NATIONAL Assessment Centre	Services	11					
Date in 05/10/21	Job description		Date & Line Co	mpleted	Done	) j	
Re(NO NA/A1621010276/13	SAS e-filing		Į.				
Veh No 82638870	E-mail (within 8	les Alt, Bles,			***************************************		
DO x 03/10/31 1412	i-Motor Clair						
	i-Motor W/O	(Within: OD 2hrs.	1 P 4hrs)				
OD (TP)' Peporting Only	i-Photo Uplo:						
MAN A	Assessment/Su	rvey Report	1	1			
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:			
TP Particulars: Veh No:	SLS7259H	INC (	)/Non-INC	)			
Owner / Driver: (			Tel:		)		
Policy No: ( ) Peri	od: (	)	Cover Type: (		)		
Confirmed by : (		Date:	Time		)		
Insured/Driver Liability: ( %) [N	ote-Est. Status (W	/O): N: 0-20	)%; P: 21-79%	F: 80-1009	/o]		
Year of Registration: ( ) W	arranty: YES (	)/NO(	)			-0	
Excess: (\$ ) Loading: \$1,00	0 ( )/\$2,000	( )					
General Remarks;-	South Parket		224/1×3×	AČAL I			
( ) Walk-In Customer: Customer's inform	mation strictly Cor	nfidential & Str	ictly NO rafer of	repairer.			
( ) Total Loss Case : to e-mail Insurer	URGENTLY.						
Drive-In ( ) / Towed-In ( ); Invoice:	YES ( ) / N	O( ); To	owing Co. (			)	
Remarks:- (INC horline: 6788 6616)			Date&Time Co	muletad	Done	bv	
	ourtesy Car (	)	Date In the				
2) QC Check / Post Repair Inspection	ouriesy car (						
3) Upload Resurvey Photo [Repair Cost > \$30	0001 (	<u> </u>					
Injury:							
				-			
Date/Time Actions			ris Surfrages	2000 Free			
					-		
					(I III)		
					Amt (\$)	Amt (\$	
NA210409	1		paration Check	list	1st Bill	Add Bil	
Claimant's Particulars :-		1) AR : Accident 2) DA : Damage	Reporting (\$30); Assessment (\$100);	INC (\$80)			
Priver/Owner:		3) TF : Towing F 4) FT : Follow-T	ee	\$40/\$4 \$12	-		
Contact No:		5) FT : Follow-T	hrough Survey (Resu	rvey) \$3	-		
		For claiming a 6) TR : Re-inspec	gainst INC Only (we	<u>f 10 Jan 200</u> 5) 57.	5		
amaged Portion:		7) N1 : idac DA	+ SMRT Survey	\$16			
		8) NTUC Addition	onal Services				
Checked by (Engr-In-Charge):	E P	*N5: Courtesy	Car / Tpt Allowance	\$			
		*N6: Repair C *N7: Fost Rep	And the second s	\$1 \$2			
aditors' Comments :-	Strain But	*N8: DV / Col	lleet Excess Coordina	tion \$	5		
. 1:		TP (N11) : TP 9) N12: Idae Mo	(Non INC) against I bile		0		
1. 2 / 3:		Invoice dated		se Charged		马帕克	
		Involve dated	J.	ee Charged	國語技能		

SN0921A50008 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 05/10/2021 17:21 (SGT)

SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (05/10/2021 17:21 (SGT))



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> 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.

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

05/10/2021 17:21 (SGT) 02/10/2021 14:12 (SGT) Singapore THOMSON RD AFT WHITLEY RD SLIP RD

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLG3987D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No Email Address

Mobile Phone No

Alternative Phone No

No

TAN HUI LIK SXXXX843D

huiliktan@gmail.com (Phone) +65-97351971

+65-97351971

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

Subaru

Wrx

Private use

No - Claiming third party

Private car Auto

2000

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number Cover Note Number AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

2100484828-05

DRIVER

Name of Driver

NRIC No

TAN HUI LIK SXXXX843D



 Date Of Birth
 31/07/1967

 Occupation
 Indoor

 Date Of Driving Pass
 11/03/1989

Driving experience 32 YEARS AND 7 MONTHS

Gender Male

 Mobile Number
 (Phone) +65-97351971

 Alt. Phone Number
 +65-97351971

 Email Address
 huiliktan@gmail.com

 Address
 2 SEMBAWANG WALK

Address complement #01-113
Postcode 757616
Is the driver the policyholder? Yes
If No, Relationship of the Driver with the Insured -

Does Driver Own Other Vehicles? No 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 Side Swipe
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

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? Yes

Reasons for not uploading a video of the accident WITH WORKSHOP

Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

No

Vehicle Registration Number SLS7259H

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour -

Vehicle Category Private car

Name of Driver Contact Number Address -

Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 make 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 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 (POPA)

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 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 med
- (iv) administering my claims (including the meiling of correspondence, statements, invoices, reports or notices to me, which would involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of servel, pesthall 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

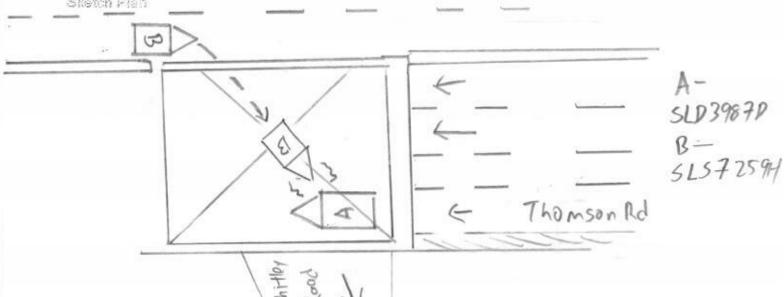
. If my Personnel Information may/can be displaced by any orders by unerclandon of the to their third party exercise providers or including their law years/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre

Personnel

Sketch Flan



-	On the above date and time, I was travelling along then Road at the junction of whitler Road, the traffic light was whitley road from the junction, I felt on here direction of
	Road of the junction of whitee of I travelling glong than
1	green, car B (5157759H) and the traffic light was
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Policyholder's Signatura / Data & Time

Driver's Signature (if driver is not the policyholder) / Date 3 Time

05/10/21

Witnessed by Reporting Centre

Personnel

DATE OF ACCIDENT	1 62/10:21	+C.C. /					
	7.12 AM / PM						
TIME OF ACCIDENT		Whitley Road Slip road					
LOCATION OF ACCIDENT ENLACT PURPOSE USED AT TIME OF ACCIDENT		ATE HIRE					
NAME OF OWNER EMAIL HULLKTAN (WAT	MAIL. COM Office.	MOBILE 9735 1971					
NRIC	526028437						
CLADM TYPE	OD / THIRD PARTY / REPORTING ONLY						
FLEET POLICY	YES / NO ?						
INSURANCE CO.	AIG						
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fine & Then						
POLICY NO.	2100 484828-05						
NAME OF DRIVER	AS ABOVE / IF NO.						
NAME OF PIERFE							
DATE OF BIRTH	1.31 107 11967	And the second s					
ANY PASSENGER	YES /NO:						
NAME OF PASSENGER	1						
GENDER OF PASSENGER	MALE / FEMALE						
OCCUPATION	Outdoor / (indoor)						
DIATE OF DEIVING PASS	1 1 / 03 / 1989						
CEMPER	Assle) / Female						
COMPACT NO.	Mobile: / Office: /	Some.					
EMAIL:							
ADDRESS							
WORS DEPOSE NOT FITTER VEHICLES?	(O) If yes a for given	PETTOPO,					
RELATIONSHIP	Employee / 18110. SELF						
WEATHER CONDITION	Clear / Raining / Other						
TO AD SURFACE	Dry / Wei / Other						
AFY HATURGES (	No y If yes : Who?						
CONTACT NO.	·						
	Nd/18 yes : Where?						
TO TICE OF INTERIDED PROSECUTION GIVEN							
EFICLE B NO.	3157259H Any Passenger Ye	5 -					
MAKE							
ONTACT NO.	A mar Deposits watt						
EMICLE C NO.	Any Passenger -						
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EHICLE ENO	Any Passenger						
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WAS THEFE ANY VIDEO CAPTURE?	OS INO						
WAS THEFE ANY AUDIO RECORDED?	953 / 190 1793 / NO						
**WORKSHOP:							
PACKET OLIVE:	REVOLUTION ANTOMOTENE.						
	coliciting (s) /						



# CERTIFICATE OF INSURANCE

## SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Tan Hui Lik

Period of Insurance

: 29 Sep 2021 To 28 Sep 2022

Engine No.

: FA20A956191

Chassis No.

: JF1VAGK85HG014535

Vehicle No.

: SLG3987D

Policy No.

: 2100484828-05

Endorsement No.

Issued Date

: 08 Sep 2021

### **ABOUT THE COVER**

Make/Model

: SUBARU WRX 2.0 CVT/MT

Engine Capacity/Tonnage : 1,998.00 CC

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

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 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 tution, 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 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act. 1967 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

#### **EXCESS**

Section 1

Fire - \$0 Own Damage - \$2600 Theft - \$0 Flood Cover - \$2600

Section 2

Property Damage - \$0

Windscreen: 5100

Named Driver and Excess (where applicable)

Tan Hui Lik - \$2600 (Own Damage), \$2600 (Flood Cover)

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

Motor Image Enterprises Pte Ltd. Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Atternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from (Tunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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

0500619221

TAN CHONG CREDIT SUBARU-SJT

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

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589623

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIGSGMOBILEAPP