

NATIONAL Assessment Centre Services

| | | | |
|--------------------------|--|------------------------|----------|
| Date In: 02/11/21 | Job description: | Date & Time Completed: | Done by: |
| Ref No: NA/AG21011249/13 | SAS e-filing | | |
| Veh No: SBT33332L | E-mail (within 8hrs, MC 2hrs) | | |
| DQA 02/11/21 1945 | i-Motor Claim Form | | |
| OD (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | | |
|--|-----------------|-----------------------|----------|
| Preferred Wksp / INC Assign Wksp / QW: () | | Tel: () | Fax: () |
| TP Particulars: | Veh No: SKQ166K | INC () / Non-INC () | |
| Owner / Driver: () | | Tel: () | |
| Policy No: () | Period: () | Cover Type: () | |
| Confirmed by: () | Date: () | Title: () | |
| Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%] | | | |
| Year of Registration: () Warranty: YES () / NO () | | | |
| Excess: (\$) Loading: \$1,000 () / \$2,000 () | | | |

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

| | | |
|---|---------------------|---------|
| Remarks:- (INC hotline: 6788 6616) | Date&Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA2104390 | Invoice Preparation Checklist | Ant (\$) 1st Bill | Ant (\$) Add Bill |
| Claimant's Particulars :- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments :- | For claiming against INC Only (wef 10 Jan 2005) | | |
| Cat. 1: | 6) TR: Re-inspection \$75 | | |
| Cat. 2 / 3: | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | 9) N12: Idac Mobile 30 | | |
| | 10) N1: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (N-in INC) against INC \$20 | | |
| | 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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 | 03/11/2021 16:59 (SGT) |
| Date of Accident | 02/11/2021 19:45 (SGT) |
| Exact Location of Accident | 1 HarbourFront Walk, Singapore 098585 |
| Additional Location Information | VIVO CARPARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SBJ2222L |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | TAN BEE LANG |
| NRIC No | SXXXX207D |
| Email Address | arynnalhy@gmail.com |
| Mobile Phone No | (Phone) +65-96168681 |
| Alternative Phone No | +65-96168681 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Nissan |
| Model | Qashqai |
| 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 | 1997 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 2100503362-04 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------------------------|
| Name of Driver | LEE HUI YUN, ARYNNA (LI HUIYUN) |
| NRIC No | SXXXX702G |

| | |
|--|-----------------------|
| Date Of Birth | 30/06/1996 |
| Occupation | Outdoor |
| Date Of Driving Pass | 23/12/2014 |
| Driving experience | 6 YEARS AND 11 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-96168681 |
| Alt. Phone Number | - |
| Email Address | arynnalhy@gmail.com |
| Address | 115 SUNSET WAY |
| Address complement | #05-03 |
| Postcode | 597149 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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 | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| 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? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211103/7013

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 | SKQ166K |
| 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-------------------------------|
| Name of injured person | LEE HUI YUN,ARYNNA(LI HUIYUN) |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK,BACK & RIGHT WRIST |
| Injured person in which vehicle? | SBJ2222L |
| 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.
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 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)

I understand, acknowledge, agree and consent that :

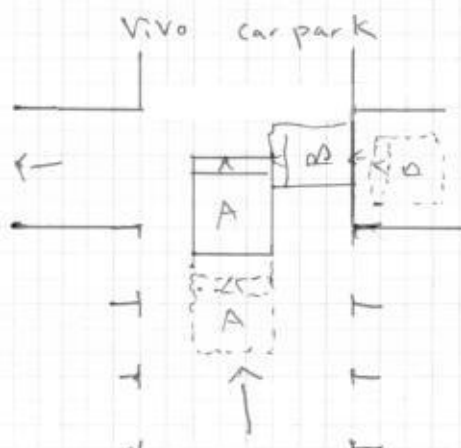
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A : SBS 2222L

Veh B : SKQ166K

Refer to police report T/2021103/7013

I/We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20211103/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20211103/7013

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 03/11/2021 12:20 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: LEE HUI YUN, ARYNNA | | | Address: 115 SUNSET WAY #05-03 SINGAPORE 597149 | | |
| ID Type / ID No.: NRIC NO / S9622702G | | | Contact No.: Home/Office: Mobile: 96168681 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: ARYNNALHY@GMAIL.COM | | |
| Sex: Female | Age: 25 | Date of Birth: 30/06/1996 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: COVI OPS | | | Driving Licence Information: Class: 3A | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 02/11/2021 19:45 | Type of Location: Car Park |
| Location: HARBOURFRONT WALK | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 50 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| SBJ2222L | Car | | | | | 0 |
| SKQ166K | Car | | | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20211103/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20211103/7013

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|---------------------|-----------|---|
| Name | LEE HUI YUN, ARYNNA | | ID No. S9622702G |
| Related Vehicle | SBJ2222L (Car) | | Contact No. 96168681 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL |
| Date | 03/11/2021 | | Date 03/11/2021 |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |

Brief Details.

On the stated time and date, i was driving my vehicle SBJ2222L at Vivo city carpark going straight when Vehicle SKQ166K abruptly dashed out from the right without adhering to the stop line.

i immediately attempted to step on my brakes to prevent the collision but it was already too late.

Vehicle SKQ166K was too fast and abrupt and as such, collided into the front right portion of my vehicle .I knocked my left knee against the underside of my dashboard as a result of the collision.

The next morning, I woke up feeling pain over my neck, back and right wrist areas.

Hence, i proceeded to my family doctor at Chong family clinic Clementi for treatment and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20211103/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20211103/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
03/11/2021 12:20

Classification Of Case:

Date of Accident : 2/11/2021 Accident Time: 1945 (24-HR-Format)
 Accident Place : Viro carpark
 Vehicle No. (Car Plate No.) : SBS 2222L Make/Model: Nissan Qashqai
 Insurance Company : AIG Policy No: 2100503362-04
 Owner or Company Name /IC No. : Tan Bee Lang / S1284207D
 Owner or Company Contact No. : 96168681 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Lee Hui yun, Arynna (Li Hui yun) S96227024
 DRIVER'S Date Of Birth : 30/06/1996 DRIVER'S License Pass Date 23 Dec 2014
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 115 Sunset way #05-03
 DRIVER'S Contact No./ Alt No. : 1) 96168681 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : arynnalhy@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): Yes Neck, back, left knee & right wrist

Other Party Driver's Particular (if any)

| | |
|------------------------------|------------------------------|
| Vehicle. No: <u>SKQ 166K</u> | Vehicle. No: _____ |
| Vehicle Make \Model: _____ | Vehicle Make \Model: _____ |
| Name Driver: _____ | Name Driver: _____ |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

* **NEW – Passenger's name & gender:**



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan Bee Lang
Period of Insurance : 09 Mar 2021 To 08 Mar 2022
Engine No. : MR20453531W
Chassis No. : SJNFBAJ11U1919844

Vehicle No. : SBJ2222L
Policy No. : 2100503362-04
Endorsement No. :
Issued Date : 31 Jan 2021

ABOUT THE COVER

Make/Model : NISSAN QASHQAI 2.0 PREMIUM 2014
Engine Capacity/Tonnage : 1,997.00 CC
Sum Insured : Market Value
First Year of Registration : 2017
Driver Restriction : NA
Off Peak Car : No
Insuring with COE/PAF : 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 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

Section 1

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

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tan Bee Lang - \$600 (Own Damage), \$600 (Flood Cover), Alyssa Lee Siyi - \$600 (Own Damage), \$600 (Flood Cover), Lee Chan Hing - \$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: NA

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).

0500610416

TAN CHONG CREDIT PTE LTD-TYK

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP