| (08/11/13) | wef |
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| ASS. REC. | BY: Marcas |

| REF: | CC6/A1621013053/4293 |
|------|----------------------|
| | ASSIGNMENT |

| ASSI | GNMENT |
|--|---|
| From: Date: | Veh No: SLJ825/M Yr Regn: 30/10/16 |
| Estimated Cost: | Type: McCar/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / |
| OD (TP) WS / TP RES / OD RES / EVA / INV / MV | Truck / Trailer or |
| To Inspect Vehicle No: SLJ P25/M at Workshop m/s Sin Auder | Make: NISSEN SYLINY CC AST |
| at Workshop m/s Sin Hulei | Colour Roun A/C: Insured / Std / NI / NA |
| | Sp.Reading 7523 T/Radio: Insured / Std / NI / NA |
| Insured: GBD364CC | Eng/No: |
| Policy No. | CINO: MNTBBAB1720027ffo |
| Claims No. | Gen. Cond: Good Fair / Poor / Burnt |
| Sum Insured: Excess: | Steering: Inorder Jammed / Leaked / Burnt or |
| (Client's Record) | Brake: Inverder Jammed / Leaked / Burnt or |
| Make of Veh: | Modi: Nil (SIRim / STD A/Rim or |
| | Tyre Size: F: 195/60216 |
| (Policy Condition) | R: |
| Remark: The veh had commenced its N/S O/S | BS/I DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| repair at the time of inspection. | TOYO / YOKO or |
| Bal. or Market Value: | Front 7 Rear |
| IDAC Accident Rport: Consistent? : Yes or No | R/Bal. / mm R/Bal. / mm |
| GIA / PR Seen: Consistent? : Yes or No | L/Bal. / mm L/Bal. 7 mm |
| Est. Repairs: days Res.: Yes or No | D.O.A. 18/12/ D.O.I. 23/12/21 |
| Lum Sum: % 3 Val.: Yes or No | Survey held at |
| CA / REV / REP. / 24 HRS | Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or |
| Vehicle: IN / OUT | heer & |
| Date: Person Contacted: 474 § 37637 Date / Time Action / Instruction Dep 1/4. | The U/C Chassis frame / Body Structure affected due to collision. |
| Date / Time Action / Instruction Dep ? k. | |
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| Date/Time, File Pass to? Preli Report | |
| Tell. Report | Days Of Repair: |
| 1) Final Report F | Resurvey No. of Trip: Survey Fee: |
| A.I.I F | Transportation: |
| 2) Add Fee: | 7= |
| Papart Format | |
| Report Format : Lump Sum / I.B.I: (\$ | |
| Lump Sum / I.B.I: (\$ | :Weekend (\$) |
| | IUIAL |

© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 4. The issue and acceptance of time Form by insurance companies is not all admission of policy hadming on the part of the insurance Companies is Any false performed in 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 18/12/2021 14:00 (SGT) Date of Accident 18/12/2021 10:00 (SGT) Exact Location of Accident

Additional Location Information Jalan Bukit Merah, Singapore

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ9251M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NG SOON HING NRIC No. S1225178E Email Address

OBK1.FREDDY@GMAIL.COM Mobile Phone No (Phone) +65-96908427

Alternative Phone No +65-96908427

VEHICLE PARTICULARS

Manufacturer Nissan Model Variant Sylphy

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Vehicle Category Private car Transmission

CC Auto 1598

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage

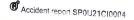
Fleet Policy Comprehensive Policy Number Cover Note Number 2100495727-04

DRIVER

Name of Driver NRIC No.

NG SOON HING S1225178F

Private use



Date Of Birth 11/02/1957 Occupation Indoor Date Of Driving Pass 30/05/1980 Driving experience 41 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-96908427 Alt. Phone Number +65-96908427 Email Address OBK1.FREDDY@GMAIL.COM Address 61 VERDE AVENUE Address complement Postcode 688329 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 Collision - Head to Rear 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name LOH CHOR ENG Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN. 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 GBD3615L Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

Vehicle Category

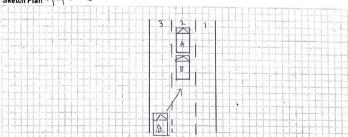
Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- Information provided must be as truthful and accurate as possible. Any willul misrepresentation or withholding of material facts may
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) My insurer , my w orkshop 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 ma or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) w ho 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
- (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 Sketch Plan 18/12/21



Describe Circumstances of the Accident

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| Declaration | | | |
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| We declare the foregoing particula | rs are true in every respect. | | |
| Manual to diam against your ON | n policy, please be advised that | your insurer may have a fourt | een (14) days clause whereby the clai |
| must be made within the stipulated | timetrame from the day of occu | rrence. Kindly check with your | een (14) days clause whereby the classinsurer for more details. |
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| / WKIND } | Litran | 7/1 | / / / |
| 1 | The state of the s | act the policyholder) / Data | Witnessed by Reporting Centre |
| Policyholder's Stonature / Date & | Driver's Signature (If driver is & Time | not and postcynology, Data | Personnel |
| Time 18 12 748 17 | | 100 | |
| 10/12/21/10/12 | 9 | | |

at the traffic junction

and & was hit

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | | |
|--|--|--|
| Owner ID Type: | Singapore NRIC | |
| Owner ID: | 178E | |
| Vehicle Details | | |
| Vehicle No.: | SLJ9251M | |
| Vehicle to be Exported: | No | |
| Intended Deregistration Date: | 23 Dec 2021 | |
| Vehicle Make: | NISSAN | |
| Vehicle Model: | SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR | |
| Primary Colour: | Brown | |
| Manufacturing Year: | 2016 | |
| Engine No.: | HR16992819B | |
| Chassis No.: | MNTBBAB17Z0027880 | |
| Maximum Power Output: | 85.0 kW (113 bhp) | |
| Open Market Value: | \$16,910.00 | |
| Original Registration Date: | 30 Dec 2016 | |
| First Registration Date: | 30 Dec 2016 | |
| Transfer Count: | 0 | |
| Actual ARF Paid: Intended PARF Rebate Details | \$16,910.00 fyly | |
| PARF Eligibility: | Yes | |
| PARF Eligibility Expiry Date: | 29 Dec 2026 | |
| PARF Rebate Amount: Intended COE Rebate Details | \$12,682.00 | |
| COE Expiry Date: | 29 Dec 2026 | |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) | |
| COE Period(Years): | 10 | |
| QP Paid: | \$49,751.00 | |
| COE Rebate Amount: | \$24,955.00 | |
| Total Rebate Amount: | \$37,637.00 | |

The information contained herein is correct as at 23 Dec 2021

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