

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MNA 119159337

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 3/12/19 11:19 | Job description | Date & Time Completed | Done by |
| Ref No: MA1 AIG190212761h4 | SAS e-filing | | |
| Veh No: SLE 5614C | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 2/12/19 12:00 | I-Motor Claim Form | | |
| OD: (TP) Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/WKSP | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: GBE 3741A. 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%; P: 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: 67886616)

| | | |
|---|--|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: ()

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

MA1909072

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

| Invoice Preparation Checklist | Am't (\$) | Payable (\$) |
|---|-------------|--------------|
| 1) AR: Accident Reporting (\$30); | | 30.00 |
| 2) DA: Damage Assessment (\$100); INC (\$50) | | |
| 3) TP: Towing Fee \$40/\$45 | | |
| 4) PT: Follow-Through Survey \$120 | | |
| 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| For claiming against INC Only (wef 10 Jan 2003) | | |
| 6) TR: Re-inspection \$75 | | |
| 7) NI: Idao DA + SMRT Survey \$160 | | |
| 8) NTUC Additional Services: | | |
| Q11: | | |
| *N5: Courtesy Car / Tpt Allowance \$5 | | |
| *N6: Repair Co-ordination \$10 | | |
| *N7: Post Repair Inspection \$25 | | |
| *N8: DV / Collect Excess Coordination \$5 | | |
| TE (N11): TP (IS-n INC) against INC \$20 | | |
| 9) N12: Idao Mobile \$0 | | |
| Invoice dated | Fee Charged | |
| Invoice dated | Fee Charged | |

Auditors' Comments:

Ref 1:

Ref 2/3:

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 | 03/12/2019 11:19 |
| Date Of Accident | 02/12/2019 12:00 |
| Exact Location Of Accident | ALONG PIE TWDS CHANGI AFTER PAYA LEBAR RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLE5614C |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN CHEOW CHOON |
| NRIC No | S1347118E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96935563 |
| Alternative Phone No | OFFICE-96935563 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | KIA |
| Model | CARENS |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | 2100476507-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | BRYAN TAN SIANG RONG |
| NRIC No | S8945608H |
| Date Of Birth | 10/12/1989 |
| Occupation | INDOOR |
| Date Of Driving Pass | 12/03/2016 |
| Driving Experience | 3 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81124449 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|--------------------|
| Address | 18 JLN TARI PAYONG |
| Postcode | 799264 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| 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? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | GBE3741A |
| 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 | SKC6559U |
|-----------------------------|----------|

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

BRYAN TAN SIANG RONG

Approximate Age

Injuries Sustain

BACK & NECK

Injured person in which vehicle?

SLE5614C

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:

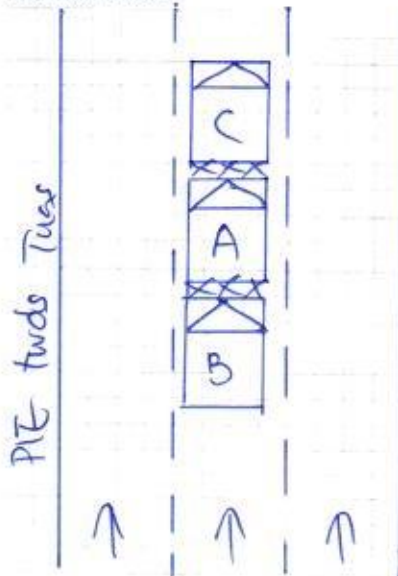
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 2/12/2019
1:30 pm

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

SKETCH PLAN



Vehicle A: SLE5614C

Vehicle B: GBE3741A

Vehicle C: SKC6559U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle A (SLE5614C) traveling along PTE tudsChangi on second lanes of a 3-lanes, expressway. Somewhere after Paya Lebar Rd Exit, vehicle C (SKC6559U) ahead was slowed down & stopped. As such, I applied brake and stopped completely behind vehicle C. Out of sudden, vehicle B (GBE3741A) came from rear and collided directly onto my vehicle rear portion. Due to the impact, my vehicle was surged forward and the front portion of my vehicle collided onto the rear portion of vehicle C. After the accident, I alighted and realized I was involved in chain accident of 3 vehicles. Vehicle C left the scene after the accident and I retrieved number plate from my vehicle dashcam.

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: 2/12/2019
1:30pm

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

| | | | | |
|-----------------------------------|--|---------------------------|----------------------------|------------|
| Vehicle No. | SLE5614C | | Model / Make | KIA Carens |
| Date of Accident | 2/12/2019 | | | |
| Time of Accident | 1200 | HRS | | |
| Location of Accident | Along PIE towards Changi after Paya Lebar Rd | | | |
| Exact purpose use during accident | Work | | | |
| Name of Owner | | | | |
| Telephone No. | H/P: 9693 5563 | Home : | Office : | |
| NRIC | S1347118E | | | |
| Address | 18 Jalan Tari PAYONG | | | |
| Claim type | OD | THIRD PARTY | REPORTING ONLY | |
| Insurance Company | AIG | | | |
| Type of Coverage | Comprehensive | Third Party | Third Party / Fire / Theft | |
| Policy No. | 2100476507 - 03 | | | |
| Name of Driver | As Above If No, Bryan Tan Siang Rong | | | |
| NRIC | S8945608H | Any Passengers : - | | |
| Date of birth | 10/12/1989 | | | |
| Occupation | Outdoor | / | Indoor | |
| Driving License Pass Date | 12/3/2016 | | | |
| Gender | Male / Female | | | |
| Contact No. | H/P: 8112 4449 | Home : | Office : | |
| Address | 18 Jalan Tari Payong S (749264) | | | |
| Driver have any own vehicle | No, | If yes, Reg No. | | |
| Relationship | Employee, | If no, state Father & son | | |
| Weather condition | Clear | Raining | Other | |
| Road Surface | Dry | Wet | Other | |
| Any Injuries | No, | If Yes, Who? | | |
| Name And Contact No. | Bryan Tan Siang Rong | | | |
| Name And Contact No. | | | | |
| Police Report | No, | If Yes, Where? | | |
| Vehicle B No. | ABE 3741A | Any Passengers : | | |
| Name of Driver | | Contact No. : | | |
| Vehicle C No. | SKC 65594 | 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 | Front & rear portion | | | |
| Camera Recorder | Yes / No | | | |
| Email Address | bryantanxiangrong@hotmail.com | | | |
| PARTICULAR WORKSHOP | N-51 Automotive Pte Ltd | | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | | |
| CONTACT PERSON | Zi Ting | | | |
| FAX NO | 6741 0510 | | | |
| WORKSHOP EMAIL ADDRESS | sales@n51.com.sg | | | |



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan Cheow Choon
Period of Insurance : 27 Jul 2019 To 26 Jul 2020
Engine No. : D4FDGH111573
Chassis No. : KNAHU815VG7161626

Vehicle No. : SLE5614C
Policy No. : 2100476507-03
Endorsement No. :
Issued Date : 01 Jul 2019

ABOUT THE COVER

Make/Model : KIA Carens 1.7 Diesel EX
Engine Capacity/Tonnage : 1,685,00 CC
Driver Restriction : NA
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 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 (YIDER) if You are or Your Authorised Driver (named or unnamed) is under the age of 22 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 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Section 35 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1:

Fire - \$0 Own Damage - \$1600 Theft - \$0 Flood Cover - \$0

Section 2:

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable):

Tan Cheow Choon - \$1600 (Own Damage)

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

- 1 Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 850, Sin Ming Ave Singapore 675735 67528500
- 2 Cycle & Carriage Body & Panel Centre Add: 209 Pandan Gardens Singapore 609339 65684561
- 3 Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159431 64278800
- 4 Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 230 Ubi Rd 2 Singapore 408600 67491000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6226 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, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500709908

CYCLE & CARRIAGE - KEILIM (KIA)
 239 ALEXANDRA ROAD
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSP5HA