

NATIONAL Assessment Centre Services.

[ver 1 Jan 2020]

1/18/2001924

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 04/02/2020 16:36 | Job description | Date & Time Completed | Done by |
| Ref No: N/A/18/20003578/4 | SAS e-filing | | |
| Veh No: S/G 1600 H | E-mail (4 days, AIC 2 hrs) | | |
| O.O.A: 06/02/2020 13:15 | I-Motor Claims Form | | |
| OD: TP: Reporting Only | I-Motor W/O (Within: OD 2 hrs, TP 4 hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whan | | |

| | | |
|--|---|-----------------------|
| Preferred Wkep / INC Assign Wkep / OW: (| Tel: | Fax: |
| TP Particulars: | Veh No: S/H: 5966P | 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 () | |

() 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 > \$9000] () | | |

Injury: _____

Date: _____

Time: _____

Location: _____

Weather: _____

Witness: _____

Signature: _____

| | | |
|---------------------------------|--|-------------|
| 1/18/2001924 | 1) ARI: Accident Reporting (\$30) | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$10) | |
| Contact No: | 3) TP: Towing Fee \$40/145 | |
| Damage Portion: | 4) PT: Follow-Through Survey \$120 | |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 | |
| Additional Comments: | 6) TR: Re-inspection \$75 | |
| | 7) NI: Idas DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services: | |
| | ON: | |
| | *NS: Courtesy Car / Tpl Allowance \$3 | |
| | *NG: Repair Coordination \$10 | |
| | *NT: Post Repair Inspection \$25 | |
| | *ND: DV / Collect throws Coordination \$3 | |
| | TP (NI): TP (Non INC) against INC \$20 | |
| | 2) NI: Idas Mobile \$0 | |
| | 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 | 04/03/2020 16:36 |
| Date Of Accident | 06/02/2020 13:15 |
| Exact Location Of Accident | CTE SLIP ROAD TOWARDS CHIN SWEE ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--------------------------------------|
| Vehicle Registration Number | SLG1600H |
| Insured/Policyholder | |
| Name Of Registered Owner | ZHANG YANJUN |
| NRIC No | SXXXX283C |
| Email Address | ZEYU.LEI.92@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-90449106 |
| Alternative Phone No | OTHERS-90449106 |
| Vehicle Particulars | |
| Manufacturer | LAND ROVER |
| Model | RANGE ROVER EVOQUE |
| 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 | REPORTING ONLY |
| 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 | 2100485411-03 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LEI ZEYU |
| NRIC No | SXXXX670H |
| Date Of Birth | 21/03/1992 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/05/2013 |
| Driving Experience | 6 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90449106 |
| Fax Number | |
| Contact Number | OTHERS-90449106 |
| EMail Address | ZEYU.LEI.92@GMAIL.COM |

| | |
|---|---------------------------|
| Address: | 39 JERVOIS ROAD #02-03 |
| Postcode | 249903 |
| 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 | 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? | NO |
| 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 | SHD5966P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | LOW YONG HOON |
| NRIC/Passport Number | SXXXX556A |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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:

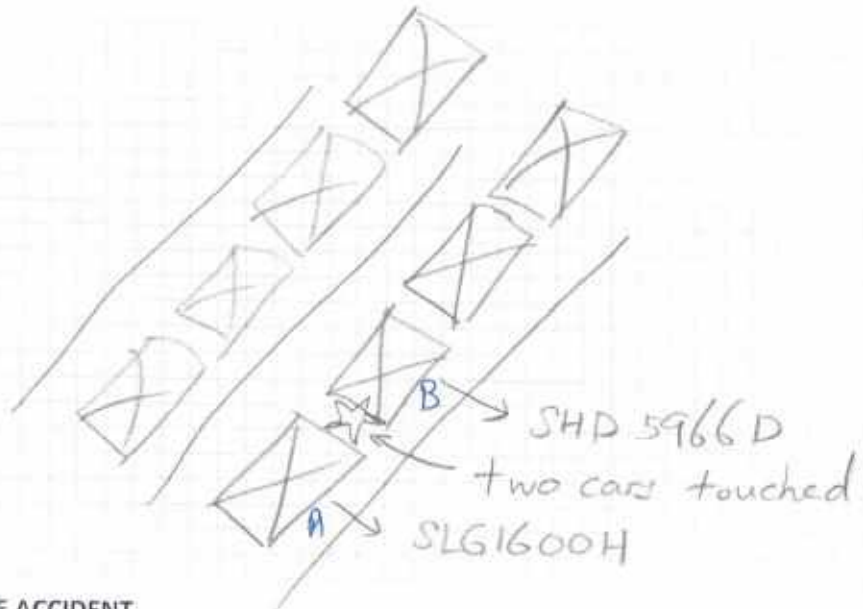
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 04/03/2020
10:45 a.m.

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving from CTE tunnel, sunlight was very strong and caused a misjudgment in distance. Both vehicles were slowing down because there was a congestion turning to Chin Swee Road. At around > 5 km/h SLG 1600H front bumper touched SHD 5966D's rear. It was very slight because both vehicles were slow. Upon the touching, both drivers exited the cars for visual inspection. Inspection yielded no damage at all so there was no police reporting.

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.:

04/03/2020
[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 06, 02, 2020 (DD/MM/YYYY), TIME: 13:15 (HH:MM)
LOCATION: CTE SLIP ROAD TOWARDS CHIN SWEE ROAD

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SLG1600H
b) INSURANCE COMPANY: ATG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: RANGE ROVER EVOQUE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL COMMUTING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY

2. INSURED / POLICY HOLDER

a) NAME: ZHANG YANTUN
b) NRIC/FIN/PASSPORT: 92664283C (MALE / FEMALE)
c) ADDRESS: _____ CONTACT: _____

* CONTINUE TO 3. IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: LEI ZEYU
b) NRIC/FIN/PASSPORT: S9271670H (MALE / FEMALE)
c) ADDRESS: 37 JERVOIS ROAD MON JERVOIS CONTACT: 90449106
#02-03
d) DATE OF BIRTH: 21/03/1992 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 28 MAY 2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) BE CLEAR
b) ROAD SURFACE: (DRY / WET / OTHERS) DRY
6. WAS ANYBODY INJURED (YES / NO) NO
7. a) REPORTED TO POLICE (YES / NO) NO
IF YES, PLEASE STATE WHICH POLICE STATION: _____

THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHD 5966P MODEL: TAXI
b) DRIVER'S NAME: LOW YONG HOON
c) NRIC/FIN/PASSPORT: S1273556A CONTACT: _____

No of passengers
(including driver)
(+)

No of passengers
(including driver)
()

No of passengers
(including driver)
()

Email: zeyu.lei.92@gmail.com
Video

WEARNES AUTO PROTECTOR (LAND ROVER) PRIVATE VEHICLE

Name of Policyholder : ZHANG YANJUN @ ZHANG YANGUN
Period of Insurance : 22 Sep 2019 To 21 Sep 2020
Engine No. : 015054183807204PT
Chassis No. : SALVA2AG6GH153707

Vehicle No. : SLG1600H
Policy No. : 2100485411-03
Endorsement No. :
Issued Date : 04 Sep 2019

ABOUT THE COVER

Make/Model : LANDROVER Range Rover Evoque SE
Engine Capacity/Tonnage : 1,999.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PARF : No

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 authorized 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" ("YIDRE") if You are or Your Authorized Driver (named or unnamed) is under the age of 23 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, celebrity 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 2000cc

* Limitations imposed inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 199), Section 95 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 - \$900 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

ZHANG YANJUN @ ZHANG YANGUN - \$900 (Own Damage)

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

1. Wearnes Automotive Pte Ltd. Add: 45 Leng Kee Road, Singapore 159103 63789333

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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: OCBC Bank Ltd

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. 199), Part of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503486641

WEARNES AUTOMOTIVE - CWC (JLR)
45 LENG KEE ROAD
SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Monik

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE