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Vehilo SMJ 688J	E-mail (widos 8k	rs, ABC 2hrs,			
	i-Motor Claim	Form		1	
DOA 13/01/2022 09:15	i-Motor W/O (, TP 4hrs)	T	
OD (11) Reporting Only	i-Photo Upload				
	Assessment/Surr	vey Report	1	1	
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (A Lance		Tel;	Fax:	
TP Particulars: Veh No: Sme	E 2800P	, INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Per	iod: ()	Cover Type: ()	
Confirmed by : (Mark Scottan Salt Hall III W. 1966	Date:	Time:)	
	Vote-Est. Status (W		0%; P: 21-79%, F: 80	-100%]	
7 - 111 - 23 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Varranty: YES ()/NO()		
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General Remarks:- () Walk-In Customer's infor		ry hip to all in the Const. The state of	ARKEN WALL		
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Remarks: (INC horline: 6788 6616)	wegettatic seems		Date&Time Completed	Do	ne by
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2) QC Check / Post Repair Inspection	()				
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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 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

14/01/2022 14:11 (SGT) 13/01/2022 09:15 (SGT)

Singapore

T-JUNCTION OF TAMPINES CENTRAL 6 AND TAMPINES

CENTRAL 1 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMJ688J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No

Alternative Phone No

JAYANTA NG WEI QIANG

SXXXX788C

tanwenli.jasmin@gmail.com (Phone) +65-96207345

+65-96207345

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Subaru Forester

Private use

No - Claiming third party

Private car Auto 1995

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

1900013176-02

DRIVER

Name of Driver

TAN WEN LI, JASMIN



NRIC No Date Of Birth Occupation Date Of Driving Pass

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 vehicle or property damaged?

Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220113/7045

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

SXXXX206C

23/07/1987

12/04/2014

7 YEARS AND 9 MONTHS

tanwenli.jasmin@gmail.com

BLK 163 TAMPINES STREET 12

(Phone) +65-90629590

Indoor

Female

#11-269

521163

Spouse

Side Swipe

Clear

Dry

No

Yes

No

Yes

No

Male

Yes

No

Traffic Police

(Phone) +65-65470000

10 Ubi Avenue 3 Singapore 408865

(Fax) +65-65474900

JAYANTA NG WEI QIANG

2

2

No

No

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SME2800P

Accident report SN09221E0005

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

INJURED PERSONS DETAILS

INJURED 1

No. Of Passenger (Including Driver)

Name of injured person TAN WEN LI, JASMIN Gender Female Phone No. (Phone) +65-90629590 Address Address Complement

Post Code Approximate Age Years Old Injuries Sustained

BACK & NECK PAIN Injured person in which vehicle? SMJ688J Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person JAYANTA NG WEI QIANG Gender Male Phone No (Phone) +65-96207345 Address Address Complement

Post Code Approximate Age Years Old Injuries Sustained BACK & NECK PAIN

Injured person in which vehicle? SMJ688J

Were seat belts worn? 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 Formmust 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 GA 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' 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

Sketch Plan

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

Sketch Plan

Compines Control 1

(A) SMF 2800 P

Compines Centrol 6

Tompines Centrol 6

Tampines Centrol 1.

Describe Circumstances of the Accident
Refer to Police Report
Report No:-
7/20220113/7045
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your
your own comprehensive policy. Please check your policy for more information.

Declaration

I/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



T/20220113/7045

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20220113/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2022 17:14		Vide Report No.:	Station Diary No.:		
Informan	t's Partic	ulars			
Name of I TAN WEN			Address: 163 TAMPINES STREET 12 #11-269 SINGAPORE 52		
ID Type / ID No.: NRIC NO / S8722206C			Contact No.: Home/Office:	Mobile: 90629590	
Nationality: SINGAPORE CITIZEN		Email: TANWENLI.JASMIN@GMAIL.COM			
Sex: Female	Age: 34	Date of Birth: 23/07/1987	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: Business development manager		Driving Licence Information: Class: Date of Expiry:			

General Infor	mation of the Acci	dent		MELLO DI CENTRALIA	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/01/2022 09:15	Type of Location: T-Junction	
Location:	T				
r-junction of	rampines Central 6	and Tampines Central 1			
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Type of Collis	ion:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SME2800P	Car					0
SMJ688J	Car					1

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA			





2 of 3

Report No. T/20220113/7045

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Passenger		12168VS			THE	
Name	JAYANTA NG WEI QIANG			ID No		S8741788C
Related Vehicle	SMJ688J (Car)			Conta	ct No.	96207345
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	13/01/2022		Date		NIL	
No. of Days gran	of Days granted Medical Leave 04 Degree of			Serious		
Driver				,		
Name	TAN WEN LI, JASMIN		ID No		S8722206C	
Related Vehicle	SMJ688J (Car)			Conta	ct No.	90629590
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	13/01/2022		Date		NIL	
No. of Days gran	ted Medical Leave	04	Degree of		Serio	us

Brief Details.

On 13/01/2022 at about 0915hrs at T-junction of Tampines Central 6 and Tampines Central 1. I was travelling on the extreme left lane and while making a left turn into Tampines Central 1. Suddenly a vehicle (B) on my right veered into my lane without cautious and proper look out and hence collided onto my right portion of my vehicle (A) causing damages to my vehicle. I wish to state that I have 1 passenger inside my vehicle. I have 4 days MC for my injury.

Vehicles involving in the situation:

- (A) SMJ688J
- (B) SME2800P





3 of 3

Report No. T/20220113/7045

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

CONTINUATION OF REPORT

Sketch	Plan
Skelli	rian

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/01/2022 17:14
Officer In Charge Of Case: TP / TPIB / BOON YEN KIAN Contact No.: 65476172	Classification Of Case:

	12/1/2022 20.15
Date of Accident	Sunction of Tampines Central 6 & Tampines Central 1
Accident Place	: Junction of Compines Central 1
Vehicle Reg. No. (Car Plate No.)	: SmJ 6dfJ
Vehicle Make/Model	: SUBARU FORESTER 2-01-L CUT AWD SR (19950
Insurance Company	Policy No. 1900013 176-02
Owner or Company Name /IC No.	: JAYANTA MI WEI QIANG /S8741788C
Owner or Company Contact No.	: 9680 7348 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: TAN WENLI , JASMIN / 587)7206C
DRIVER'S Date Of Birth	: 23-07-1987 DRIVER'S License Pass Date 12- APR- 2014
Relationship of Owner & Driver	Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address	: BLE 163 TAMPINES STREET 12 #11-269
DRIVER'S Contact No./ Alt No.	:1) 9062 959U 2) S (\$21163)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: - Tannent josium @ guart 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): 2 person only sinn + pessage back & real p
Was there any video Captured by	100 mm - 100
	Party Driver's Particular (if any)
(B) Vehicle Reg. No: SME 1800	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:
(m) passenger - JAYAA	TA NG WEI QIANT.



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Jayanta Ng Wei Qiang : 31 Jan 2021 To 30 Jan 2022 Period of Insurance

: FB20YE54614 Engine No.

Chassis No. : JF1SJ5KC5JG112609 Vehicle No. : SMJ688J

: 1900013176-02 Policy No.

Endorsement No. **Issued Date** : 29 Jan 2021

ABOUT THE COVER

Make/Model : SUBARU Forester 2.0i-L

Engine Capacity/Tonnage: 1,995.00 CC First Year of Registration : 2019 Sum Insured : Market Value Insuring with COE/PARF : Yes Off Peak Car : No Driver Restriction · NA

Person or Classes of Persons Entitled to Drive*:

a) The Policyhoider

a) I have independent 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 "thexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unviamed) has less than 2 years' driving experience

: Up to 10,000km Annually Mileage Condition Age Condition : 30 years old and above

Limitation as to use*

Use unity for social, durressis, and pleasure purposes and for the Pulicytoday's business.
This Policy does not cover use for here or reward, driving tastion, driving test, racing, pace-making, reliability that or speed-testing, the carriage of goods other than samples is connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Lientations rendered inoperative by Section 8 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Jayanta Ng Wei Qiang - \$800 (Own Damage), \$800 (Flood Cover)

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

1 Motor Image Enterprises Pto Ltd. Add. 19 Lorong 8 Tois Payoh Singapore 319255 64170100

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Attemptively, you may refer to AIG website away aig ag or AIG SG Nototle App. Simply search and download "AIG SG" from iTunes 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).

TAN CHONG CREDIT SUBARU-MIT

911 BUKIT TIMAH ROAD

SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPOCE