NATIONAL-Assessment Centre	Services (: la ".		
DateIn 16/03/2023	Job description	Date & Time Completed	Done by
Retno NAI A1 (2300 27 39/d4	SAS e-filing		1
VehNo SNG 3134	E-mail (within Stars, APC 26	rs, i	
DOA 15 03 2023 12:40	i-Motor Claim Form		<u> </u>
	!-Motor W/O (Within: O	D 2hrs, TP 4hrs)	
OD TP Reporting Only	i-Photo Uploaded	:	
TIME	Assessment/Survey Rep	ort	
TP Insurer:	Ass't Report by Fax / H	and to Owner/Wksp	<u> </u>
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:
TP Particulars: Veh No: *D	99428. IN	NC()/Non-INC()	
Owner / Driver: (Tel:	
Policy No: () Per	od: () Cover Type: (
Confirmed by : (Date:	Time:	0.160%]
		: 0-20%; P: 21-79%. F: S	0-10076
1 cm of registrative.	/arranty: YES ()/NO	()	
Excess: (\$) Loading: \$1,00	00 ()/\$2,000 ()	73. N. 998.	
General Remarks:-	A CONSTRUCTION	a Deviate NO sofer of rapid	
() Walk-In Customer: Customer's infor		& Strictly NO raier of repair	
() Total Loss Case : to e-mail Insure			
Drive-In () / Towed-In (); Invoice	YES () / NO (); Towing Co. (
Remarks:- (INC horline: 6788 6616)		Date&Time Complete	do Done by
	ourtesy Car ()	Della Name of the Control	
	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	0001 ()		
5) Official Resulter Flore (repair costs		·	
Injury:			
Date/Time Actions			<u> </u>
	partition to	onsilieszaki o d ^{en} siliázátásk	Amt (S) Amt
NA2300771	100000000	e Preparation Checklist	Ist Bill Add
Claimant's Particulars	1) AR : /	Accident Reporting (\$30); Damage Assessment (\$100); IN	IC (\$80)
	3) TF: T	owing Fee	\$40/\$45 \$120
Driver/Owner:	CONT. F	ollow-Through Survey ollow-Through Survey (Resurvey)	\$30
Contact No:	Force	niming against INC Only (wef 10 Jan	1 2005) \$75
Damaged Portion:	7) N1 : 1	dae DA + SMRT Survey	. \$160
	8) NTU	C Additional Services:-	
QC Checked by (Engr-In-Charge):	*N5:	Courtesy Car / Tpt Allowance	\$5 \$10
	4 517.	Repair Co-ordination Post Repair Inspection	525
Auditors' Comments :-	*N8:	DV / Collect Excess Coordination VII): TP (Non INC) against INC	\$5 \$20
Cart. 1:	9) N12:	Idac Nobile	arvesi 30
Cat 2/3:	Invoice	tine Ch	POPERTY PROPERTY OF
	1 /// - (// - C// -		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. 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.

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	40/00/0000 44 04 40 00
	16/03/2023 14:24 (SGT)
Reported by	Driver
Date of Accident	15/03/2023 12:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TELOK PAKU ROAD
	TELOK PAKU ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

SNG313U

yuri@squiregroup.com

(Phone) +65-90307675

INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHOO CHER PENG CATHERINE
NRIC No	SXXXX704J
Email Address	yuri@squiregroup.com

Alternative Phone No	······································

Mobile Phone No

Vehicle Registration Number

Manufacturer	BMW
Model	520i
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
	Private car
Transmission	Auto
CC	1995
your vehicle? Vehicle Category Transmission CC	Private car Auto

INSURANCE COMPANY

VEHICLE PARTICULARS

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7230015968

DRIVER

Name of Driver	SNG JU-KWAN YURI
NRIC No	SXXXX675F
Date Of Birth	25/03/1963
Occupation	Indoor

Date Of Driving Pass 03/01/2019 Driving experience 4 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-97272729 Alt. Phone Number Email Address yuri@squiregroup.com Address 29 JUPITER ROAD Address complement Postcode 576528 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? 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 Side Swipe Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? 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 PLEASE REFER TO THE ATTACHED STATEMENT 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 XD9942S Vehicle Manufacturer Mitsubishi Vehicle Model Fuso Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver

MANALAN MADASAM

GXXXX836U

Passport No/FIN

Contact Number	(Phone) +65-98627062
Address	-
Address complement	-
Postcode	_
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	- 2

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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**")

Telok Paku Road

- (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

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

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

Sketch Plan

Bus 1

R

Describe Circumstance of the Accident
i, YURI SNG, WAS driving along Changi Village Rd on the outer lane of a 2-lane road towards Changi Beach wast road.
There was beende me a trailer truck, XP 99423, driving on the Inner left lane.
Just in front a bug stop, a SBS bus just drove out of the lane.
4 The trailed, in order to avoid a collision with the GRS bus, suddenly sured to the right and hit the left of my vehicle.

Declaration

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

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) 11 am

Date of Accident	15-3-23 Accident Time: 12-40 pm24-HR-Format)
Accident Place	: CHANGI VICIAGE ROAD TOLOK ROAD
Vehicle. No. (Car Plate No.)	: SAG 313 Make/Model: BMW 520
Insurace Company	: AIG Policy No: 7230015968
Owner or Company Name /IC No	: Catherine Choo Cher Peng, S1466704J
Owner or Company Contact No.	Owner's Hp 9030767 Company Tel
DRIVER'S Name / IC No.	: YURI BAG JU-KWAN, 31612675F
DRIVER'S Date Of Birth	2.5-03-1963 DRIVER'S License Pass Date 03-01-2019
Relationship of Owner & Driver	Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 29 JUPITER ROAD - 5-576528
DRIVER'S Contact No./ Alt No.	:1) 97272729 2)
DRIVER'S Occupation	: INDOOR) OUTDOOR (e.g. working inside or outside office)
Email Address	: Juri@squiregroup-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):
Was there any video Captured by Exact purpose for which vehicle Any Injury (If YES, PIs state):_	car camers: YES (NO was being used at the time of accident: Private use \ Work purpose
Othe	er Party Driver's Particular (if any)
Vehicle, No:	Vehicle, No: XD 9942 S
Vehicle Make\Model:	Vehicle Make\Model: FUSO
Name Driver: MANUA	Name Driver: MANALAN MADASAM
IC No. Driver/Contact:	IC No. Driver/Contact: 68032836 U
	98627062
* NEW - Passenger's nam	e & gender:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : CHOO CHER PENG CATHERINE Period of Insurance : 26 Feb 2023 To 25 Feb 2024

Engine No. : A569I522N46B20BE

Chassis No. : WBANT12000CX30440 Vehicle No. : SNG313U Policy No.

: 7230015968

Endorsement No.

Issued Date : 21 Feb 2023 10:15

ABOUT THE COVER

Make/Model : BMW 520I 2.0 [Sedan]

Engine Capacity/Tonnage: 1,997.00 CC Sum Insured : Market Value First Year of Registration : 2010 **Driver Restriction** Off Peak Car : No Insuring with COE/PARF : Yes : NA

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 \$\$\$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

: All Age Condition 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 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

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

CHOO CHER PENG CATHERINE - \$600 (Own Damage), \$600 (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 Apple App Store or Google Play Store

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Dickson Capital Pte 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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504236000

INSTRADE MANAGEMENT PTE LTD

AIG BUILDING 78 SHENTON WAY #09-16 SINGAPORE 079120

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.