : Market Value

First Year of Registration : 2015

Driver Restriction

- NA

Off Peak Car : No

Insuring with COE/PARF : 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 indomnify 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 "Young and/or inexperienced Driver Eccess" ("YDR") 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 fullion, driving fest, 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

* 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 - \$1400 Thaft - \$0 Flood Cover - \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

TAN YOU XING - \$1400 (Own Damage)

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

1,Motor Image Enterprises Pte Ltd. Add. 19 Lorong 8 Toa Payoh Singapore 319255 64170100.

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine at +65 8338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App, Simply search and sownload "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

If 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, 1967 (Malzysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malzysia).

0500619010

TAN CHONG CREDIT - SUBARU PA 911 BUKIT TIMAH ROAD

SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

prile

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE