

NATIONAL Assessment Centre Services

Date In: 11/04/22	Job description	Date & Time Completed	Done by
Ref No: NA/A1622003291/13	SAS e-filing		
Veh No: SGV3123K	E-mail (within 3hrs, APC 2hrs)		
D.O.A: 09/04/22 0315	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: SMC4623G INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

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

NA2200990	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$10		
	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 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	11/04/2022 15:26 (SGT)
Date of Accident	09/04/2022 03:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KIM KEAT RD TWDS BALESTIER RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV3123K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	IN THE ESTATE OF LOW WAI KONG
NRIC No	SXXXX231F
Email Address	l-yshamelissa@hotmail.sg
Mobile Phone No	(Phone) +65-91777434
Alternative Phone No	+65-91777434

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Impreza
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	1995

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800118505-03
Cover Note Number	-

DRIVER

Name of Driver	LOW LI SHA, MELISSA
NRIC No	SXXXX403D

Date Of Birth	22/08/1996
Occupation	Indoor
Date Of Driving Pass	08/06/2016
Driving experience	5 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91777434
Alt. Phone Number	-
Email Address	l-yshamelissa@hotmail.sg
Address	6 KITCHENER LINK
Address complement	#10-12
Postcode	207227
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	YONG CHUN RENG
Gender	Male

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/20220409/7034

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	SMC4623G
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
NRIC No	CHAIR CHEE HOE
Contact Number	SXXXX187C
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	LOW LI SHA,MELISSA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGV3123K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	YONG CHUN RENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGV3123K
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 willful 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' 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.

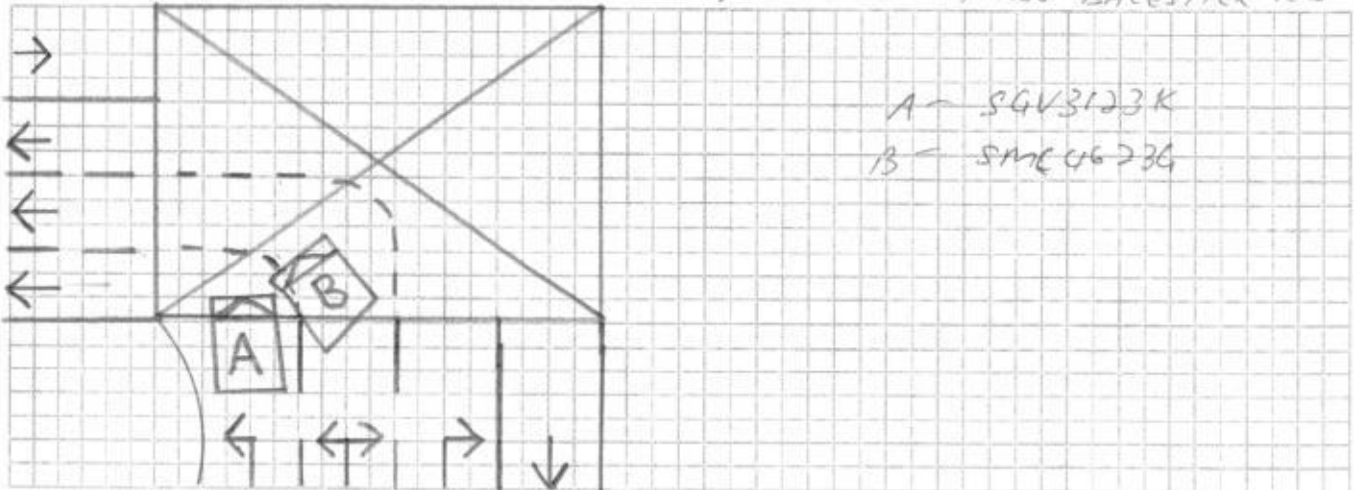
Policyholder's Signature / Date & Time

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

Shyue 11/04/22
Witnessed by Reporting Centre Personnel

Sketch Plan

KIM KEAT FWWS BALSTIER RD



Describe Circumstances of the Accident

Refer to Police Report
T/2020409/7034

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

Ullman

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

shym 11/04/27

Witnessed by Reporting Centre
Personnel



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2022 20:18	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: LOW LI SHA, MELISSA			Address: 6 KITCHENER LINK #10-12 SINGAPORE 207227		
ID Type / ID No.: NRIC NO / S9629403D			Contact No.: Home/Office: Mobile: 91777434		
Nationality: SINGAPORE CITIZEN			Email: l-yshamelissa@hotmail.sg		
Sex: Female	Age: 25	Date of Birth: 22/08/1996	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Pre School Teacher			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/04/2022 03:15	Type of Location: T-Junction
Location: KIM KEAT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
SGV3123K	Car				Slightly Damaged	1
SMC4623G	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGV3123K	AIG ASIA PACIFIC INSURANCE PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	YONG CHUN RENG		ID No.	S9540571A
Related Vehicle	SGV3123K (Car)		Contact No.	96179922
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight
Driver				
Name	LOW LI SHA, MELISSA		ID No.	S9629403D
Related Vehicle	SGV3123K (Car)		Contact No.	91777434
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details.

On the stated date and time, I was driving my car (SGV3123K) along Kim Keat Road towards Balestier Road on lane 3. Out of a sudden, I felt a impact on my front right portion. Alighted and found out that another car (SMC4623G) on lane 2 cut into my lane and did not check his blind spot. My passenger and I were both injured, seek for medical attention and was give 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20220409/7034

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

3 of 3

Report No. T/20220409/7034

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 /
TAY CHUN KEEN
Contact No.: 65476436

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

Date/Time:
09/04/2022 20:18

Classification Of Case:

Date of Accident : 09/04/2022 Accident Time: 03:15:00 (24-HR-FORMAT)
Accident Place : Kim Keat Road towards Balestier Road
Vehicle Reg. No (Car plate No.) : SGV3123K Vehicle Make/Model: Subaru Impreza Sdr 201-sight
Insurance Company : AIIG Policy No. 1800118 S05-03
Name of Registered Owner : Company / Individual Low Wai Kong
ID of Registered Owner : Co Reg No: Owner's NRIC No: S1433231 P
: Co Contact No: Owner's Contact No:
DRIVER'S Name : Low Li Sha, Melissa DRIVER'S NRIC No: S962940SD
DRIVER'S Date of Birth : 22/08/1996 DRIVER'S License Pass Date 08/06/2016
Relationship bet. Owner & Driver : Spouse \ Parents (Children) Sibling \ Employee \ Others:
DRIVER'S Address : 6 Kitchener Link #10-12 Singapore 207227
DRIVER'S Contact No./ Alt No. : 1) 91777434 2)
DRIVER'S Occupation : (INDOOR) OUTDOOR (eg. working inside or outside of an ofc)
Email Address : L-yshamelissa@hotmail.sg
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): 02 Name & Gender: YONG CHUN RENG MALE
Was the accident reported to the police? YES \ (NO)
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: (Private use) \ Work purpose
Any injuries, if yes (name of the injured person): Low Li Sha, Melissa, Yong Chun Reng

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SMC4628G</u>	Vehicle Reg No: <u> </u>
Vehicle Make/Model: <u>Toyota CHR</u>	Vehicle Make/Model: <u> </u>
Name DRIVER: <u>CHAIR CHEE HOE</u>	Name DRIVER: <u> </u>
IC No. DRIVER: <u>S9027187C</u>	IC No. DRIVER: <u> </u>
DRIVER'S Contact & add: <u> </u>	DRIVER'S Contact & add: <u> </u>



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : In the Estate of Low Wai Kong
Period of Insurance : 05 Oct 2021 To 04 Oct 2022
Engine No. : FB20YE64798
Chassis No. : JF1GT7KL5JG046604

Vehicle No. : SGV3123K
Policy No. : 1800118505-03
Endorsement No. :
Issued Date : 10 Sep 2021

ABOUT THE COVER

Make/Model : SUBARU IMPREZA 2.0I-S EYESIGHT AWD CVT (4dr/5dr)
Engine Capacity/Tonnage : 1,995.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
Insuring with COE/PAF : Yes

Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify any authorised driver other than the Policyholder 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 - \$800. Theft - \$0. Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable):

Low Li Ting Crystal - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Motor Image Enterprises Pte Ltd. Add: 19 Lorong 6 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. 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: MayBank

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).

0500619203

TAN CHONG CREDIT SUBARU-JOT

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 589623

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGMOBILEAPP

Medical Certification (Inference) for Resident's Death

Administrative division code 3502006

No.: 42660069570190006

The Deceased's Name	LOW WAI KONG	Gender	Male	Ethnic Group	Others	Country or Region	Singapore	Age	58
Identity Certificate Type	Passport	Identity Certificate Number	E5635184N	Usual Address	6 Kitchener Link, #10-12, Singapore 207227				
Date of Birth	February 19, 1960	Date of Death	January 5, 2019	Place of Death	Medical Institution				
Reason of Death	Hemorrhagic shock; traumatic brachial artery injuries; open upper arm injuries			Family Member's Name	LOW Li Ting Crystal	Contact Number	+65 96660501		
Family Member's Address or Unit	6 Kitchener Link, #10-12, Singapore 207227			Physician's Name	Zeng Weixian	Signature of Policeman			
Medical Institution (Seal):	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> Special Seal for Medical Certification for Resident's Death of Name of T.C.M. (Seal) </div>			Police Station's Opinion (Seal) <div style="text-align: right;">MM DD YY</div>					

Note: 1. The deceased's family member shall take this sheet to the public security authority for signature & seal affixed; 2. This sheet is invalid without the physician's and police's signatures, medical institution's and police station's seals stamped; 3. The reason of death outside the medical institution is an inference after death.