NATIONAL Assessment Centre Services. [wel 1 Jan'05] . MNA 119083110 Done by Date &Time Completed Job description Date In: 26 16 119 13:47 Ref No: SAS c-filling NAIAIG 19011275164 E-mall (within this, AIC this) Volt No SLU 3637 R I-Motor Claim Form DELA 2516119 20:00. I-Motor W/O (Within: OD 2hrs, TP 4brs) (II) Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Tol Proformed Wissp / INC Assign Wissp / QW: (INC ()/Non-INC (Vch No: I'P Particulars: SLA 8106 D. Tcl: Owner / Driver: (Cover Type: (Policy No: (Period: (Time:) Confirmed by : (Date: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000(Concent Roman Francisco Commenter) 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 () ; Towing Co: (); Invoice: YES () / NO (Remarks: - (18/24/6/00/28/6/98/6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection -) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Duterting CAction The black while the MA1904757 Claimant's Particulars 1) AR 1 Analdent Reporting (530); INC (\$50) 2) DA : Damege Assessment (\$100) \$40/\$45 3) Th 1 Towing Pee Driver/Owner: \$120 4) PT : Pollow-Through Survey 5) PT : Follow-Through Survey (Resurvey) 330 Contact No: Per claiming against INC Only (wef 10 Jan 2005) \$75 6) TR : Re-inspection Damaged Portion: 7) NI : Idan DA + SMRT Survey \$160 8) NTUC Additional Services:-OD: QC Checked by (Engr-In-Charge): \$5 *NS: Courtosy Car / Tpt Allowance * NG: Rapair Co-ordination 510 \$25 * N7; Post Repair Inspection Auditors Comments *NS: DV / Collect Excess Coordination 22 TP (NII) : TP (Kin INC) sealingt INC \$20 Jal. 1: 9) N12: Idna Mobile Fee Charged Involve dated 34 2/3; Fee Charged Involce dated

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 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.

West 20 Gifts, season with a south a rest	ACCIDENT STATEMENT
Date Of Report	26/06/2019 13:47
Date Of Accident	25/06/2019 20:00
Exact Location Of Accident	CTE AT AMK AVE 5 EXIT
Country/State of Loss	SINGAPORE
MERCHANICA STYLENICATION OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU3637R
Insured/Policyholder	
Name Of Registered Owner	HOUNG LEE HING
NRIC No	S7975536B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92714941
Alternative Phone No	OFFICE-92714941
Vehicle Particulars	
Manufacturer	BMW
Model	X5
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	1800143825
Cover Note Number	
Driver	
Name of Driver	SUBBAIAH MAHENDRABOOPATHI
NRIC No	G5451590T
Date Of Birth	04/01/1991
Occupation	OUTDOOR
Date Of Driving Pass	24/01/2015
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84576847
-00 10 A VIII 19 A V	OV 500 MAIN ACCOUNT PEOCOCOCO

NOEMAIL

Address

116 SERANGOON NORTH AVE 1#03-497

Postcode

550116

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

n

Vehicle

hicle

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)

NO 2

involved in the accident

NO

Was any body injured in the Accident?
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)

3

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: MALE

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

I STOP AT THE SLIP RD FROM CTE EXIT TO AMK AVE 5 TO CHECK ON COMING TRAFFIC, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B HIT ONTO MY VEH REAR PORTION.

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

SLA8106D

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)

0-

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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.:

CH PLAN			
AMK Ave 5			
		A =	SLU 3637
		0 -	SLA 8106
CRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
Please	Refer to st	ratement	
A REPORT OF			
			-
ARATION declare the foregoing parti	culars are true in every respect.		1
	1 1 mont		1
holder's Signature	Driver's Signature		0
Time:	(If driver is not the policyholder)	Reporting Centre	Personnel's Signature

GIARMS StatchPlannorm: V.S.

Date & Time:

2

NRIC/FIN No.:



S PASS Employment of Foreign Manpow Republic of Sings r Act (Chapter 91A)

Employer ASIAN DESIGN CORNICE SPECIALIST



Name SUBBAIAH MAHENDRABOOPATHI

Secot CONSTRUCTION





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 2B Motorcycles =< 200 cc Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusion of the driver; and other motor vehicles =< 2500kg

VISIT PASS Immigration Regulations

10-04-2019

Name SUBBAIAH MAHENDRABOOPATHI



FIN G5451590T

INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

For LKK/NAC Use O





NP 428A



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : HOUNG LEE HING

Period of Insurance

: 10 Dec 2018 To 09 Dec 2019

Engine No.

05547416N55B30A

Chassis No. : WBAZV42000LL57400 Vehicle No.

: SLU3637R

Policy No.

: 1800143825

Endorsement No. **Issued Date**

: 000000000245926 : 14 Dec 2018

ABOUT THE COVER

Make/Model

BMW X5 XDRIVE 3.5I

Engine Capacity/Tonnage : 2,979.00 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* :

a) The Policyholder

other person who is driving on the Policyholder's order or with his/her permission.

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

3 Condition

: All Age Condition

emnitation 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. 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 - \$2000 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

HOUNG LEE HING - \$2000 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (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 certified out at the Side Agent's workshop.

For other Approved Reporting Centres/AIG Authorised 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: MOTORLUCK ENTERPRISE PTE LTD

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, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504336000

ALLEGIANCE PTE LTD

237 ALEXANDRA ROAD #06-07

SINGAPORE 159929

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

SSCKNV