

| | | | |
|---|--|-----------------------|---------|
| NATIONAL Assessment Centre Services [and 1 Jan 01] 19 MAY 19072499 | | | |
| Date In: 08/06/2019 19:15 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/19072499/808/7 | SAS e-filing | | |
| Veh No: SW 7558H | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 08/06/2019 14:25 | i-Motor Claim Form | | |
| OD TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | 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: SJR 94057 | 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%; F: 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 hotline: 6788 6616) | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---|---|-------------|-----------|-----------|
| NBA/1904045 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2/3: 1/1/1 | Invoice Preparation Checklist | | Am't (\$) | Am't (\$) |
| | 1) AR: Accident Reporting (\$30); | | | |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| | 3) TP: Towing Fee \$40/\$45 | | | |
| | 4) FT: Follow-Through Survey \$120 | | | |
| | 5) RT: Follow-Through Survey (Resurvey) \$30 | | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR: Re-inspection \$75 | | | |
| | 7) N1: Idem DA + SMAT Survey \$160 | | | |
| | 8) NTUC Additional Services: | | | |
| * N3: Courtesy Car / Tpt Allowance \$5 * N6: Repair Co-ordination \$10 * N7: Post Repair Inspection \$25 * N8: DV / Collect Excess Coordination \$5 * TP (N11): TP (N10 INC) against INC \$20 * N12: Idem Mobile \$0 | | | | |
| Invoice dated | | Fee Charged | | |
| Invoice dated | | Fee Charged | | |

07-MAY-2019 16:39

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 | 03/06/2019 19:15 |
| Date Of Accident | 03/06/2019 14:25 |
| Exact Location Of Accident | AYE TOWARDS MCE AFTER ALEXANDRA ROAD EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGW7558H |
| Insured/Policyholder | |
| Name Of Registered Owner | ZHANG LIPING |
| NRIC No | S7780321A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96984109 |
| Alternative Phone No | OTHERS-96984109 |

Vehicle Particulars

| | |
|--|--------------------------------|
| Manufacturer | SUBARU |
| Model | OUTBACK-2.5 I-S CVT AWD SR (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 | 2100466227-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | ZHANG LIPING |
| NRIC No | S7780321A |
| Date Of Birth | 04/06/1977 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/04/2004 |
| Driving Experience | 15 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96984109 |
| Fax Number | |
| Contact Number | OTHERS-96984109 |
| EMail Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | 15 BEDOK RESERVOIR VIEW #05-02 |
| Postcode | 478933 |
| 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 | RAINING |
| Road Surface | WET |

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? | YES |
| 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

PLEASE REFER TO SKETCH PLAN

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 | SJR9405T |
| 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) | |

DETAILS OF INJURED PERSON 1

| | |
|------|--------------|
| Name | ZHANG LIPING |
|------|--------------|

| | |
|---|---------------|
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | SGW7558H |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03.06.2019 at about 14:25 hrs, I was travelling along AYE Towards MCE After Alexandra Road Exit. The traffic was on moderate moved. Ahead of me, there's vehicle slow down & stop, I follow suit. While on stationary all of a sudden I felt an impact from the rear. Then I realised a vehicle SJK 9405T had collided onto my rear. That's all.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

3

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 03/06/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

SINGAPORE ACCIDENT STATEMENT

| | | | |
|---|--|--------------------------------------|--|
| ACCIDENT DATE: 03.06.2019 | | TIME: 14:25hrs (hh:mm) 24 hrs Format | |
| LOCATION: AYE Ind: MCE After Alexandra Exit | | | |
| VEHICLE NUMBER: 86W 7558H | | | |
| INSURED NAME: Zhang Liping | | | |
| NRIC / FIN: S7780321A | | CONTACT: | |
| MAKE: Subaru Outback | | MODEL: 2.5I-S CVT AWD SR | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | |
| () Yes, If No, Pls Select: (<input checked="" type="checkbox"/>) Third Party () Reporting Only | | | |
| INSURANCE COMPANY: AIG | | | |
| TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT | | | |
| POLICY NUMBER: | | | |
| NAME DRIVER: Zhang Liping () SAME AS INSURED | | | |
| NRIC / FIN: S7780321A | | CONTACT: 9698 4109 | |
| DATE OF BIRTH: 04.06.1977 | | | |
| DRIVING PASS DATE: 28.04.2004 | | | |
| OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR | | | |
| GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE | | | |
| EMAIL ADDRESS: () NO EMAIL | | | |
| ADDRESS OF DRIVER: 15 Bedok Reservoir View #05-02 S(478933) | | | |
| Number Of Passenger Include Driver: Driver only | | | |
| Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO | | | |
| If No, Relationship Of The Driver With The Insured | | | |
| (<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others | | | |
| Does The Driver Own Any Other Vehicle?: () YES (<input checked="" type="checkbox"/>) NO | | | |
| If Yes, Vehicle Registration Number Of Driver's Own Vehicle: | | | |
| Insurance Company Of Driver's Own Vehicle: | | | |
| Weather Conditions: () Clear (<input checked="" type="checkbox"/>) Raining () Drizzling () Others | | | |
| Road Surface: () Dry (<input checked="" type="checkbox"/>) Wet () Others | | | |
| Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO | | | |
| Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO | | | |
| If YES, Injured details: | | | |
| Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO | | | |
| Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO | | | |
| Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report | | | |
| Police Report Number (if any) | | | |
| Details Of 3rd Party | | Name / NRIC | |
| Veh B: SJR 9405T | | No.of Paxs (incl'driver) | |
| Veh C: | | () / Not Sure () | |
| Veh D: | | () / Not Sure () | |
| Veh E: | | () / Not Sure () | |
| Veh F: | | () / Not Sure () | |
| Veh G: | | () / Not Sure () | |
| | | Contact | |

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7780321A



Name
ZHANG LIPING
张立平

Race
CHINESE

Date of birth
04-08-1977

Sex
M

Country of birth
CHINA



S7780321A

For LKK/NAC Use Only

9317182



NRIC No. S7780321A



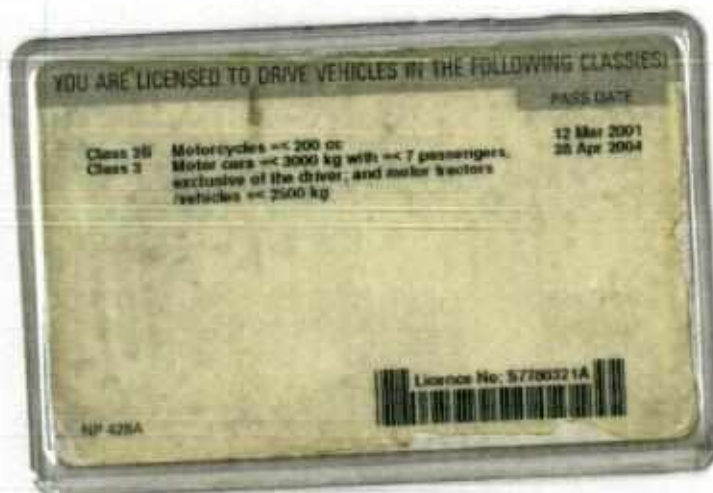
Date of issue
21-11-2008

15 BEDOK RESERVOIR VIEW #05-02
SINGAPORE 478833

NRIC No. S7780321A Date: 10/12/2017



For LKK/NAC Use Only





CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Zhang Liping
Period of Insurance : 18 May 2019 To 17 May 2020
Engine No. : FB25Y252623
Chassis No. : JF2BS9KC2GG036073

Vehicle No. : SGW7558H
Policy No. : 2100466227-03
Endorsement No. :
Issued Date : 12 Apr 2019

ABOUT THE COVER

Make/Model : SUBARU OUTBACK 2.5 I-S
Engine Capacity/Tonnage : 2,498.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PAF : 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 \$5,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorized Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 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

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) and Section 93 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$1400 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Zhang Liping - \$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 311055 64172180

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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: HL Bank

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).


0500619216

TAN CHONG CREDIT SUBARU-HHK

911 BUKIT TIMAH ROAD

SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

AIGASIA.PACIFIC

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|-------------------------------|---------------------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 0321A |
| Vehicle Details | |
| Vehicle No.: | SGW7558H |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 30 Jun 2019 |
| Vehicle Make: | SUBARU |
| Vehicle Model: | OUTBACK 2.5I-S CVT AWD SR |
| Primary Colour: | Silver |
| Manufacturing Year: | 2016 |
| Engine No.: | FB25Y252623 |
| Chassis No.: | JF2BS9KC2GG036073 |
| Maximum Power Output: | 129.0 kW (172 bhp) |
| Open Market Value: | \$22,454.00 |
| Original Registration Date: | 18 May 2016 |
| First Registration Date: | 18 May 2016 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$23,436.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 17 May 2026 |
| PARF Rebate Amount: | \$17,577.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 17 May 2026 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$51,010.00 |
| COE Rebate Amount: | \$35,089.00 |
| Total Rebate Amount: | \$52,666.00 |

The information contained herein is correct as at 03 Jun 2019

OK