NATIONAL Assessment Centre Services. MMA 11906 Done by Date &Time Completed Job description 2915/19 11:28 Ref No: SAS c-filing MAI AIG 190094621h4 E-mail (white this, AIC this) Vch No: SLR 625 K I-Motor Cialm Form HULLA 2815/19 13:50. I-Motor W/O (Within: OD 2hrs, TP 4hrs) (11) Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksn FIX: referred Wksp / INC Assign Wksp / QW: (INC ()/Non-INC (TP Particulars: Veh No: SLX 9849R Owner / Driver: (Tcl: Policy No: (Period: (Cover Type: (Confirmed by : (Dates Tima: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Year of Registration: (Warranty: YBS ()/NO(Excess: (\$ Loading : \$1,000 ()/\$2,000 (Goucoul Rolling Francisco Change and) 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 (Remorts: - (INC hord) - ic 2080c (7) No. 1) Apply for Transport Allowance ()/ Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Dute Limbs Mactions MA190 40321 1) All | Accident Reporting (530); Chrimanus Parcicular INC (220) \$40/\$4: 3) Tr Towing Pee Driver/Owner: \$120 4) PT ; Pollow-Through Survey 5) PT : Pollow-Through Burvey (Resurvey) Contact No: Porclaiming against INC Only (wor 10 Jan 200) 6) TR: Re-larpsellon Daniaged Portion: 7) NL : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): *NS: Courtery Car / Tpt Allowance *Not Rapale Co-ordination * N7; Fast Repair Inspection *NS: DV / Collect lixuess Coordination TP (N11) : TP (tom INC) against INC lat. 1: 9) N121 Ideo Mobile Involve dated 1 2/3;

Involce dated

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.

SOCO THOUGH				
	ACCIDENT STATEMENT			
Date Of Report	29/05/2019 11:28			
Date Of Accident	28/05/2019 13:50			
Exact Location Of Accident	ALONG EUNOS LINK TWDS UBI			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLR625K			
Insured/Policyholder				
Name Of Registered Owner	POON SUI KIT(PAN RUIJIE)			
NRIC No	S7925915B			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-92980459			
Alternative Phone No	OFFICE-92980459			
Vehicle Particulars				
Manufacturer	NISSAN			
Model	PULSAR 1.2L			
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	1700034376-01			
Cover Note Number	£			
Driver				
Name of Driver	POON SULKIT/PAN PULLIE)			

 Name of Driver
 POON SUI KIT(PAN RUIJIE)

 NRIC No
 \$7925915B

 Date Of Birth
 14/09/1979

Occupation INDOOR
Date Of Driving Pass 01/02/2000

Driving Experience 19 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92980459

Fax Number

Contact Number OFFICE-92980459

EMail Address NOEMAIL

Address 26 TENG TONG RD

Postcode 42351

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

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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?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLX9849R

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

- 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.
- 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)

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:
 - (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.

house

Policyholder's Signature Date & Time: nama

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: SKETCH PLAN

A TSLR 625 K

B:SLX98 H9R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	00 281	105/19	at about	1:50 pm	, I was tro	welling
along	Eunos	Link .	tococres	Ubi . g	uddenly vehi	cle
Ba	ncrouche	d me	my lane	and h	t my veticle	٠.
-1-2						

DECLARATION

I/We declare the foregoing particulars are true in every respect.

18mg

Policyholder's Signature Date & Time: Nounge

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

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

CARMC StetchFlan print v1

3

Date of Accident	: 28/05/19 Accident Time: 1:50/2m. (24-HR-Format)
Accident Place	: Along Euros Larte rawards ubi
Vehicle. No. (Car Plate No.)	: SIR625K Make/Model: Nissan Aulsar 1.2
Insurace Company	Policy No: 17000 3 4376 - 01
Owner or Company Name /IC No	. : 57925915 B Poon Sul Kit.
Owner or Company Contact No.	: 92980459 Owner's HpCompany Tel
DRIVER'S Name / IC No.	:
DRIVER'S Date Of Birth	: 14/09/ 1979 DRIVER'S License Pass Date 01 Feb 2000
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 26 Teny Tong Road 34 28517.
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including)	
Was there any video Captured by a Exact purpose for which vehicle w Any Injury (If YES, Pls state):	as being used at the time of accident: Private and VVV
Other	Party Driver's Particular (if any)
Vehicle, No: SLX 984	Vehicle, No:
Vehicle Make\Model:	
Name Driver:	
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:



NP 428A





REPUBLIC OF SINGAPORE DRIVING LICENCE





CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Poon Sui Kit (Pan Ruijie) Period of Insurance : 31 Jul 2018 To 30 Jul 2019

Engine No. : HRA2443424A

Chassis No. : VSKDDAC13U0106968 Vehicle No.

Issued Date

: SLR625K

Policy No.

: 1700034376-01

Endorsement No.

: 13 Jun 2018

ABOUT THE COVER

Make/Model NISSAN Pulsar 1.2

Engine Capacity/Tonnage: 1,197.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

Driver Restriction - NA Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policy soler 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 "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 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

* 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

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Poon Sui Kit (Pan Ruijle) - \$600 (Own Damage)

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

1.TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212
2.Autofution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
3.TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513
4.Tan Chong Motor Sales Add: 913 Bukit Timsh Road Singapore 589623 64694091 64694092 6
5.Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine 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: United Overseas Bank Limited

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 IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia);

0500610426

TAN CHONG CREDIT PTE LTD-YKM 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589622 ANSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

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