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| NATIONAL Assessment Centre Services (Self-Insured) | | SA022320000 | |
| Date In: 13/07/2023 11:26 | Job description | Date & Time Completed | Done by |
| Ref No: N42300498 | SAS e-illing | | |
| Veh No: SGZ 989X | E-mail (within 24hrs, A/C 2hrs) | | |
| D.O.A: 10/07/2023 16:40 | 1-Motor Claim Form | | |
| QC (79) Reporting Only | 1-Motor W/O (within 24hrs, A/C 2hrs) | | |
| | 1-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/VLBA | | |

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|--|------------------|-----------------------|------|
| Preferred Wksp / INC Assgn Wksp / QW: (| | Tel: | Fax: |
| TP Particulars | Veh No: SGZ 989X | INC () / Non-INC () | |
| Owner / Driver: (| | Tel: | |
| Policy No: (| Period: (| Cover Type: (| |
| Confirmed by: (Date: Time:) | | | |
| Insured/Driver Liability: (%) (Note: Hst Status (WO): 10-0-30%, F: 21-72%, F: 80-100%) | | | |
| Year of Registration: () Warranty: YES () / NO () | | | |
| Excess: (\$) Loading: \$1,000 () / \$2,000 () | | | |

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| General Remarks: | |
| () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repeller. | |
| () Total Loss Cost: to e-mail Insurer URGENTLY. | |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () | |

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| Remarks: (Note: 10788-0010) | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Recovery Photo (Repair Cost > \$3000) () | | |

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| Injury: () | |
| Other: () | |
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| N42300433 | | Invoice Preparation Checklist | |
| Client/Owner: | | 1) A/R: Accident Processing (\$30) | INC (\$50) |
| Contact No: | | 2) DA: Damage Assessment (\$1000) | INC (\$50) |
| Assigned Portion: \$400 | | 3) TP: Towing Fee (\$10/\$20) | |
| | | 4) PT: Follow-Through Survey (\$100) | |
| | | 5) FT: Follow-Through Survey (Barriers) (\$30) | |
| | | 6) TR: Rep/Smear (\$20) | |
| | | 7) NI: New DA + SMRT Survey (\$140) | |
| | | 8) NTUC Admittal Fee (\$10) | |
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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 | 13/02/2023 11:26 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 10/02/2023 16:40 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | (JALAN TOA PAYOH 17KM) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SGZ9399X |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | WOO KIN |
| NRIC No | SXXXX650B |
| Email Address | wook@dimensoins.edu.sg |
| Mobile Phone No | (Phone) +65-94798220 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Nissan |
| Model | Sylphy |
| 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 | 1598 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | 2100465666-06 |

DRIVER

| | |
|----------------|------------|
| Name of Driver | WOO KIN |
| NRIC No | SXXXX650B |
| Date Of Birth | 08/11/1948 |
| Occupation | Indoor |

| | |
|--|-------------------------------|
| Date Of Driving Pass | 01/08/1969 |
| Driving experience | 53 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94798220 |
| Alt. Phone Number | - |
| Email Address | wook@dimensoins.edu.sg |
| Address | BLK 227 SIMEI STREET 4 #08-50 |
| Address complement | - |
| Postcode | 520227 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 4 |
| 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? | Yes |
| Reasons for not uploading a video of the accident | WITH OWNER |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SJZ9885Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | CANAGARADJ |

Contact Number (Phone) +65-90071471
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLR4758J
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Private car
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLT5999M
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Private car
Name of Driver CHONG KENG BAN
Contact Number (Phone) +65-97564952
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



A = SGZ 9399X

B = SJZ 9885Z

C = SLR 4758J

D = SLT 5999M

Describe Circumstances of the Accident

On 10.02.2023 about 1640hrs. I was travelling along PIE towards Kallang Bahru.

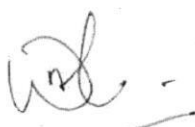
Suddenly, I felt an impact from rear. The vehicle (SJZ 9885Z) collided onto rear portion of my vehicle (SGZ 9399X), the impact from the cause my vehicle to surge forward and collided into the vehicle in front of me. I was involved in a 4 vehicles chain-collision.

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



14/02/2023

Witnessed by Reporting Centre Personnel

Date of Accident : 10.02.2023 Accident Time : 16 40 hrs (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : PIE (Jln Toa Payoh 17km)

Vehicle No (Car Plate No) : SGZ 9399X Make/Model: Nissan SYLPHY 1.6

Insurance Company : AIG Policy No: 2100465666-06

Fleet Policy : YES (NO)

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

Name of Owner / IC No : Woo Kin (S0998650B)

Owner Contact No : 94798220 Owner's Hp - Company Tel

Driver Name / IC No : As above

Driver's Date of Birth : 08.11.1948 Driver's License Pass Date: 1 Aug 1969

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

Driver's Address : Apt Blk 227 Simei St 4 #08-50 Singapore 530227

Driver's Contact No : 1) 94798220 2) -

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

Email Address : wook @ dimensions.edu.sg

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 Person (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) : No

Other Party Driver's Particular (if any)

VEH B : SJZ 9885Z

VEH C : SLB 4758J

VEH D : SLT 5999M

VEH E : _____

Name & Contact No: Canagaradj Ramaswamy (9007 1471)

Name & Contact No: _____

Name & Contact No: Chong Keng Ban (9756 4952)

Name & Contact No: _____

*NEW - Passenger's Name & Gender:

Wook



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Woo Kin
Period of Insurance : 12 May 2022 To 11 May 2023
Engine No. : HR16983881B
Chassis No. : MNTBBAB17Z0026701

Vehicle No. : SGZ9399X
Policy No. : 2100465666-06
Endorsement No. :
Issued Date : 07 Apr 2022

ABOUT THE COVER

Make/Model : NISSAN SYLPHY 1.6 PREMIUM
Engine Capacity/Tonnage : 1,598.00 CC Sum Insured : Market Value First Year of Registration : 2016
Driver Restriction : NA Off Peak Car : No 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 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.

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 - \$1100 Theft - \$0 Flood Cover - \$1100

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Woo Kin - \$1100 (Own Damage), \$1100 (Flood Cover)

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

1. TC AutoClinic Add: 25 Leng Kee Road Singapore 150097 67038511 67038512 67038513
2. TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 628099 62622212
3. Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
4. Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589623 64694091 64694092 64694093
5. Tan Chong Motor Sales Add: 19 Lorong 8 Toa Payoh Singapore 319255 63570753

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

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, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610309

TAN CHONG CREDIT PTE LTD-CHI

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 589623 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

65PCSI

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 : SN08232D0001 Vehicle Registration No: SGZ 9399X
Name(as shown in NRIC) : Woo Kin NRIC/FIN/Passport No : S0998650B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Apt Blk 227 Simei St 4 #08-70 Singapore(52027)
Contact (Tel) : _____ Mobile No. : 9479 8220
Email Address : wook @ dimensoins . edu . sg
Date of Accident : 10.02.2023 Time of Accident : 1640 hrs
Place of Accident : PIE (Jln Toa Payoh 17km)
Insurance Company: AI G

(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:

Amended vehicle no. : SLB 4758J change to SLR 4758J
Amended sketch plan.
Amended IP number SLB 4759J change to SLR 4758J
AI GIA

Policyholder / Driver's Signature
Date:

14/02/2023
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: