

NATIONAL Assessment Centre Services: (Print 1 Jan 2008) **220922940002**

at the **22/09/2022 15:44**

File No: **NBA/NG 22093464**

Ch No: **SV 5264P**

O.A: **22/09/2022 16:44**

D (T) / Reporting Only

P Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (with this, AND other)

1-Motor Claim Form

1-Motor W/O (with this, AND other)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Tell

Fax

referred Wksp / INC Assign Wksp / QW (

Yeh No: **8989A**

INC () / Non-INC ()

Tell

Cover Type: ()

Owner / Driver: ()

Period: ()

Date: ()

Time: ()

Policy No: ()

Confirmed by: ()

Insured/Driver Liability: ()

Year of Registration: ()

Excess: (\$)

Warranty: YBS () / NO ()

Loading: \$1,000 () / \$2,000 ()

W/O-20% P: 21-79% P: 80-100%

Customer's Information strictly Confidential & Strictly NO refer of repairer.

() Walk-In Customer

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

Drive-In () / Towed-In ()

Invoice: YBS () / NO ()

Towing Co: ()

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection

3) Upload Recovery Photo (Repair Cost > \$3000)

Injury:

NA 2202613

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engi-In-Charge):

Writors:

1:

2/3:

| In One Preparation Checklist | |
|--|------------|
| 1) AR: Accident Report (US\$) | INC (\$30) |
| 2) DA: Damage Assessment (\$100) | \$30/\$40 |
| 3) TF: Towing Fee | \$120 |
| 4) FT: Follow-Through Survey | \$30 |
| 5) PT: Follow-Through Survey (Post-survey) | \$30 |
| 6) TR: Re-inspection | \$75 |
| 7) NI: 1 day DA + SMRT Survey | \$160 |
| 8) NTUC Additional Services | |
| 9) NI: 1 day Mobile | \$30 |
| 10) NI: 1 day Mobile | \$30 |
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Per Charged

Per 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 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 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 | 22/09/2022 15:46 (SGT) |
| Reported by | Both |
| Date of Accident | 21/09/2022 16:44 (SGT) |
| Exact Location of Accident | 200 Victoria St, Singapore 188021 |
| Additional Location Information | BUGIS JUNCTION BASEMENT 2 CARPARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLV5264P |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------------------|
| Is company? | No |
| Name Of Registered Owner | TAN KUEN WAI, DENNIS @ CHAN QUANWEI |
| NRIC No | SXXXX816J |
| Email Address | dennistan1982@gmail.com |
| Mobile Phone No | (Phone) +65-98581556 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Subaru |
| Model | Forester |
| 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. |
| Policy Number / Cover Note Number | 1700094478-04 |

DRIVER

| | |
|----------------|-------------------------------------|
| Name of Driver | TAN KUEN WAI, DENNIS @ CHAN QUANWEI |
| NRIC No | SXXXX816J |
| Date Of Birth | 06/01/1982 |
| Occupation | Indoor |

| | |
|--|---------------------------|
| Date Of Driving Pass | 20/03/2001 |
| Driving experience | 21 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98581556 |
| Alt. Phone Number | - |
| Email Address | dennistan1982@gmail.com |
| Address | BLK 89 DAWSON ROAD #15-06 |
| Address complement | - |
| Postcode | 142089 |
| 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? | 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 |
| 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

PLEASE REFER TO SKETCH PLAN

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 OWNER |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SJE8989A |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |

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

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-------------------------------------|
| Name of injured person | TAN KUEN WAI, DENNIS @ CHAN QUANWEI |
| Gender | Male |
| Phone No | (Phone) +65-98581556 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SLV5264P |
| 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' 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.

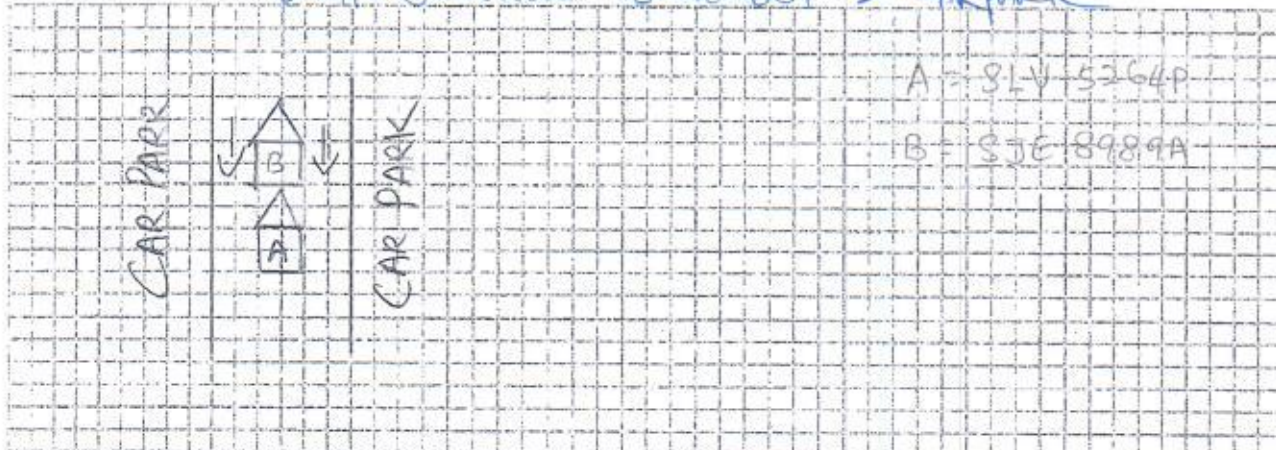
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BULG'S JUNCTION BASEMENT 2 CARPARK



Describe Circumstance of the Accident


was driving into Bing's Junction to find a parking slot (Basement 2 Carpark). I stopped behind Toyota Wish JJB8989A on the car was at a complete stop.


The next moment the toyota wish engaged reverse gear (reverse light was light up) and ~~was~~ reverse at an accelerate speed. I honked at the vehicle but the car did not attempt to stop until it ~~knock~~ knock onto my car.

Declaration

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

 22/9/22
Policyholder's Signature / Date & Time

 22/9/22
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 22/09/2022
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Date of Accident : 21-09-2022 Accident Time : 1644 (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : Bugis Junction Basement 2 Carpark

Vehicle No (Car Plate No) : SLV 5264P Make/Model: SUBARU FORESTER

Insurance Company : AIG Policy No: 1700094478-04

Fleet Policy : YES / NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : TAN KUEN WAI, DENNIS (882008163)

Owner Contact No : 9858 1556 Owner's Hp _____ Company Tel _____

Driver Name / IC No : As Above

Driver's Date of Birth : 06-JAN-1982 Driver's License Pass Date: 20-MAR-2001

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: OWNER

Driver's Address : 89 DAWSON ROAD, #15-06 SINGAPORE 142089

Driver's Contact No : 1) 9858 1556 2) _____

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : dennistan1982@gmail.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 1 Driver

Was ther any video footage? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : Yes, 1 driver

Other Party Driver's Particular (if any)

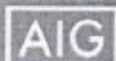
VEH B : SJE 8989A (NTUC) Name & Contact No: _____

VEH C : _____ Name & Contact No: _____

VEH D : _____ Name & Contact No: _____

VEH E : _____ Name & Contact No: _____

*NEW - Passenger's Name & Gender:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Kuen Wai, Dennis @ Chan Quan Wei
Period of Insurance : 29 Dec 2021 To 28 Dec 2022
Engine No. : FB20YB85094
Chassis No. : JF1SJ5KC5JG101973

Vehicle No. : SLV5264P
Policy No. : 1700094478-04
Endorsement No. :
Issued Date : 17 Dec 2021

ABOUT THE COVER

Make/Model : SUBARU Forester 2.0i-L
Engine Capacity/Tonnage : 1,995.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PARF : No
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 S\$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above
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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169), 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)

Tan Kuen Wai, Dennis @ Chan Quan Wei - \$800 (Own Damage), \$800 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)
Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
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: DBS BANK LTD

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503045000
TAN YONG SIN

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM
SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

YONG SIN



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SNO8229m0002 Vehicle Registration No: SLV 5264P
Name (as shown in NRIC) : TAN KUEN HAI NRIC/FIN/Passport No : S 82008163
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 89 Dawson Road #15-06 Singapore (142089)
Contact (Tel) : 9858 1556 Mobile No. : _____
Email Address : dennistan1982@gmail.com
Date of Accident : 21.09.2022 Time of Accident : 164400
Place of Accident : BUGIS JUNCTION BASEMENT 2 CARPARK
Insurance Company : AIG ASIA PACIFIC INSURANCE PTE LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Email address = dennistan19822@gmail.com change to dennistan1982@gmail.com

Policyholder / Driver's Signature
Date:

23/09/2022

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 2084
Date: