

# NATIONAL Assessment Centre Services

Wef 1 Jan 05 **WNA 11912847**

|                                |  |                       |         |
|--------------------------------|--|-----------------------|---------|
| Date In: <b>11/01/05-11:54</b> | Job description                          | Date & Time Completed | Done by |
| Ref No: <b>NA 11912847/24</b>  | SAS e-filing                             |                       |         |
| Veh No: <b>6JMS133K</b>        | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: <b>30/9/04 14:45</b>    | i-Motor Claim Form                       |                       |         |
| OD: <b>TP</b> 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: <b>6JMS133K</b>                                   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |           |           |
|---------------------------------|---|-------------|-----------|-----------|
| <b>NA 11912847</b>              | Invoice Preparation Checklist                   |             | Am't (\$) | Am't (\$) |
| Claimant's Particulars:         | 1) AR: Accident Reporting (\$30);               |             | fit Bill  | Add Bill  |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |           |           |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                     |             |           |           |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |             |           |           |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |           |           |
| Auditors' Comments:             | For claiming against INC Only (wef 10 Jan 2005) |             |           |           |
|                                 | 6) TR: Re-inspection \$75                       |             |           |           |
|                                 | 7) N1: Idao DA + SMRT Survey \$160              |             |           |           |
|                                 | 8) NTUC Additional Services:-                   |             |           |           |
|                                 | ON*   |             |           |           |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |           |           |
|                                 | *N6: Repair Co-ordination \$10                  |             |           |           |
|                                 | *N7: Post Repair Inspection \$25                |             |           |           |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |           |           |
|                                 | TP (N11): TP (N-on INC) against INC \$20        |             |           |           |
|                                 | 9) N12: Idao Mobile 30                          |             |           |           |
|                                 | Invoice dated                                   | Fee Charged |           |           |
|                                 | Invoice dated                                   | Fee 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 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             | 01/10/2019 11:54                   |
| Date Of Accident           | 30/09/2019 14:45                   |
| Exact Location Of Accident | PIE (TUAS) BEFORE CLEMENTI RD EXIT |
| Country/State of Loss      | SINGAPORE                          |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGN5133K             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | MOK CHOON HOE        |
| NRIC No                     | S1096877A            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-98474855 |
| Alternative Phone No        | OFFICE-98474855      |

### Vehicle Particulars

|  |                            |
|--|----------------------------|
| Manufacturer   | SUBARU                     |
| Model  | FORESTER 2.0I-L CVT AWD 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             | 1800154603                           |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | MOK CHOON HOE         |
| NRIC No              | S1096877A             |
| Date Of Birth        | 06/09/1937            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 06/04/1960            |
| Driving Experience   | 59 YEARS AND 5 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-98474855  |
| Fax Number           |                       |
| Contact Number       | OFFICE-98474855       |
| EMail Address        | NOEMAIL               |

|   |                        |
|---|------------------------|
| Address   | 40 JALAN LAYANG LAYANG |
| Postcode  | 598506                 |
| 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   | CHAIN COLLISION |
| 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                         | 3   |
| 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

REFER TO STATEMENT.

#### Attachment(s)

|   |                           |
|---|---------------------------|
| Are accident photos available for attachment? | YES                       |
| Was there any video captured by Car Camera?   | YES                       |
| Remarks/ Reasons:                             | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded?                 | NO                        |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                    |
|-------------------------------------|--------------------|
| Vehicle Registration Number         | GBJ328D            |
| Vehicle Make/Model/Colour           |                    |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| Name of Driver                      |                    |
| NRIC/Passport Number                |                    |
| Contact Number                      |                    |
| Address                             |                    |
| Postcode                            |                    |
| Insurance Company Name              |                    |
| Nature Of Damage                    |                    |
| No. Of Passenger (Including Driver) |                    |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SMJ5204P    |
| 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  | MOK CHOON HOE |
| Approximate Age                                     |               |
| Injuries Sustain                                    | BODY          |
| Injured person in which vehicle?                    | SGN5133K      |
| 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.:

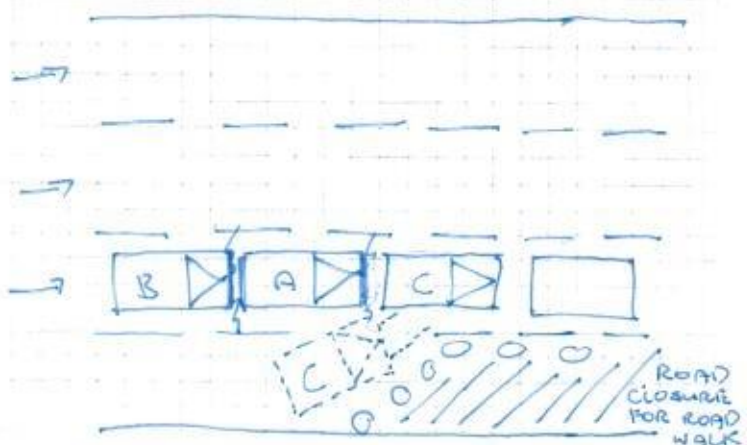
# SKETCH PLAN

P12 toward Tuas, before Clementi Road Exit

Vehicle A - SGN 5133K

Vehicle B - GBJ 328D

Vehicle C - SMS 5204P



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along P12 toward Tuas direction, I was on the 2nd lane, right middle lane.

While driving straight ahead, at somewhere before Clementi Rd exit, the vehicle in front of me braked to complete stop after cutted into my lane from the right, and so I too applied brake to stop my vehicle. Suddenly after a few seconds, I felt a great impact from the rear of my vehicle, and cause of the impact I was pushed forward and hitted onto the vehicle in front of me.

Alighted from my vehicle and realized it was a vehicle with licence plate number (GBJ 328 D) that hitted to the rear of my vehicle and pushed me forward and hit onto the vehicle in front of me.

Vehicle A - SGN 5133K

Vehicle B - GBJ 328D

Vehicle C - SMS 5204P

## 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.:



|  |   |                     |                            |                 |
|--|---|---------------------|----------------------------|-----------------|
| <b>Vehicle No.</b>                       | SGN 5133K   |                     | <b>Model / Make</b>        | SUBARU FORESTER |
| <b>Date of Accident</b>                  | 30/09/2019  |                     |                            |                 |
| <b>Time of Accident</b>                  | 1445  | <b>HRS</b>          |                            |                 |
| <b>Location of Accident</b>              | P12 TOWARD TUNAS Before Clementi Road / Woodlands Exit. |                     |                            |                 |
| <b>Exact purpose use during accident</b> | Private Use   |                     |                            |                 |
| <b>Name of Owner</b>                     | MOK CHUON HOE   |                     |                            |                 |
| <b>Telephone No.</b>                     | H/P : 9847 4855   | <b>Home :</b>       | <b>Office :</b>            |                 |
| <b>NRIC</b>                              | S1096877A   |                     |                            |                 |
| <b>Address</b>                           | 40 JALAN LAYAN LAYAN S(598506)                          |                     |                            |                 |
| <b>Claim type</b>                        | OD  | <b>THIRD PARTY</b>  | REPORTING ONLY             |                 |
| <b>Insurance Company</b>                 | AIG   |                     |                            |                 |
| <b>Type of Coverage</b>                  | Comprehensive   | Third Party         | Third Party / Fire / Theft |                 |
| <b>Policy No.</b>                        | 1800154603  |                     |                            |                 |
| <b>Name of Driver</b>                    | As Above If No,   |                     |                            |                 |
| <b>NRIC</b>                              | Any Passengers : NIL                                    |                     |                            |                 |
| <b>Date of birth</b>                     | 06 SEP 1937   |                     |                            |                 |
| <b>Occupation</b>                        | Outdoor   | /                   | Indoor                     |                 |
| <b>Driving License Pass Date</b>         | 06 APR 1960   |                     |                            |                 |
| <b>Gender</b>                            | Male / Female   |                     |                            |                 |
| <b>Contact No.</b>                       | H/P :   | <b>Home :</b>       | <b>Office :</b>            |                 |
| <b>Address</b>                           |   |                     |                            |                 |
| <b>Driver have any own vehicle</b>       | No,   | If yes, Reg No.     |                            |                 |
| <b>Relationship</b>                      | Employee,   | If no, state OWNER. |                            |                 |
| <b>Weather condition</b>                 | Clear   | Raining             | Other                      |                 |
| <b>Road Surface</b>                      | Dry   | Wet                 | Other                      |                 |
| <b>Any Injuries</b>                      | No,   | If Yes, Who?        |                            |                 |
| <b>Name And Contact No.</b>              | MOK CHUON HOE, 9847 4855.                               |                     |                            |                 |
| <b>Name And Contact No.</b>              |   |                     |                            |                 |
| <b>Police Report</b>                     | No,   | If Yes, Where?      |                            |                 |
| <b>Vehicle B No.</b>                     | G8J 328D  | Any Passengers :    |                            |                 |
| <b>Name of Driver</b>                    | Contact No. :   |                     |                            |                 |
| <b>Vehicle C No.</b>                     | SMS 5204P   | Any Passengers :    |                            |                 |
| <b>Vehicle D No.</b>                     | Any Passengers :  |                     |                            |                 |
| <b>Vehicle E no.</b>                     | Any Passengers :  |                     |                            |                 |
| <b>Vehicle F No.</b>                     | Any Passengers :  |                     |                            |                 |
| <b>Vehicle G No.</b>                     | Any Passengers :  |                     |                            |                 |
| <b>Witness Name</b>                      | Witness Contact :                                       |                     |                            |                 |
| <b>Accident Portion</b>                  | FRONT / REAR  |                     |                            |                 |
| <b>Camera Recorder</b>                   | Yes / No Video File corrupted.                          |                     |                            |                 |
| <b>Email Address</b>                     |   |                     |                            |                 |
| <b>PARTICULAR WORKSHOP</b>               | N-51 AUTOMOTIVE P12 LTD                                 |                     |                            |                 |
| <b>CONTACT NO.</b>                       | 6842 0051 / 6744 0510                                   |                     |                            |                 |
| <b>CONTACT PERSON</b>                    | IAN   |                     |                            |                 |
| <b>FAX NO</b>                            | 6741 0510   |                     |                            |                 |
| <b>WORKSHOP EMAIL ADDRESS</b>            | sales@n51.com.sg  |                     |                            |                 |





## CERTIFICATE OF INSURANCE

### SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Mok Choon Hoe  
Period of Insurance : 27 Dec 2018 To 26 Dec 2019  
Engine No. : FB20YE45446  
Chassis No. : JF1SJ5KC5JG112776

Vehicle No. : 3GN5133K  
Policy No. : 1800154603  
Endorsement No. :  
Issued Date : 15 Jan 2019

#### ABOUT THE COVER

Make/Model : SUBARU Forester 2.0i-L  
Engine Capacity/Tonnage : 1,995.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2018  
Insuring with COE/PAF : Yes

\* The Policyholder  
is 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 "Young and/or inexperienced Driver Excess" ("YIDE") if you are a Young Authorized Driver (named or unnamed) whose age is 22 and/or has less than 3 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 taxi or rental, driving school, 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 - 1800cc

\* Limitations indicated inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act Cap. 188 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 - \$3300; Theft - \$0; Flood Cover - \$0

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Mok Choon Hoe - \$2300 (Own Damage)

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

\* Motor Image Enterprise Pte Ltd. Add: 19 Loring & Tan Poyin Singapore 016255 0417100

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6288. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG 50 Mobile App. Simply search and download "AIG 50" 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 refers is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act Cap. 188, Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules 1989 (Malaysia).

0500619223

TAN CHONG CREDIT SUBARU-HCW  
W11 BURIT TIMAH ROAD TAN CHONG MOTOR CENTRE  
SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

78 Shenton Way #07-18 AIG Building 2079128 | T: +65 6479 3000 | [www.aig.com.sg](http://www.aig.com.sg)

AIG Asia Pacific Insurance Pte. Ltd.