NATIONAL Assessment Centre	Services person,			case no sequent	
Pate In /3/08/22 Ref No NA/91622007674/3 Veh No CNE (2021)	Job description	Date & Tono Completed	Done	by	
Ret No NA/91622007678/12	SAS e-filing	1			
Veh No SNF 67934	E-mail (w.dec. slas, Alt. 2las)				
Veh No SNF 6793H DOA 11/08/22 1335	i-Motor Claim Form				
OD (P) Reporting Only	i-Motor W/O (Within: OD :	2hrs. TP 4hrs)		."	
mat a state of the	Assessment/Survey Repor				
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW; (Tel: Fax	1)	
TP Particulars: Veh No:	4P73224 INC	()/Non-INC()			
Owner / Driver: (Tel:)		
Policy No: () Perio	od: () Cover Type: ()		
Confirmed by : (Date:	Time:)		
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80-100	19/6]		
	arranty: YES () / NO ()			
Excess: (\$) Loading: \$1,000	()/\$2,000()				
General Remarks:-					
() Walk-In Customer: Customer's inform		Strictly NO rafer of repairer.			
() Total Loss Case : to e-mail Insurer					
Drive-In () / Towed-In (); Invoice:	YES () / NO ()	Towing Co. ()	
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	by	
Apply for Transport Allowance () / Con	urtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$300	00] ()	8			
Injury:					
Date/Fime Actions		RECORDER OF SALES AND A SA			
Date Time Actions		P144 - 1460 - 1460 - 1460 - 1460 - 1460 - 1460 - 1460 - 1460 - 1460 - 1460 - 1460 - 1460 - 1460 - 1460 - 1460	2.2		
		2			
4/0-1-2	Invoice P	reparation Checklist	Amt (\$)	Amt (\$) Add Bill	
NA3303131	G8500,389,79,745	lent Reporting (\$30);	1st Bill	Aug Din	
Taimant's Particulars :- 2) DA : Damage		age Assessment (\$100); INC (\$80)	-		
river/Owner: 3) TF: Towing 4) FT: Follow-		v-Through Survey \$12	20		
Contact No:	5) FT : Follow For claiming	v-Through Survey (Resurvey) \$: ng against JNC Only (wef 10 Jan 2005)	30		
Damaged Portion:	6) TR : Re-in		75		
		ditional Services:-			
C Checked by (Engr-In-Charge):	*N5: Cour	tesy Car / Tpt Allowance	\$5		
	*N6: Repa	ir Co-ordination 5	10:		
Auditors' Comments :-	*N8: DV /	Collect Excess Coordination	\$5		
Cat. It:	TP (N11) 9) N12: Idao	11.11.11.11.11.11.11.11.11.11.11.11.11.	20l 30l	1	
at. 2 / 3:	Invoice date	Pee Charged			
	Invoice dated	Fee Charges	alt is		

SN09228C0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 12/08/2022 15:09 (SGT) SUBMITTED BY: Roslinda Binte A, Wahab VERSION: 1 (12/08/2022 15:09 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

 This Form must be completed by the Policyholder and/or the Actual Driver
 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.

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 12/08/2022 15:09 (SGT) Reported by Date of Accident 11/08/2022 13:35 (SGT) Exact Location of Accident Singapore Additional Location Information BOON TAT ST TWDS LAU PA SAT

Singapore

Private use

Private car

Auto

1496

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNF6793H

INSURED/POLICYHOLDER

Country/State of Loss

Is company? No Name Of Registered Owner TAN LEE MING NRIC No SXXXX031G Email Address ktmotorwerk@hotmail.com Mobile Phone No (Phone) +65-91256091 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mazda Model 3 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

CC

No - Claiming third party

INSURANCE COMPANY

Transmission

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220066769

DRIVER

Name of Driver TAN LEE MING NRIC No SXXXX031G Date Of Birth 13/10/1990 Occupation Indoor

Date Of Driving Pass 11/05/2009 Driving experience 13 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-91256091 Alt. Phone Number Email Address ktmotorwerk@hotmail.com Address BLK 123 PASIR RIS GROVE Address complement #08-68 Postcode 518176 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP7322U Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver



Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	23
Nature Of Damage	*
Details of property damaged in accident	23
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual 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 Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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

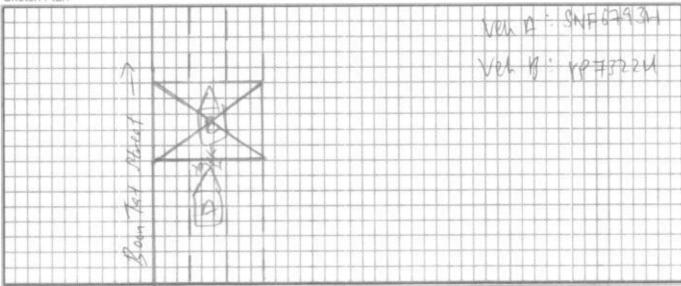
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

4. 12Aug 2022

Policyholder's Signature / Date & Time

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

Sketch Plan



Describe Circumstance of the Accident
on the Acted date and time, during traffic light
Stop, my revide (SNF6793H) being stationary, the
lorry (YP73224) Abruptly engaged reverse gear and
bit on my Aont portlan of my vertice. I have
video borge to endent the moment and I would
like to seek a claim from the other pary.

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 (Name as in NRIC/ID card)

ACCIDENT STATEMENT

	0 2017 22 144000	A THE! 13 35 (HHMM)
ACCID	ENT DATE 11 08 2022 (DD, MM/MM	D. PAT
LOCATI	ION: Boon Tat Street twos La	u PA Jaj
LOCAL	OR	
1.	DETAILS OF VEHICLE	
	DETAILS OF VEHICLE DIVEHICLE NUMBER SNF 6793H	
	LINGIDA MECCOMPANY MIG	
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	WAZPA S 1-5	- 17 - 17
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	THE POST OF LINE OF THE PER YOUR OWN IN	30471400
	F NO. PLEASE STATE THIRD PARTY CLARA	KEPOKING ONE!
2.	INSURED / POLICY HOLDER	(MALE / FEMALE)
	A)NAME TAN LEE MING b)NRIC/FIN/PASSPORT: 99039031G	CONTACT. 91256091
	BINRIC/FIN/PASSPORT: 3 4 5 5	4108-68
	CIADORESS: 125 Pasir Ris Grove	
	(7)2/8	
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	
# No of passon god	DRIVER	[MALE / FEMALE]
(Including driver)	DINRIC/FIN/PASSPORT:	_CONTACT:
CIÓ	c ADDRESS:	-
		-
	" DATE OF BIRTH: (13) 10) 1490)(DD/MM/YYY)
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		S. DO (
15	WAS DRIVER AN EMPLOYEE OF THE IN	SURED'S COMPANT! (163 70.9)
	TENO DELATIONISHID DE THE DRIVER	441111 114001
5.	TIWEATHER CONDITION: (ICLEAR) & AININ	G / OTHERS
	DIROAD SURFACE UDRY / WEI / OTHERS_	
5.	WAS ANYBODY NIURED IYES (NO	
	FIES, PLEASE STATE WHICH POLICE STA	DC N
3.	OI VEHICLE NUMBER YP 7322U	MODEL:
is to 18 barrier fee.	SI CONFERS NAME	
A duding from	CI NRIC, FIN, PASSPORT: HIRD PARTY VEHICLE	CONTACT:
1 1	HIRD PARTY VEHICLE	
	TO VEHICLE SUMBER	
5 47 . 1 74/2 WE	a) VEHICLE NUMBER	
Industry drive	f) NRIC FIN / PASSPORT	CONTACT:
C S	TEL MANAGEMENT CONTROL TO A STOCK OF THE MANAGEMENT OF THE MANAGEM	rosterno p
	WIFE W	
	VI JU WIFL WIFL	
	27 . (2924) 2443	rwerk@hotmail.com
	iga I : Ktmoto	V WO



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: TAN LEE MING

Period of Insurance

: 15 Jun 2022 To 14 Jun 2023

Engine No. Chassis No. : P520816236

: JM6BP2SAAN1150882

Vehicle No.

Issued Date

: SNF6793H

Policy No.

: 7220066769

Endorsement No.

: 09 Jun 2022 17:10

ABOUT THE COVER

Make/Model

: MAZDA 3 1.5 SKYACTIV

Engine Capacity/Tonnage : 1,496.00 CC

: NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2022

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

Driver Restriction

b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indomnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of S\$\$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the ago 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 fultion, 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 Optional

* 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 LEE MING - \$600 (Own Damage), \$600 (Flood Cover)

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

Trans Eurokars Pte Ltd. Add: 27A Tanjong Penjuru, Singapore 609042 63310808

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotins 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 (Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

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. 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504691211

TRANS EUROKARS PTE LTD - KHL

23 LENG KEE RD

SINGAPORE 159095

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

005711679/ACA/Decal

Ai Leng Tan