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		Assessment/Sur	vey Report		~i	
TP Insurer:		Ass't Report by	Pax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign	Wksp/QW:(Tol:	Fax:	
TP Particulars:		3J9685M	. INC()/Non-INC ()	
Owner / Driver: (Tel:)
Policy No: () Pcri	od: ()	Cover Type: ()
Confirmed by : (Date:	Times		,
Insured/Driver Liability:	(%) [N	lote-Est, Status (W	O): N: 0-20	%; P: 21-79%.	P: 80-100%)	
Year of Registration: () W	/arranty: YES ()/NO()			
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Driver/Owner:		· · · · · · · · · · · · · · · · · · ·	4) FT : Follow-T		5120 ev) 530	-
Contact No:			For oldiming a	hrough Survey (Resurve	0 Jan 2005)	
Damaged Portion:			6) TR: Re-inspe	etion	\$160	
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QC Checked by (Engr-In-	-Charge):		Qn*	Car/Tpt Allowance	. 23	5
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© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPORIANT 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.

- 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	10/05/2023 16:07 (SGT) Actual Driver 09/05/2023 15:00 (SGT) Singapore CARPARK BDB 71 , CHAI CHEE ROAD Singapore
--	--

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK468Y
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No SAMUEL TAN GUO JING SXXXX007Z samueltanguojing@gmail.com (Phone) +65-97344067

Manufacturer

Model	Iviazua
Model Variant	6
Exact purpose for which vehicle was being used at time of	
Are you claiming under your own insurance policy for repair to	Private use
your vehicle?	No - Claiming third party
venicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Policy Number / Cover Note Number	AIG Asia Pacific Insurance Pte. Ltd. 1900078372-03

DRIVER

Name of Driver NRIC No Date Of Birth Occupation	JAMES TAN BOON HENG (CHEN WENXING) SXXXX977G 06/09/1965
Occupation	Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	21/11/1985 37 YEARS AND 6 MONTHS Male (Phone) +65-98322356 - james.tan7977@gmail.com APT BLK 25 CHAI CHEE ROAD # 07-477 480025 No Parent No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collided into Parked Vehicle Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 0 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number	GBJ9685M Commercial vehicle ISWANDI BIN ISMAIL (Phone) +65-98789664

Address	
Address complement	•
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Dotails of property demand in 11	-
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 Actual Driver.
- Information provided must be as <u>truthful and 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.
- 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

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

Witnessed by Reporting Cen

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

Sketch Plan Carpaille BDB71, Chei Chee Road

Wall

A New B: SMK 468 CI

B: Wall

B: GBJ9685 M

Wall

Volume Coad

Describe Circumstance of the Accident On 09 May 1 202 at about 6 and 1 want
On 09 May 2023 at about 6 pm, I went to the campanic to retrieve my vehicle (SMK 468)
I saw a note on my windscreen.
A driver, Iswardi had het onto my relicle's
A driver, Iswardi had hit onto my rehicle's right front protim. The driver was drivery a rental van, 5BJ 7685M.
I contacted him and we exhaped particulars
I contacted him and we exthaped particulars the accident took placed at 3 pm. No one injured.
100 ora injures c

Declaration

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

10 may 123 Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder)

Actual Driver's Signature (if driver is not the policyholder)

/ Date & Time

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

VEHICLE NO: SMIC 468 T	MAKE & MODEL:
DATE OF ACCIDENT	9 May 2023 .c.c. 2000
TIME OF ACCIDENT	3 AM / PM)
LOCATION OF ACCIDENT	carport BDB 71, Charche Read
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	Samuel Tan Guo Jing
EMAIL samueltan guajing 69	Mail. com Office MOBILE, 97344067
NRIC 59246007Z	
CLAIM TYPE	OD THIRD PARTY REPORTING ONLY
FLEET POLICY:	YES (NO?)
INSURANCE CO.	A16
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	1900078372-03.
NAME OF DRIVER . / /	AS ABOVE / IF NO. James Tan Boon Heng (Chen Hens
NRIC Lewille	517279779.
DATE OF BIRTH Darked	0610911964
ANY PASSENGER	YES/NO?
NAME OF PASSENGER	
GENDER OF PASSENGER	MALN / FEMALE
OCCUPATION	Outdoor / Indoor)
DATE OF DRIVING PASS	21/11/1985
GENDER /	Male Female
CONTACT NO.	
EMAIL:	Mobile. 9832) 35 Office. Home,
	james. for 7977 @ grail. com
ADDRESS	BIK 25, chai (nee Rd #07-477, 5 460025
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes . Reg No. INSURER.
RELATIONSHIP	Employee / If No. Father / Son
WEATHER CONDITION	Clear / Raining / Other
ROAD SURFACE	Dry Wet / Other.
ANY INJURIES	No I'ves . Who?
CONVEYED BY AMBULANCE	No If yes : Who?
POLICE REPORT	No If yes . Where?
NOTICE OF INTENDED PROSECUTION GIVE	
VEHICLE B NO. NAME	GBJ9685A Any Passenger, Wiknown
	Israndi Bin Ismail.
CONTACT NO. TEHICLE C NO.	98789664
EHICLE C NO.	Any Passenger :
EHICLE E NO.	Any Passenger .
EHICLE E NO.	Any Passenger
NY WITNESS	Any Passenger ,
VITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES / YES
WAS THERE ANY AUDIO RECORDED?	YES (NO
SCENE ACCIDENT PHOTOS TAKEN?	VES NO
**WORKSHOP:	Tem Antonobile fle 4d.
lave you been approach by unknown person	soliciting (s) /
ffering accident claims assistance?	YES (NO)



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Samuel Tan Guo Jing

Period of Insurance

: 27 Mar 2023 To 26 Mar 2024

Engine No.

: PE21255859

Chassis No.

: JM6GL1072K0311877

Vehicle No.

: SMK468Y

Policy No.

Issued Date

: 1900078372-03

Endorsement No.

: 13 Feb 2023 17:03

ABOUT THE COVER

Make/Model

: MAZDA 6 2.0 SKYACTIV

Engine Capacity/Tonnage : 1,998.00 CC

Sum Insured : Market Value

First Year of Registration : 2019

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : 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

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Samuel Tan Guo Jing - \$600 (Own Damage), \$600 (Flood Cover)

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

1.Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

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: HONG LEONG FINANCE 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 ti Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA

AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SSPA

AIG Asia Pacific Insurance Pte L

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