NATIONAL, Assessment	Job description	[50] F. (40) A.	Date & Tane Completed	Done	by
Ref No no/01431006576			t .		
Veh No Sm 0 9616P	E-mail (widos				
DOA 09/06/21 0			<u></u>		in the
OD (TF) / Reporting Only		(Within: OD 2hr:	(, TP 4hrs)		3.7
	i-Photo Uplo				
TP Insurer:	Assessment/Su		1	L	
	Ass't Report b	t by Fax / Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp /	QW: (Fax:	
TP Particulars: Veh N	o: PC9529C	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loadin	ng:\$1,000()/\$2,000)()			
General Remarks:-		APP of so	Market and the second		
() Walk-In Customer : Custom	ner's information strictly Co	onfidential & St	rictly NO rafer of repairer	*	
() Total Loss Case : to e-ma	il Insurer URGENTLY.		Manager Manager Water Commission	Alleren Consultation Laboratory	
	; Invoice: YES () / 1	NO();T	owing Co. ()
			In an outside	Done	by
Remarks:- (INC horline: 6788			Date&Time Completed	- Dona	шу
1) Apply for Transport Allowance ()			
2) QC Check / Post Repair Inspection	on ()			
3) Upload Resurvey Photo [Repair (Cost > \$3000] ()		1	
Injury :					
Date/Time Actions	-version kind and state	01 T 15 T		E Here	
Jate/Time Actions	Surface Marketing Control of Control				
		Turning	ti - Charleliet	Anit (\$)	Amt (3
110210	3/2/		eparation Checklist	1st Bill	Add Bi
Claimant's Particulars :-		1) AR : Accide: 2) DA : Damag	nt Reporting (\$30); e Assessment (\$100); INC	(\$80)	
Driver/Owner:		3) TF : Towing	Fee	\$40/\$45 \$120	-
		5) FT : Follow-	Through Survey Through Survey (Resurvey)	\$30	11000
Contact No:		For claiming	against INC Only (wef 10 Jan 2)	005) \$75	
Damaged Portion:			A + SMRT Survey	\$160	
		8) NTUC Addi	tional Services,-		
C Checked by (Engr-In-Charge)	OD* *N5; Courte	sy Car / Tpt Allowance	\$5		
		• N6; Repair	Co-ordination	\$10 \$25	-
Auditors' Comments :-			epair Inspection follect Excess Coordination	\$5	
		TP (N11):7	P (Non INC) against INC	\$20	
		9) N12: Idae N Invoice dated	lobile Fee Charg	30) ed	District of the second
at 2/3:		Invoice dated	Fee Charp	BINGSHIE PYST	9

SN09216A0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 10/06/2021 09:59 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab

VERSION: 1 (10/06/2021 09:59 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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
 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.

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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

10/06/2021 09:59 (SGT) 09/06/2021 09:10 (SGT) Yishun Central, Singapore SLIP RD TWDS YISHUN AVE 2 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMD9616P

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No Alternative Phone No No

TAN CHEE TEONG

SXXXX365B

KTMOTORWERK@HOTMAIL.COM

(Phone) +65-97561018

+65-97561018

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Nissan Sylphy

Private use

No - Claiming third party

Private car

Auto

1997

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy Policy Number

Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

No

1800110076-02

DRIVER

Name of Driver

NRIC No

TAN CHEE TEONG SXXXX365B



Date Of Birth Occupation Date Of Driving Pass Driving experience

Gender Mobile Number Alt. Phone Number

Email Address Address

Address complement Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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

22/09/1951

19/05/1977

+65-97561018

44 YEARS AND 1 MONTH

BLK 154 PASIR RIS ST 13

Collision - Head to Rear

KTMOTORWERK@HOTMAIL.COM

(Phone) +65-97561018

Outdoor

#02-57

510154

Yes

No

Clear

Dry

No

No

Yes

No

2

Vehicle Registration Number PC9529C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Commercial vehicle Name of Driver AZMAN

Contact Number (Phone) +65-93398674

Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>repudiate policy liability</u>.
- 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.
- 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 :

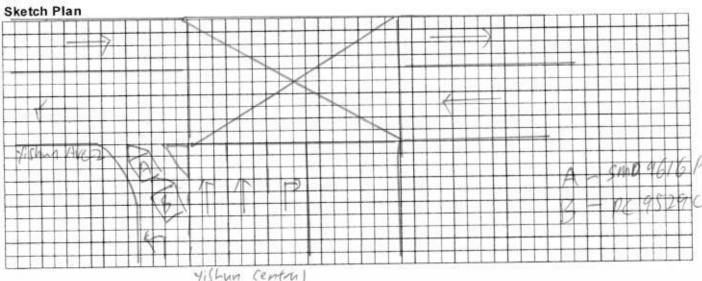
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident ting NG) grown www rehide vehicle Colli Silon the rauling and Lamages to the ver vehicle

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

ACCIDENT STATEMENT

ACCI	DENT DATE: (19 / 06 / 2021)(D	D/MM/YYY), TIME: (09:10)	HH:MM)
	Aluna din Ad a	1 Yishun Certail toward	yishun Ave U
LOCA	TION: Along Slip 1-2		
1.	DETAILS OF VEHICLE SMO	9616 P	
	a) VEHICLE NUMBER:	10101	V
	b)INSURANCE COMPANY: A/G		
	c)POLICY NUMBER: 1800/100	2 +6-0 2	
	d)POLICY TYPE: (COMPREHENSIVE	/ THIRD PARTY / THIRD PARTY FIRE	&THEFT)
	e)MAKE & MODEL: AIII	9H SYLF197	
	f)TYPE: (SALOON / COUPE / MPV /	VAN LORRY / MOTORCYCLE / OT	HERS]
	GIVEHICLE CATEGORY: IPRIVATE	COMMERCIAL / MOTORCYCLE)	
	h) PURPOSE OF USING AT ACCIDE	NT TIME: PENGAGE OFF	
	I) ARE YOU CLAIMING UNDER YOU	P OWN INSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PART'	T CLAIMY REPORTING ONLY	
2.	A) NAME: TAN CHEE TEONG	(MALE) FEN	(ALE)
	HINDIN/EIN/DASSPORT. CAO95	365B CONTACT: 9756	1018.
	CIADDRESS: BLIC 154 Past VE	FZ-50# 81 +2 11	
e e 8	1 (3) 210124		
	. CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER	
Also of passange	DRIVER	***	
(Including driver)	a)NAME:	(MALE / FEM	IALE)
circleany ancer)	DJAKIC/FIN/FASSFORT.	CONTACT:	
()	c)ADDRESS:	314	9 × 6
	*d) DATE OF BIRTH: (22 /09 / 1	951 1/00/444/22221	
13	e)OCCUPATION: (INDOOR LOUTE		020
	f)YEARS OF DRIVING EXPRERIENCE		Ŧ.
4.	WAS DRIVER AN EMPLOYEE OF	THE INSURED'S COMPANY? (YES	S (NO)
2000	IF NO, RELATIONSHIP OF THE	RIVER WITH INSURED:	
5.	a) WEATHER CONDITION: (CLEAR)	RAINING / OTHERS	
	b) ROAD SURFACE: (DRY / WET / O	THERS	
6.	WAS ANYBODY INJURED (YES / NE)	
7.	a) REPORTED TO POLICE (YES / NO	1	
	IF YES, PLEASE STATE WHICH POL		
4 He of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER: PC 95	29 C MODEL: HIACE	10
The of Jassenger	b) DRIVER'S NAME: AZMEN		
	C) NRIC/FIN/PASSPORT:	CONTACT: 93398	674.
() 9.	THIRD PARTY VEHICLE		
×11. 1	d) VEHICLE NUMBER:	MODEL:	A STATE OF THE STA
+ No of passenger	e) DRIVER'S NAME:		
(Induding driver)) f) NRIC/FIN/PASSPORT:	CONTACT:	
()	8 U. U.		
		E1	
20		0 1 1 4 5 1 10	in-
	S. Samuel III	et motorwerle@ holmanil.co	9
	Email = 1		
02	lax =	157	
	VIDEO =		
	VIDE -		

K+Motorwerk @ hotmail.com



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Tan Chee Teong

Period of Insurance

: 13 Sep 2020 To 12 Sep 2021

Engine No.

: HR16930558C

Chassis No.

: MNTBBAB17Z0032845

Vehicle No

: SMD9616P

Policy No.

: 1800110076-02

Endorsement No.

Issued Date

: 12 Aug 2020

ABOUT THE COVER

Make/Model

: NISSAN SYLPHY 1.6 PREMIUM

Engine Capacity/Tonnage: 1,598.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

b) fire Policyhodda 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 \$3,000 as "Young and/or inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

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 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Tan Chee Teong - \$600 (Own Damage), \$600 (Flood Cover)

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

1.TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

2.TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212

3.Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666

4.Tan Chong Motor Sales. Add: 913 Bukit Timah Road Singapore 589623 64694091 64694092 64694093

5 Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig 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: Standard Chartered Bank (Singapore) Limited

I/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 September 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610427

TAN CHONG CREDIT PTE LTD-LSE

SINGAPORE 589622 ANSP-MOTOR

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

911 BUKIT TIMAH ROAD

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

SSPYLL

78 Shenton Way #09-16 AIG Building S079120 | T:+65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.

Copyright © 2019 AliG Asia Pacific Reg