

NATIONAL Assessment Centre Services

(Ref: 1-2-2022)

SUB 22020001

| | | | |
|----------------------------|--|------------------------|----------|
| Date Int: 02/12/2022 11:41 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NPA AUG 220120184 | E-mail (within 3hrs, A/C 2hrs) | | |
| Veh No: SLH 3793Y | i-Motor Claim Form | | |
| D.O.A: 01/10/2022 18:00 | i-Motor W/O (within 30 mins, 30 mins) | | |
| TP: TP / Reporting Only | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

| | | |
|---|--|-----------------------|
| Preferred Wksp / INC Assgn Wksp / GW: () | Tell: () | Fax: () |
| TP Particulars: () | Veh No: QBD 5782Z | INC () / Non-INC () |
| Owner / Driver: () | Tell: () | |
| Policy No: () | Period: () | Cover Type: () |
| Confirmed by: () | Date: () | Time: () |
| Insured Driver Liability: () | 9% (Note: 1st Status (WO): N: 0-2014, P: 21-79%, P: 30-100%) | |
| 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 repeller.

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

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () (INC Hotline: 6788 6616)

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date: ()

Time: ()

Location: ()

Actions: ()

| | | |
|---|---|------------|
| <p>NA2203367</p> <p>Insured's Particulars:</p> <p>Owner/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>Checked by (Engr-In-Charge):</p> <p>Remarks:</p> <p>12/3</p> | Invoice Preparation Checklist | |
| | 1) AR: Accident Reporting (\$30) | |
| | 2) DA: Damage Assessment (\$100) | INC (\$55) |
| | 3) TP: Towing Fee | \$10/\$45 |
| | 4) PT: Follow-Through Survey | \$130 |
| | 5) PT: Follow-Through Survey (Resurvey) | \$30 |
| | 6) TR: Repair Coordination | \$75 |
| | 7) NT: Post Repair Inspection | \$140 |
| | 8) NTUC Additional Fee (if any) | |
| | | QW: |
| | *NT: Courtesy Car / Tot Allowance | \$5 |
| | *NT: Repair Coordination | \$10 |
| | *NT: Post Repair Inspection | \$20 |
| | *NT: DV / Collect Excess Coordination | \$5 |
| | TP (N/A): TP (Non-INC) against INC | \$30 |
| | TP (N/A): TP (Non-INC) against INC | \$10 |
| | 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 | 02/12/2022 11:41 (SGT) |
| Reported by | Both |
| Date of Accident | 01/12/2022 18:00 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | TOWARDS CHANGI BEFORE THOMSON EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLU3793Y |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | LAU KIM SENG |
| NRIC No | SXXXX151B |
| Email Address | benny.lau.ks@gmail.com |
| Mobile Phone No | (Phone) +65-92980778 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mitsubishi |
| Model | Attrage |
| 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 | 1193 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | 1700083384-04 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | LAU KIM SENG |
| NRIC No | SXXXX151B |
| Date Of Birth | 15/08/1957 |
| Occupation | Indoor |

| | |
|--|------------------------|
| Date Of Driving Pass | 25/11/1981 |
| Driving experience | 41 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-92980778 |
| Alt. Phone Number | - |
| Email Address | benny.lau.ks@gmail.com |
| Address | 7 FOWLIE ROAD |
| Address complement | - |
| Postcode | 428481 |
| 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 | Raining |
| Road Surface | Wet |

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

PLEASE REFER TO SKETCH PLAN

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 | GBD5782Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | MUHAMMAD NAJWAN BIN MOHAMED NOOR |
| NRIC No | SXXXX268E |

| | |
|---|----------------------|
| Contact Number | (Phone) +65-84494227 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

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 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. 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

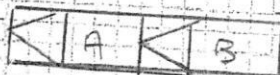
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan:

PIE TOWARDS CHANGI BEFORE THOMPSON EXIT

Vehicle A = SLU37934
Vehicle B = GBD57822



Describe Circumstances of the Accident


Vehicle ahead me slow down and I slow down my vehicle.
Suddenly I felt an impact on my rear portion.
Vehicle B fail to stop and hit onto my vehicle.

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


02/12/2022
Witnessed by Reporting Centre
Personnel

VEHICLE NO: SLU3793Y

MAKE & MODEL : M. ATTRAGE

AUTO / MANUAL

| | | |
|--|---|------------------|
| DATE OF ACCIDENT | 01 / 12 / 2022 | °C.C: 1193 |
| TIME OF ACCIDENT | 1800 AM / PM | THOMSON |
| LOCATION OF ACCIDENT | PTE TOWARD CHANGI BEFORE THOMAS EXIT. | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE | |
| NAME OF OWNER | LAU KIM SENG | |
| EMAIL: BENNY.LAU.KS@GMAIL.COM | Office: | MOBILE: 92980778 |
| NRIC | S1245151B | |
| CLAIM TYPE | OD / <u>THIRD PARTY</u> / REPORTING ONLY | |
| FLEET POLICY | YES / <u>NO</u> ? | |
| INSURANCE CO. | AIG | |
| TYPE OF COVERAGE | <u>Comprehensive</u> / Third Party / Third Party Fire & Theft | |
| POLICY NO. | 1700083384-0A | |
| NAME OF DRIVER | AS ABOVE / IF NO: - | |
| NRIC | - | |
| DATE OF BIRTH | 15 / 08 / 1957 | |
| ANY PASSENGER | YES / NO: 0 | |
| NAME OF PASSENGER | 0 | |
| GENDER OF PASSENGER | MALE / FEMALE - | |
| OCCUPATION | Outdoor / <u>Indoor</u> | |
| DATE OF DRIVING PASS | 25 / 11 / 1981 | |
| GENDER | <u>Male</u> / Female | |
| CONTACT NO. | Mobile: | Office: Home: |
| EMAIL: | - | |
| ADDRESS | 7 FDW LIE ROAD S(428481) | |
| DOES DRIVER OWN OTHER VEHICLES? | <u>NO</u> / If yes, Reg No. | INSURER: |
| RELATIONSHIP | Employee / If No. | |
| WEATHER CONDITION | Clear / <u>Raining</u> / Other: | |
| ROAD SURFACE | Dry / <u>Wet</u> / Other: | |
| ANY INJURIES | <u>NO</u> / If yes, Who? | |
| CONTACT NO. | - | |
| POLICE REPORT | <u>NO</u> / If yes, Where? | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | NO/IF YES, WHO? | |
| VEHICLE B NO. | G8D57827 Any Passenger: 0 | |
| NAME | MUHAMMAD NAJWAN BIN MOHAMED NAWR (59811268E) | |
| CONTACT NO. | 84494227 | |
| VEHICLE C NO. | Any Passenger: | |
| VEHICLE D NO. | Any Passenger: | |
| VEHICLE E NO. | Any Passenger: | |
| VEHICLE F NO. | Any Passenger: | |
| ANY WITNESS | | |
| WITNESS CONTACT NO. | | |
| WAS THERE ANY VIDEO CAPTURE? | YES / <u>NO</u> | |
| WAS THERE ANY AUDIO RECORDED? | YES / <u>NO</u> | |
| SCENE ACCIDENT PHOTOS TAKEN? | YES / <u>NO</u> | |
| **WORKSHOP: | | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | | |
| YES / <u>NO</u> | | |

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LAU KIM SENG
Period of Insurance : 30 Nov 2022 To 29 Nov 2023
Engine No. : 3A92UGM2590
Chassis No. : MMBSTA13AJH000672

Vehicle No. : SLU3793Y
Policy No. : 1700083384-04
Endorsement No. :
Issued Date : 28 Oct 2022 12:31

ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT

Engine Capacity/Tonnage : 1,193.00 CC

Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2017
Insuring with COE/PAF : Yes

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 "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

Limitation as to use* :

Mileage Condition : Unlimited Mileage

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 1960, 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)

LAU KIM SENG

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688

4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

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 Apple App Store or Google Play Store.

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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504620203

C&CMICP2 - BEVERW

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

3 Shenton Way #09-16 AIG Building S079120 | T: +65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Swee Hao Kee