

NATIONAL Assessment Centre Services.

Part 1 Jan 2003

MYA419/60347

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 05/12/2019 10:20 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/A19/0245/4 | SAS e-filing | | |
| Veh No: SGL 9867 | E-mail (to/for, AIC 2hrs) | | |
| DOA: 04/12/2019 11:20 | 1-Motor Claim Form | | |
| OD: TP Reporting Only | 1-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | 1-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whom | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: YN8951 H | 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: S () / NO () | |
| Excess: (\$) | Loading: \$1,000 () / \$2,000 () | |

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

Injury: _____

| | | | |
|-----------|------------|------------|------------|
| Date/Time | Assessment | Assessment | Assessment |
| | | | |
| | | | |
| | | | |

| | | |
|---------------------------------|--|-------------|
| Client Name: N8909162 | 1) AR: Accident Reporting (\$30) | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$10) | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | |
| Damaged Portion: | 4) PT: Follow-Through Survey \$120 | |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 | |
| | For claim against INC Only (Ref 10 Jan 2003) | |
| | 6) TR: Re-inspection \$75 | |
| | 7) NI: Idao DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services: | |
| | ON: | |
| | • NS: Courtesy Car / Tpt Allowance \$3 | |
| | • NG: Repairs Coordination \$10 | |
| | • NT: Post Repair Inspection \$23 | |
| | • ND: DV / Collect Excess Coordination \$3 | |
| | TP (NI) / TP (Non INC) against INC \$10 | |
| | 9) NI: Idao Mobile | |
| | 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 | 05/12/2019 10:20 |
| Date Of Accident | 04/12/2019 11:20 |
| Exact Location Of Accident | CLEMENTI ROAD SLIP WAY TOWARDS AYE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SGL4786T |
| Insured/Policyholder | |
| Name Of Registered Owner | GURSEWAK SINGH S/O JEET SINGH |
| NRIC No | S1730944G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98279519 |
| Alternative Phone No | OTHERS-98279519 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | NISSAN |
| Model | TEANA 2.5L CVT-2.5 (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 | 2100506437-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | RAJINDER KAUR |
| NRIC No | S6984100G |
| Date Of Birth | 15/05/1969 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/04/1996 |
| Driving Experience | 23 YEARS AND 7 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-98279519 |
| Fax Number | |
| Contact Number | OTHERS-98279519 |
| Email Address | NOEMAIL |

| | |
|---|-------------------|
| Address | 21 PASIR RIS VIEW |
| Postcode | 518603 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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 | 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? | 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 | YN8951H |
| 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 INJURED PERSON 1

| | |
|------|---------------|
| Name | RAJINDER KAUR |
|------|---------------|

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SGL4786T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN


IMPORTANT NOTICE

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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:

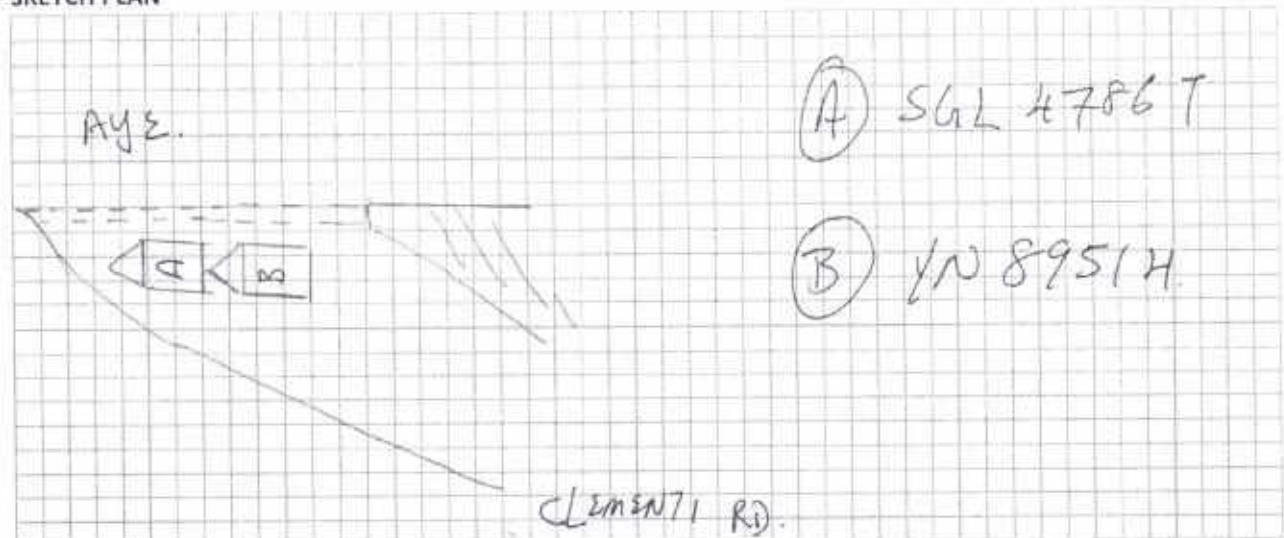


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 04 DEC 2019 @ 1120 HRS I WAS DRIVING MY VEHICLE AT CLEMENTI RD
SLIP WAY TO AYE AS I STOPPED AT THE STOP LINE, SUDDENLY
VEHICLE B COLLIDED INTO MY VEHICLE. THE IMPACT WAS SO GREAT
THAT IT PUSHED MY VEHICLE FWD AND MY STUFF FELL ONTO THE FLOOR

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 04-Dec-2019

ACCIDENT TIME: 1120

LOCATION: CLEMENTI ROAD SLIP WAY TWDS AYE

VEHICLE NUMBER: SGL4786 T

INSURED NAME: GURSEWAK SINGH S/O JEET SINGH

NRIC / FIN: S1730944G

CONTACT: 98279519

MAKE: NISSAN

MODEL: TEANA 2.5L CVT

Are you claiming under your own insurance policy for repair to your vehicle?

() Yes, If No, Pls Select: (☒) Third Party () Reporting Only

INSURANCE COMPANY: AIG

TYPE OF POLICY: Comprehensive

POLICY NUMBER: 2100506437-02

EXPIRY DATE: 13-Mar-2020

NAME DRIVER: RAJINDER KAUR

NRIC / FIN: S6984100G

CONTACT: 98279519

DATE OF BIRTH: 15-May-1969

DRIVING PASS DATE: 10-Apr-1996

OCCUPATION: Indoor

GENDER: Female

EMAIL ADDRESS:

ADDRESS OF DRIVER: 21 PASIR RIS VIEW PASIR RIS BEACH PARK SINGAPORE 518603

Relationship Of The Driver With The Insured: Spouse

Number Of Passenger Include Driver: 1 Driver

NAME

NRIC/FIN/BC

GENDER

INJURED

RAJINDER KAUR

S6984100G

Female

☒

INJURY DETAILS: 1 Driver, 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident?

No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? No

Was There Accident Reported To The Police? No

Police Report Number:

NIL

Details Of 3rd Party Name

NRIC

Contact

No. of Paxs (incl' driver)

Veh B YN8951H

Not Sure

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Gursewak Singh S/O Jeet Singh
 Period of Insurance : 31 Mar 2019 To 30 Mar 2020
 Engine No. : QR25688994L
 Chassis No. : MNTBCAL33Z0003843

Vehicle No. : SGL4786T
 Policy No. : 2100506437-02
 Endorsement No. :
 Issued Date : 13 Mar 2019

ABOUT THE COVER

Make/Model : NISSAN TEANA 2.5 PREMIUM (WITH SUNROOF)
 Engine Capacity/Tonnage : 2,488.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2017
 Insuring with COE/PARF : 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 authorised 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" ("YIDR") 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) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be excluded under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Gursewak Singh S/O Jeet Singh - \$600 (Own Damage)

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

1. TC AutoClinic Add: No 1, Sixth Lok Yang Road Singapore 626085 6262212
2. Autoklin Industrial Add: 19 Ulu Road 4 Singapore 408623 6490668
3. TC AutoClinic Add: 25 Leng Kee Road Singapore 150097 67038511 67038512 67038513
4. Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589222 64694061 64694062 64694093
5. Tan Chong Motor Sales Add: 17 Loring 8 Tsa Payoh Singapore 219254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 0200. 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

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, 1929 (Malaysia).

0500610377

TAN CHONG CREDIT PTE LTD-OSC
 911, BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 589222 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Cafu/W/Tax

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA419160347 Vehicle Registration No: SGL4286T
Name (as shown in NRIC) : RAJENDRA KUR NRIC/FIN/Passport No : S6984100G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 98279519
Email Address : _____
Date of Accident : 08/12/2019 Time of Accident : 11:20
Place of Accident : CAMPAI ROAD SLIP WAY TOWARDS AYER
Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TRANSFER VEHICLE NUMBER TO SGL4286T

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 08/12/2019