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| Ref No: NBA/BIG 21105598/4 | SAS e-filling | | 4 |
| Veh No: SLA 8626 | E-mail (within Shrs, AIC 2hrs) | | |
| D.O.A: 05 05 2021 23:00 | l-Motor Claim Form | J. | |
| OD . TP. Reporting Only | i-Motor W/O (Within: OD 2hr | s, TP 4brs) | |
| OB . 11 Reporting Only | i-Photo Uploaded | | |
| and the second s | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand | to Owner/Wksp | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tol: | Fax: |
| TP Particulars: Veh No: | <090R INC |)/Non-INC(). | |
| Owner / Driver: (| W 1-12. | Tel: |) |
| Policy No: (.) Period: | :(| Cover Type: (|). |
| Confirmed by : (| Date: | Time; |) |
| Insured/Driver Liability: (%) [Note | e-Est. Status (WO): N: 0-2 | 0%; P: 21-790%. P: 80 | -100%] . |
| Year of Registration: () Warn | ranty: YES ()/NO(|) | |
| Excess: (\$) Loading: \$1,000 (|)/\$2,000() | | |
| General Remarks - 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | Sales St. V. |
| () Walk-In Customer: Customer's Informat | | and the state of t | |
| () Total Loss Case : to e-mail Insurer U. | | | |
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| Drive-In ()/ Towed-In (); Invoice: YI | ES()/NO(); T | owing Co: (. , " | |
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SN0821570001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 07/05/2021 12:40 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (07/05/2021 12:40 (SGT))



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
- 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 Submission 07/05/2021 12:40 (SGT) Date of Accident 05/05/2021 23:00 (SGT) Exact Location of Accident Jurong West Street 64, Singapore Additional Location Information TOWARDS JURONG WEST STREET 75 (JUNCTION) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SLA862G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN SIEW BENG NRIC No SXXXX235A Email Address ashley9567@yahoo.com Mobile Phone No (Phone) +65-90725589 Alternative Phone No. +65-90725589

VEHICLE PARTICULARS

Manufacturer

Model Corolla Variant 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 - Claiming third party Vehicle Category Private car Transmission Auto CC 1598

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2100452020-05 Cover Note Number

DRIVER

Name of Driver TAN SIEW BENG NRIC No SXXXX235A

| - No - - |
|---------------------------------|
| |
| Chain Collision Clear Dry |
| |
| Yes 1 |
| |
| No No |
| |
| |
| |
| No |
| ER VEHICLE PROPERTY 1 |
| SJT5890R |
| |

| | Postcode | - |
|----|---|-----|
| 70 | Insurance Company Name | - |
| | Nature Of Damage | - |
| • | Details of property damaged in accident | 11- |
| | No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number | PA8513P |
|---|--------------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | · · |
| Address | 21 |
| Address complement | • |
| Postcode | - |
| Insurance Company Name | = |
| Nature Of Damage | 4 7 |
| Details of property damaged in accident | ~ |
| No. Of Passenger (Including Driver) | * |

INJURED PERSONS DETAILS

INJURED 1

| Name of injured person | TAN SIEW BENG |
|---|---------------|
| Address | - |
| Address Complement | - |
| Post Code | ÷ |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SLA862G |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. 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 <u>repudiate policy liability</u>.
- 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.
- 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 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.
- 8. 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 insurers' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan

Juring West St64 7WOS Juring West St75 (Junction)

A AB

Vehicle A: SIABODGA VehicleB: SIT 5890R

Vehiclec: PA8513P

| Des | cribe Circ | cumstan | ces of | the Acc | cident | | | | | | | | | |
|-----|--------------|--|-----------|--------------|---------------|----------|--|-------------|---------|-------------|----------|--------|--|----------|
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| | | | (5) | | | | portion | of my vehic | le. | • | | | | |
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Declaration

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

Witnessed by Reporting Centre Personnel

| | Date of Accident | 1 05 05 2021 Accident Time: >300hrs (24-HR-FORMAT) |
|-----------|--|--|
| i | Accident Place | Jurong lupst st 64 TWDS Jurong West st 75 (Junction) |
| | Vehicle Reg. No (Car plate No.) | |
| | Insurânce Company | AlG Policy No. 21064 5 2020 - 05 |
| | Name of Registered Owner | Company/Hidividual Tan Siew Beng |
| | ID of Registered Owner | Co Reg No. Owner's NRIC No. 21123235A |
| | | Co Contact No: Owner's Contact No: 9070 5589 |
| | DRIVER'S Name | Tan Siew Beng DRIVER'S NRIG No: SIG 23235A |
| Sec. | DRIVER'S Date of Birth | 21 May 1963 DRIVER'S License Pass Date 13 Apr 1989 |
| | Relationship het. Owner & Driver DRIVER'S Address | Spotse Patents Whildren Stelling Employee Others Owner |
| | DRIVER'S Contact No./ Alt No. | APT BIK 935 Jurong West et 93 #09-97 Singapore 640935 |
| | DRIVER'S Occupation | : INDOOR (og. working instite or outside of an ofc) |
| * | Email Address | ashley 9567 @ yahoo. com |
| | Weather & Road Surface | CLEAR & DEP RAINING & WET VAFTER RAIN & WET |
| . *. | Reporting Type | Reporting Only \ Claim Other Party \ Claim Own Insurance |
| new last | Number of Passengers (Including D Was the accident reported to the po Was there any video Captured by c | Passenger Name: Gender: M/F Passenger Name: Gender: M/F Passenger Name: Gender: M/F Any Injuries: (ES) NO Injuried Name: Siew & & & & & & & & & & & & & & & & & & & |
| 1 1 | The state of the s | as being used at the time of accident: Private use \ Work purpose |
| | | Other Party Driver's Particulars (if any) |
| - 125 | E E S Vehicle Reg No: SJT 5890 | Vehicle Reg No: PA 8513P |
| 1 - 2 - 5 | | Valificia Makainhodel: |
| ુંખનુ | MEETE DRIVER | Mame DRIVER: |
| v : 3 | TO TO DRIVER. | IC No. DRIVER |
| 77. | DRINGR-S Sentart & add | DRIVER'S Contact & add: |
| | | her Party Driver's Particulars (if any) |
| - 14 | See Mehicle Reg No | Vahicle Reg No |
| | Vehicle Make Model | |
| | Pierre DRIVER | |
| | - IC No DRIVER | |
| | Differ ER in Command School | TEN EN ESCANO d'AND |



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Siew Beng : 22 Feb 2021 To 21 Feb 2022 Engine No. : 1ZRX554025 : MD0510FM104546325 Chassis No. : MR053REH104546325

Vehicle No.

1 SLA862G

: 2100452020-05

Policy No.

Endorsement No. Issued Date

: 20 Jan 2021

ABOUT THE COVER

Make/Model

TOYOTA COROLLA ALTIS 1.6 DUAL

First Year of Registration : 2016

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder
 b) Any privat parson, and is drawing on the Policyholder's order of with technic personsion.
 This Policy will indistrictly the Policyholder or any authorised other proy if he have meets the specified age construer.

You have \$5 pay an activities sum of \$3,000 or "Young and/or inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or uncertex) is under the age of 73 and/or had less

Age Condition

All Age Condition

Mileage Condition : Unlimited Mileage

Limitation as to use* :

Use only for except demands and pressure purposes and for the Poscyholder's business. This Poscy does not cover use for hire or reward, thiving listion, driving feet, record, page-meeting readbility start or speed-assing. the consection seth allotter than samples is connection with any trade or business or use for any purpose in connection seth Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered expensive by Section 6 of the Actor Vehicles (Third Plany Risks and Compensation) Act (Cap. 169). Section 95 of the Ricad Transport Act, 1957 (Makeysia) and Road Transport Act, 1957 (

EXCESS

Section 1 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$500

Section 2 Property Damage - 50

Windscreen : \$100

Named Driver and Excess (wiers accepted)

Ten Sew Beng - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres: AIG Authorised Repairers: (For claims related repairs)
Any accident repairs on the Vehicle crust be carried out by one of our Authorised Repairers. Within the first registration of the Vehicle in Singapore. You have the option of having the post accident Repairers and Authorised Repairers, please contact our 24-hour accident interests and Authorised Repairers, please contact our 24-hour accident interests. AIG Authorised Repairers, please contact our 24-hour accident interests and Authorised Repairers, please contact our 24-hour accident interests. AIG Authorised Repairers, please contact our 24-hour accident interests. AIG Authorised Repairers (For claims related repairers).

AIG SG Microb App. Simply search and download "AIG SG" from Tunes or Google Play.

IMPORTANT NOTES

Here Purchase Company/Employer's Loan HONG LEONG FINANCE LTD

is a processor and the provisions of the Motor Verlaces (Tried Party Risks and Comparession) Act (Cap. 188), Part IV of a party Control Party Risks; Huses, 1969 (Manaysia).

AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.