N	Surveyor : TOURK ! ASSIGNMENT (Office)									
M .	From (Person);	winnie Fan	of	aig	Date/Time; 3-1.7000 11-18 a.m					
	Estimated Cost			Bill to:						
	To Inspect Veh	icle No: S	G 3134y		Insured: SJN 594413					
	of 8 Kalci Bulist And 4 Premiur 404-20									
	Policy No:			Claim No:	A STATE OF S					
	Sum Insured:_			Excess:						
	Make of Veh:				D.O.A. 25. Dec. 2019					
	(Client's Record) CA / REV / Date/Time: 3-/	REP. / REV 24		tacted: Regaril	H.O.D. Endersement:					
	Date/Time	Action/Instruction	(V) E	tinute.						
		SJN 5944	B-NA/AIG	19022205/24	DOA - 25/11/2019					
		\$19 3134	1-NAI AIG	1902205/24	hop-25/12/2019					
-					64191945					
		Harris January Company		ne de la Caración de la companyon de la compan	The second secon					

REF: ASSIGNMENT

		TAULU	R CET VITERALI V. R
From:	Date:		Veh No: SJ 931347 7 Regn: 2008 / June
Estimated Cost:		•	Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD	RES / EVA / INV / MV		Truck / Trailer or
To Inspect Vehicle No:			Make: Toyota Wish 1-8x c.c 1794
at Workshop m/s			Colour Mass A/C: Insured / Std / NI / NA
of			Sp.Reading T/Radio: Insured / Std / NI / NA
Insured:			Eng/No:
Policy No.			C/No: ZNE 100411186. *
Claims No.			Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured:	Excess:		Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Record)			Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:		Market III	Modi: Nil / 8/19 im / STD A/Rim or
	47	- AR 1	Tyre Size: F: 145 6 5475 -
(Policy Condition)			R: 1
Remark: The veh had comm		I/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of	of inspection.		TOYO/YOKO or . +alller.
Bal. or Market Value:			<u>Front</u> <u>Rear</u>
IDAC Accident Rport:	Consistent? : Yes or No	0	R/Bal. C mm R/Bal. C mm
GIA / PR Seen:	Consistent? : Yes or No	0	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs:	days Res.: Yes or N	10	D.O.A. D.O.I. 03/01/20 @
Lum Sum:	% 3 Val.: Yes or N	lo	Survey held at $H-Tec$
CA / REV / REP. / 24	4 HRS	cle: IN/OUT	Des. of Damages: Frt Rear / O/S / N/S / U/C / Rooftop or
Date: Perso	on Contacted:		The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Ins	struction Battery	Weak	& haki puhit Are 4 #04-
7/1/20 Es- 12/8/20 Hui	timate not r i Qin said no e	eady stinate	Owner Change Workshop
Date/Time, File Pass to?	: Preli. Report		Days Of Repair:
1) Date/Time, File Return to?	: Final Report		Resurvey No. of Trip: 2. Survey Fee:
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2) 19 8 20 Typ	1>T	Parket I All	: Interview (\$) Photos
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PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHIC...

From:

Fan, Winnie-LW

To:

Admin A, assignments

Cc:

Fong, Andy-SY

Sent:

1/3/2020 11:18:19 AM

Attachments:

27122019164356.pdf

Hi LKK,

Kindly assist to survey, vehicle in.

Winnie Fan

AIG

Claims Service Associate

Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

winnie-lw.fan@aig.com | www.aig.sg

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From: Pte Ltd A-Tec Automotive <atec automotive@yahoo.com.sg>

Sent: Friday, December 27, 2019 4:48 PM

To: AIG SGP, Claims-Survey < AIGSGP ClaimsSurvey@aig.com >

Subject: [EXTERNAL] ACCIDENT INVOLVING VEHICLES SJG3134Y & SJN5944B ON 25/12/2019

This message is from an external sender; be cautious with links and attachments.

Dear Sir/Madam.

Please refer to the attachment. Thank you.

Peggie Woo

A-Tec Automotive Pte Ltd

8 Kaki Bukit Avenue 4

Premier #04-20

Singapore 415875

Tel: 6384-5206

Fax: 6384-5205

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From: Pte Ltd A-Tec Automotive <atec automotive@yahoo.com.sg>

Sent: Friday, December 27, 2019 4:48 PM

To: AIG SGP, Claims-Survey < AIGSGP ClaimsSurvey@aig.com >

Subject: [EXTERNAL] ACCIDENT INVOLVING VEHICLES SJG3134Y & SJN5944B ON 25/12/2019

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Dear Sir/Madam,

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Peggie Woo

A-Tec Automotive Pte Ltd

8 Kaki Bukit Avenue 4

Premier #04-20

Singapore 415875

Tel: 6384-5206

Fax: 6384-5205

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <u>truthful and accurate</u> 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.

- 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.

altiresalt.	
	ACCIDENT STATEMENT
Date Of Report	27/12/2019 15:52
Date Of Accident	25/12/2019 16:05
Exact Location Of Accident	JUNC BOUNDARY RD & SERANGOON AVE 2
Country/State of Loss	SINGAPORE
. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG3134Y
Insured/Policyholder	
Name Of Registered Owner	FRESH CARS PTE LTD
Co Reg No	2XXXXX540Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8X 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 HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994037
Cover Note Number	
Driver	
Name of Driver	AHMAD ZUHDI BIN MOHAMED MASYIADI
NRIC No	SXXXX944D
Date Of Birth	18/04/1979
Occupation	OUTDOOR
Date Of Driving Pass	04/06/1999
Driving Experience	20 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91449679
Fax Number	
	0754H3 0 07575 030 0 0 0757 0757 0757 0 050 0

OFFICE-91449679

NOEMAIL

BLK 452B SENGKANG WEST WAY Address

#02-399

Postcode 792452

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLISION - CROSS JUNCTION**

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : ABDUL RAHIM BIN KAMIS

GENDER: : MALE

Passenger 2 NAME: : LUTH UWAIS BIN AHMAD ZUHDI

2

NO

GENDER: : MALE

Passenger 3 : ZAYN UMAR BIN AHMAD ZUHDI NAME:

GENDER: : MALE

Passenger 4 NAME: : RAFIDAH BINTE ABDUL RAHIM

GENDER: : FEMALE

Passenger 5 NAME: : NURHAYATI BINTE ABDULLAH

> GENDER: : FEMALE

Passenger 6 NAME: : ESHAL NADINE BINTE AHMAD ZUHDI

> GENDER: : FEMALE

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 YE\$

Was there any video captured by Car Camera?

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJN5944B

Vehicle Make/Model/Colour

HONDA

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 AHMAD ZUHDI BIN MOHAMED MASYIADI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJG3134Y

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

ABDUL RAHIM BIN KAMIS Name

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJG3134Y

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

LUTH UWAIS BIN AHMAD ZUHDI Name

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJG3134Y

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 4

ZAYN UMAR BIN AHMAD ZUHDI Name

Approximate Age

Injuries Sustain BODY Injured person in which vehicle?

SJG3134Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 5

Name

RAFIDAH BINTE ABDUL RAHIM

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJG3134Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

Address

NO

Postcode

DETAILS OF INJURED PERSON 6

Name

NURHAYATI BINTE ABDULLAH

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJG3134Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 7

Name

ESHAL NADINE BINTE AHMAD ZUHDI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJG3134Y

Were seat belts worn?

YES

NO

Was this injured conveyed to hospital by

ambulance?

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- I. 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.
- 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 ladgment 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 atcressed.
- S. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 (esurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (1) 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;
 - (W) administering my claims lincluding 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 icollectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permated 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.
- (ϵ) the information so collected under (d) above may be shared / disclosed:
 - (i) to all (numers and/or any other third peries that assist in evaluating investigating controlling to managing fraud, regulators, is a aniforcer and and government agencies as reasonably required for the susposes stated, or
 - (iii) for complying with removements under any regulations, laws or count orders

Follow Albert Stepasture

Date L. Torre

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Come & Time:

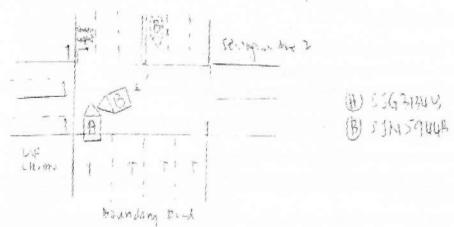
MENC/FINING

Festering Centre Ferning

Page 5 of 15

Accident Sketch Plan

SKEILM PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

Owie decare the foresting particulars are from in every respect

Pople de con in Transmise

Sover's Signature

iff diliver's not the policyholders

CHIE & Tome:

Reporting Carol & Ferrenal's Superiore

Harry. HARC/FIN No.

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048540

GENERAL INSURANCE ASSOCIATION (# Nation Quay #18-00 Singapore 048580 Twites) #224 0030 Fan (65) #224 0030 Operating Hours: Manday to Feday, 09-00 - 17-00 URN-568560200 / 659 Reg. No.: MARROL 7795

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: SJ631344 Original Report No : MMA119176363 Nametas snown in NRICE: Fresh Cors Ptc Utd. ("Mehicle Driver / Vehicle Owner) (*) Please delete as appropriate 105 Keli Butie Here 1 \$03-03 Shunki ludustrial Park Address 9114 9634 Contact (Tel) Mobile No. Email Address 16:05 701 M. Date of Accident Time of Accident: Do Wildon SETTERPOON Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: registered owner to Fresh Cars P/L. Athrend name 2016075602

Policyhologi / Driver's Signature Date 20/12/2019 Reporting Centre Personnel's Signature Name:

MRIC/FINNO

Date:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	or Registered Venicie	
Owner ID Type:	Company	
Owner ID: Vehicle Details	540Z	
Vehicle No.:	SJG3134Y	
Vehicle to be Exported:	No	
Intended Deregistration Date:	26 Mar 2020	
Vehicle Make:	TOYOTA	
Vehicle Model:	WISH 1.8X A	
Primary Colour:	Purple	
Manufacturing Year:	2008	
Engine No.:	1ZZ3110633	
Chassis No.:	ZNE100411186	
Maximum Power Output:	97.0 kW (130 bhp)	
Open Market Value:	\$17,043.00	
Original Registration Date:	26 Jun 2008	
First Registration Date:	26 Jun 2008	
Transfer Count:	3	
Actual ARF Paid: Intended PARF Rebate Details	\$17,043.00	
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:	•	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	•
COE Expiry Date:	25 Jun 2023	
COE Category:	B - Car (1601cc & above)	
COE Period(Years):	5	
PQP Paid:	\$18,953.00	
COE Rebate Amount:	\$12,317.00	
Total Rebate Amount: Message	\$12,317.00	

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 26 Mar 2020

ОК



1 of 2