NATIONAL Assessment Centre	Services 🖟	r' - Ja-r0-5]	3 2			
Date In: 25/08/20	Job description		Date &	Time Completed	· Done l	oż.
Ref No. NA/A1620008990/13	SAS e-filing	. i		1	3	
Veh No. SJ12967Z.	E-mail (within 8b	rs, AIC 2hrs)			×4.11	
B.OA: 25/08/20 0735	i-Niotor Claim	Form : 1		I		
OD . (TP): Reporting Only	i-Notor W/O (Within: OD 2hrs, TI	P 4 lurs)	, -		
	Assessment/Sun	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand to C)wner/	Wksp		
Preferred Wksp / INC Assign Wksp / QW: (They are not to be a second		Tel:	F	ax:	
TP Particulars: Yeh No: S	mm89935	, INC()/No	n-INC ()		
Owner / Driver: (Tel:)	
Policy No: () Pari	iod: () (Cover	ype:()	
Confirmed by : (Date:		Time:)	
Insured/Driver Liability: (%) [N	lote-Est Status (Wi	O): N: 0-20%	; P:	21-79%. F: 80-1	00%]	
	Vaπanty: YES ()/NO()				
Excess: (\$) Loading: \$1,00						
General Remarks:					, ;;;, '	
() Walk-In Customer's Informatic Customer's Informatic	mation strictly Conf	idential & Strict	lly NQ	refer of repairer.		
() Total Loss Case : to e-mail Insure	r URGENTLY.					
Drive-In () / Towed-In (); Invoice:	YES () / NO	O(); Tow	ving C	0. (
Remarks: (INC horling: 6788 6616)			Dates	lime Completed	Done.	by
	ourtesy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()					
Injury:						,
100 THE RESERVE TO SERVE THE PARTY OF THE PA	Medical and State (7)	SSCHOOL WATER	1005/20	\$21067200 X		
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		Invoice Prep	ratio	Checklist	Anic(S)	'Add Bi
NA2004436	.:-JAVISAISAIS V s Nahirins	1) AR : Ascident R	The State of the	(\$30);		7,000 01
Ciumant's Particulars :-		2) DA : Damage A:	550 £5 MC [t (\$100); INC (\$	30)	
Driver/Owner:		3) TF : Towing Fee 4) FT : Follow-Thr	ough Su	vey	5120	
Contact No:		5) FT : Follow-The	ough Su	rvey (Resurvey) Only (wef 10 Jan 200	\$30	
		6) TR : Re-inspecti	ion		\$75 \$160	
Damäged Portion:		7) N1 : Idao DA + 8) NTUC Addition				
OC Charled by (Page In Charge)	(4	OD*			\$5	
QC Checked by (Engr-In-Charge):		*NG: Repair Co	ordinat.	on	\$10	
Auditors! Comments ::	72111110	*N7: Post Repai *N8: DV / Colle	eet Exoc	s Coordination	\$5	
Zat. I:		TP (N11): TP (Non IN) against INC	30	1.
	· · · · · · · · · · · · · · · · · · ·	9) N12: Idno Mob.	ile	Fee Charged	7	1000
7at. 2 / 3:		Invalue dated		Fee Charges	HIGH	

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 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.
- 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	25/08/2020 16:30
Date Of Accident	25/08/2020 07:35
Exact Location Of Accident	AYE SLIP ROAD TO CLEMENTI AVE 6
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT2967Z
Insured/Policyholder	
Name Of Registered Owner	S RUKUMANI
NRIC No	SXXXX675G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90667844
Alternative Phone No	OTHERS-94500763
Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO 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	2100504802-03
Cover Note Number	
Driver	
Name of Driver	N BIRIYANGGA
NRIC No	SXXXX375E
Date Of Birth	07/09/1994
Occupation	INDOOR
Date Of Driving Pass	12/04/2013
Driving Experience	7 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94500763
Fax Number	
Contact Number	
EMail Address	NBIRIYANGGA@ICLOUD.COM

BLK 46 TEBAN GARDENS ROAD Address #02-237 600046 Postcode 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 COLLISION - HEAD TO REAR Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information NO Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle) 2 involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **Details of Police Action** Was the accident reported to the police? NO If Yes, Please state which Police Station NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident PLS REFER TO THE ATTACHED STATEMENT. Attachment(s) YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES FRONT ONLY WITH DRIVER Remarks/ Reasons: Was there any audio recorded? NO **DETAILS OF OTHER VEHICLE PROPERTY 1**

	17.125 57 577 277
Vehicle Registration Number	SMM8993J
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHWETHA
NRIC/Passport Number	
Contact Number	90928197
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.
- Information provided must be as <u>truthful and accurate as possible</u>. 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.
- 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.
- 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:
 - 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 .:

KETCH PLAN
466
pep 1
AS P
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I WAS PRIMING TO WORK ALONG AYE, EXITING
THE PERMIT TO PORK TOURN THE CALLERY
TOWAKPS CLEMENTI AVE 6- IT WAS A SLIP KOAP, MAR WAS
STATIONARY WAITING FOR DNEWMIND TRAFFIC TO CLEAR.
THE KEAR LAR, AUDI, HIT MY REAR.
THE PEDIC CITY, TONY, TILL DITY FERE.
DECLARATION
/We declare the foregoing particulars are true in every respect.
15/8/20 25/8/20 25/08/20
Colicyholder's Signature Driver's Signature Benorting Server Percencel's Signature

(If driver is not the policyholder)

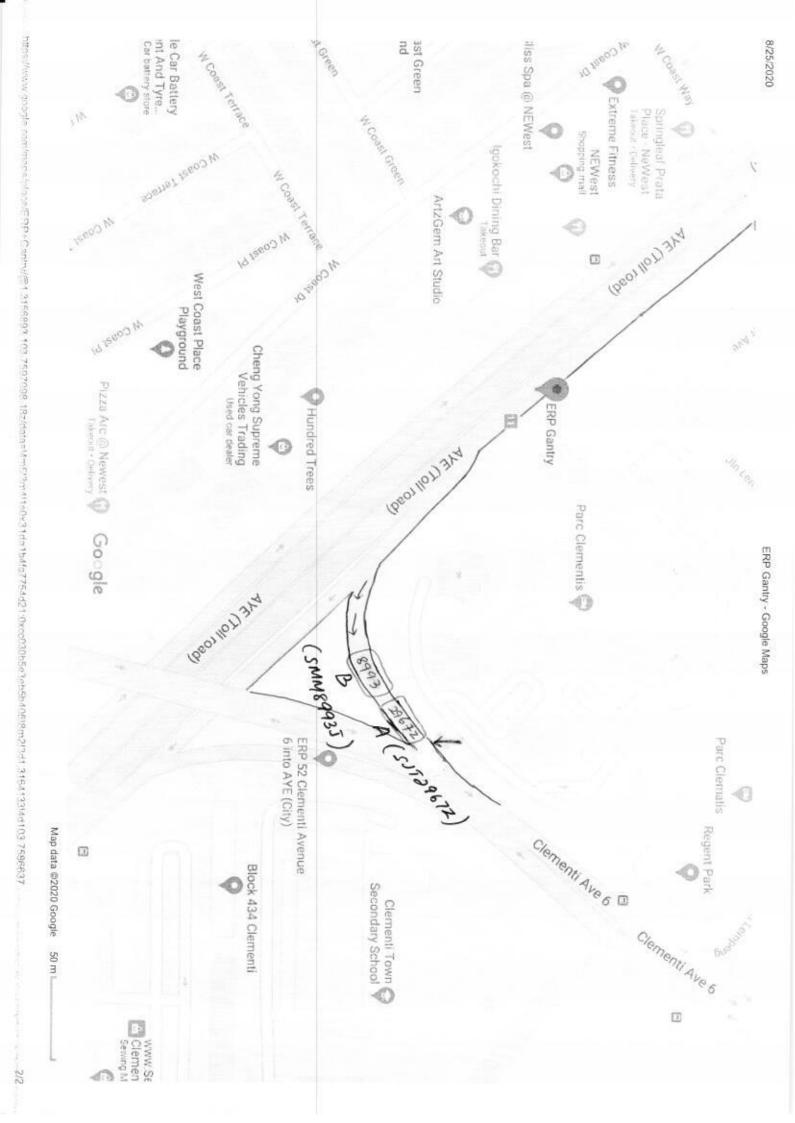
Date & Time:

Name:

NRIC/FIN No.:

STARM C Sketch Plan Form _ v3

Date & Time:



ACCIDENT STATEMENT

ACCI	DENT DATE: 25 / 08 / 207	(DD/MM/YYYY), TIME	:(07 : 37)(HH:N	им) · .
	TION: AYE SLIP ROP		Charles and the second	
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER:	SJ12967Z	4	
	b)INSURANCE COMPANY:	Alt ·	 0	-
8.	c)POLICY NUMBER: 21	00504802-03		
	d)POLICY TYPE: (COMPREHE	NSIVE / THIRD PARTY / TH	HIRD PARTY FIRE &THE	FT)
	e)MAKE & MODEL: CUP			
	f)TYPE:(SALOON / COUPE / N g) VEHICLE CATEGORY:(PRIV)
	h) PURPOSE OF USING AT AC	CIDENT TIME: PRIVI	NIT TO WOKK	((CCHANISI)
	I) ARE YOU CLAIMING UNDER	YOUR OWN INSURANCE	E (YES/NO)	
_	IF NO, PLEASE STATE (THIRD	PARTY CLAIM / REPORTI	NG ONLY)	*1
2.	INSURED / POLICY HOLDER	ANI		
	b) NRIC/FIN/PASSPORT: S16		MALE (FEMALE)	H.a
	CLADDRESS: VIK 46 TE	MAN MAILDEN!	FØ	
8 8 8		SL600046).		_
*Ho of passeng?	* CONTINUE TO 3.d IF DRIVER DRIVER	ALSO POLICY HOLDER		
	Source at Source to	NITUTA	(MALE / FEMALE)	
(Including driver)	b]NRIC/FIN/PASSPORT: 59		MALE / REMARE)	2
(T)	CJADDRESS: BIK 46 T	EBAN LAPILDENS	RV .	
	*d)DATE OF BIRTH: (D)	7 3(600046)	600	
	e)OCCUPATION: (INDOOR /	OUTDOOR)	, 00 10 55	
	f)YEARS OF DRIVING EXPRERI	ENCE: THEMES		12
4.	WAS DRIVER AN EMPLOYEE			
5	IF NO, RELATIONSHIP OF T a) WEATHER CONDITION: (CLI			IC.
J.	b)ROAD SURFACE: (DRY / WE			
6.	WAS ANYBODY INJURED (YES			
7.	a)REPORTED TO POLICE (YES			
	IF YES, PLEASE STATE WHICH	POLICE STATION:		1000
the of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER: 3 N	1M 8993 TMO	DEL: AMY	12 60
		WETHA	011	
()	c) NRIC/FIN/PASSPORT:	CO	NTACT: 9092 8	197
N N	THIRD PARTY VEHICLE			178
6 No of passenger	d) VEHICLE NUMBER: e) DRIVER'S NAME:	MOI	DEL:	_
[Including driver]	f) NRIC/FIN/PASSPORT:	CO	NTACT::-	
()			in a control	
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CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder
Period of Insurance
Engine No.
Chassis No.

S Rukumani
1 06 May 2020 To 05 May 2021
1 FB16Y608773
1 JF1GK3KC5HG003035

Vehicle No.

: SJT2967Z : 2100504802-03

Policy No. Endorsement No. :

Issued Date

: 08 Apr 2020

ABOUT THE COVER

Driver Restriction

Make/Model SUBARU Impreza 1.6 i-s

Engine Capacity/Tonnage 1,600,00 CC

Sum Insured : Market Value

First Year of Registration 2017

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

NA:

al The Prility funds IS Any office parents who is gloving on the Policyhooder's order or althibiation parmission. This Publicy will indemnify the Policyhooden or any authorised driven only if hospital reside the apecified age condition.

You have to pay an additional new of \$3,000 as "Young and/or inexperienced Drive Excess" ("YICA") if You are or Your Authorised Drive (named or cereated) is under the eigh of 23 and/or has look than 2 years driving experience.

Limitation as to use*

Loss of Use 1500cc - 1600cc

* Limitations rendered inspective by Section III of the Motor Vehicles Third-Party Risks and Compensation) Act (Cap. 189). Section 9) of the Road Transport Act, 1967 (Malaysia) and Road Transport (Anaectines); Act 2019, are not to be installed order three leadings.

EXCESS

Section 1 Fire - SI: Dwn Dwnage - \$600 Theft - SI: Flood Cover - \$600

Windscreen \$100

Named Driver and Excess range application

S Rutumani - \$800 (Own Damage), \$800 (Flood Cover)

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

1 Million Image Enterprises Pto Ltd. April 19 Livrary 9 Tox Payoli Singapore 219255-64170100

For other: Approved Reporting Certima/AIG Authorised Reparent, please contact our 24-hour amobiles emergency holling at +65 6336 6209. Alternatively, you may refer to AIG sectorial serve any ay or AIG SIG Matrix Age: Simply search and dispersional "AIG SIG fear Trunks of Google Play."

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

Wile tendly certify that the policy to which this Certificate of insurance relates to issued in accordance with the provisions of the Matur Vehicles Third Party Risks and Compressions Act (Cop. 1819, Part IV of the Rised Transport Act, 1997 (Malaysias), Rised Transport (Anaestenent) Act 2019 and Matur Vehicles (Third Party Risks States, 1995 (Malaysias), Rised Transport (Anaestenent) Act 2019 and Matur Vehicles (Third Party Risks States), 1997 (Malaysias), Rised Transport (Anaestenent) Act 2019 and Matur Vehicles (Third Party Risks States), 1997 (Malaysias), Rised Transport (Anaestenent) Act 2019 and Matur Vehicles (Third Party Risks States), 1997 (Malaysias), Rised Transport (Anaestenent), Act 2019 and Matur Vehicles (Third Party Risks States), 1997 (Malaysias), Rised Transport (Anaestenent), Act 2019 and Matur Vehicles (Third Party Risks States), 1997 (Malaysias), Rised Transport (Anaestenent), Act 2019 and Matur Vehicles (Third Party Risks States), 1997 (Malaysias), Rised Transport (Anaestenent), Act 2019 and Matur Vehicles (Third Party Risks States), 1997 (Malaysias), Rised Transport (Anaestenent), Act 2019 and Matur Vehicles (Third Party Risks States), 1997 (Malaysias), Rised Transport (Anaestenent), Act 2019 and Matur Vehicles (Third Party Risks States), 1997 (Malaysias), 1997 (Mal

0500619216

TAN CHONG CREDIT SUBARU-HHK

913 BUKIT TIMAH ROAD

SINGAPORE SANCY

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

n Way Kits to ACC Building MOTHISS | T will 6419 2000 (Lenn, 213.55

AVSISTANCES SAFE

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you? What should I do in the event of an accident?

- Emergency treat-down service Towning service (accident or non-accident related)
- Advice on Motor Claims procedures
 Medical Referral Assistance

- Keep calm and move your car to a safe piece.
- Neep casts and move your obto a safe pace.
 Do not stained or discuse fault or bisner with the other partylies).
 Report the accolers to us with your accoded vehicle (whether damaged or not be or approved reporting centres or authorised repairurs within 24 hours or rest working day of the accolers.
 Submit Writt Summons/Correspondences from third partylies) to AVG immodulary.

If no one is injured in the accident:

- You are not required to make any police report.
- Not are incorporate to make any power report. Record vehicle number, name and address misurance company and policy number of the other driver(s) and vehicle(s). Collect details (name, address and contact number) of witnesses and/or by to take photographs of the score of the society. Report the accident to us with your accident vehicle (whether demaged or not) wall our approved reporting centres or authorise working day of the accident.
- If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

 - Report the accident to the police, providing full details of the circumstances of the accident.

 Record vehicle number, name and address, insurance company and policy number of the other dineers) and vehicle(s), if applicable.

 Calect details (name, address and contact number) of whotherese analogy by to take producingable of the score of the accident.

 Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting decires or authorised repairers within 24 hours or the next working. day of the accident