

NATIONAL Assessment Centre Services

Date In: 8/11/22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NM/AT6220118115	E-mail (within 8hrs, A/C 2hrs):		
Veh No: SLS 2895	i-Motor Claim Form		
DOA: 08/11/22 0830	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: 0 Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLE 7496H	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
	mobile Reporting
	1rfm
	SU Autoworks
	mobile.

(NA2203142)	(NA2203144)	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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)		
Call 1		6) TR: Re-inspection \$75		
Call 2/3:		7) NI: Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		ON*		
		*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 30		
		Invoice dated	Fee Charged	
		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 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	08/11/2022 18:14 (SGT)
Reported by	Driver
Date of Accident	08/11/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALEXANDRA ROAD AFTER ALEXANDRA POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS289S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BRIGHT WORLD MARKETING PTE LTD
Company Reg No	2XXXXX420H
Email Address	GIMMEMIKE@HOTMAIL.COM
Mobile Phone No	(Phone) +65-85714768
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1986

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220057579

DRIVER

Name of Driver	MICHEAL GIM TAH FATT
NRIC No	SXXXX448G
Date Of Birth	18/12/1979
Occupation	Outdoor

Date Of Driving Pass	20/03/2015
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85714768
Alt. Phone Number	-
Email Address	GIMMEMIKE@HOTMAIL.COM
Address	BLK 167 BISHAN STREET 13 #08-214
Address complement	-
Postcode	570167
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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

REFER TO REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF7496H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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

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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.

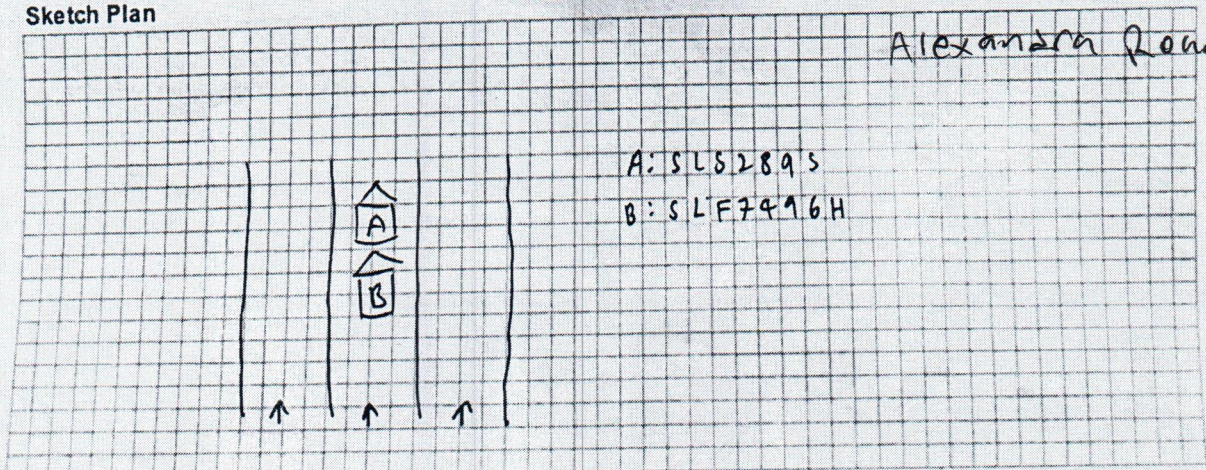


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

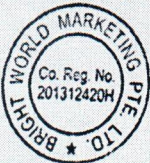


Describe Circumstances of the Accident

I was stationary along the middle lane of the three-lane road as traffic was heavy when I suddenly felt a huge impact from my rear. I alighted from my vehicle, took photos & agreed with the driver to resolve this via insurance.

Declaration

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



SHIFTER AUTO GARAGE PTE. LTD.
Co. Reg. No.: 202230804K
3016 Bedok North Avenue 4 #07-04 Eastech
Singapore 489947
Email: shifterauto.sag@gmail.com

LETTER OF AUTHORISATION

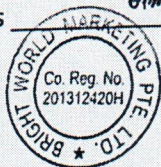
Accident on 8 November 2022 along Alexandra Road after Alexandra Point
involving vehicles nos. SLS 2895 & SLF 7496H

In consideration of Shifter Auto Garage Pte. Ltd., 8 Kaki Bukit Avenue 4, Premier @ Kaki Bukit,
#02-24, Singapore 415875, repairing my/our motor vehicle no. SLS 2895 at my/our
request, I/We, Bright World Marketing Pte Ltd ("the
claimant") of

140 Robinson Road, #10-03, Crown at Robinson, S(068907)
(address) bearing NRIC no. 201312420H the owner of motor vehicle no.
SLS 2895, hereby authorise them to demand claim, settle and receive whatever amount
settle payable by the insurance company or third party or commence legal proceeding for cost of
repairs, loss of use and etc, to any of their appointed advocates to act of me/us in respect of the said
accident/claim and all the amount claimed or settled shall belong and make payable to them
absolutely by the insurance company of the third party. I/We further authorised them to give an
absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents
necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute
the claims maintained by Shifter Auto Garage Pte. Ltd. I/We further agree and undertake to
indemnify them against my/our claim for costs which arise therewith. In the event that my/our claim
is unsuccessful, I/we undertake to pay to Shifter Auto Garage Pte. Ltd. the cost of repairs of my/our
vehicle. In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give
my/our instruction to clear the said cheque on my/our behalf by presenting the same for payment
directly into Shifter Auto Garage Pte. Ltd.. account. Upon clearance of the said cheque, I/we further
Shifter Auto Garage Pte. Ltd. and/or their appointed law firm to utilise the monies to pay their
charges without further reference to me. I confirm that the payment to Shifter Auto Garage Pte.
Ltd. shall amount to a good discharge of Shifter Auto Garage Pte. Ltd. and/or their appointed law
firm's obligation to me in respect of the settlement monies.

Dated this 8th day of November (month) 2022 (year).



"The Claimant's" Signature

Name: Bright World Marketing Pte Ltd

NRIC No.: 201312420H

Shifter Auto Garage Pte. Ltd.

Name: _____

Date of Accident : 08/11/2022 Accident Time: 0830 (24-HR-Format)
Accident Place : Alexandra Road After Alexandra Point
Vehicle. No. (Car Plate No.) : SLS 289S Make/Model: Toyota Harrier
Insurance Company : ATIG Policy No: 722 005 7579
Owner or Company Name /IC No. : Bright World Marketing Pte Ltd / 201312420H
Owner or Company Contact No. : 8571 4768 Owner's Hp — Company Tel —
DRIVER'S Name / IC No. : Michael Gim Tah Fatt
DRIVER'S Date Of Birth : 18 Dec 1979 DRIVER'S License Pass Date 20/3/2015
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ ~~Employee~~ \ Others: —
DRIVER'S Address : Blk 167 Bishan Street 13 #08-214, (S) 570167
DRIVER'S Contact No./ Alt No. : 1) 8571 4768 2) —
DRIVER'S Occupation : INDOOR \ ~~OUTDOOR~~ (e.g. working inside or outside office)
Email Address : gimmenike@hotmail.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): 01
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 Injury (If YES, Pls state): —

Other Party Driver's Particular (if any)

Vehicle. No: SLF 7496H
Vehicle Make\Model: Toyota prius
Name Driver: —
IC No. Driver/Contact: —

Vehicle. No: —
Vehicle Make\Model: —
Name Driver: —
IC No. Driver/Contact: —

*** NEW - Passenger's name & gender:**



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : BRIGHT WORLD MARKETING PTE LTD
Period of Insurance : 14 Aug 2022 To 13 Aug 2023
Engine No. : 8ARZ087691
Chassis No. : JTEZB3GH50J000225

Vehicle No. : SLS2895
Policy No. : 7220057579
Endorsement No. :
Issued Date : 15 Jul 2022 15:32

ABOUT THE COVER

Make/Model : TOYOTA HARRIER 2.0
Engine Capacity/Tonnage : 1,998.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PARF : Yes

Any person who is driving on the Policyholder's order or with their 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 "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 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

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: HONG LEONG FINANCE 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504576010

ARK - PT(A)

3 HOY FATT ROAD

SINGAPORE 159504

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCSAN