

NATIONAL Assessment Centre Services (wef 1 Jan 06)

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 18/07/2023 | Job description | Date & Time Completed | Done by |
| Ref No: NA/16123007382/d4 | SAS e-filing | | |
| Veh No: SBT 1609J | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 17/07/2023 09:00 | i-Motor Claim Form | | |
| OD / TP / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SMM 8046T 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

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

NA2302178

Invoice Preparation Checklist Amt (\$) Am Add

| | | | |
|---------------------------------|---|-------------|--|
| Claimant's Particulars: | 1) AR : Accident Reporting (\$30); | | |
| | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Driver/Owner: | 3) TF : Towing Fee \$40/\$45 | | |
| | 4) FT : Follow-Through Survey \$120 | | |
| Contact No: | 5) FT : Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| Damaged Portion: | 6) TR : Re-inspection \$75 | | |
| | 7) N1 : Idao DA + SMRT Survey \$160 | | |
| QC Checked by (Engr-In-Charge): | 8) NTUC Additional Services:- | | |
| | OD* | | |
| Auditors' Comments: | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| Cat. 1: | TP (N11) : TP (Non INC) against INC \$20 | | |
| Cat. 2 / 3: | 9) N12: Idao 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 | 18/07/2023 11:39 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 17/07/2023 09:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | SLE TOWARDS BKE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBT1609J

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | CHEN AH TEE |
| NRIC No | SXXXX402B |
| Email Address | JSV4180@GMAIL.COM |
| Mobile Phone No | (Phone) +65-97575560 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Corolla |
| 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 | 2070171546-01 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | CHEN JACKSON |
| NRIC No | SXXXX041C |
| Date Of Birth | 04/01/1980 |
| Occupation | Indoor |

| | |
|--|--------------------------------|
| Date Of Driving Pass | 22/01/2002 |
| Driving experience | 21 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97575560 |
| Alt. Phone Number | - |
| Email Address | JSV4180@GMAIL.COM |
| Address | APT BLK 249 TAMPINES STREET 21 |
| Address complement | # 03-542 |
| Postcode | 520249 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Parent |
| 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? | Yes |
| 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 | - |

FOREIGN VEHICLE 1

| | |
|-----------------------------------|------------|
| Vehicle Registration Number | JVH3429 |
| Vehicle Category | Motorcycle |

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 | SMM8046T |
| 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 2

| | |
|---|------------|
| Vehicle Registration Number | JVH3429 |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| 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 | FBB9402E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| 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

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

SLE TOWARDS BKE

* Driver did not witness the collision between vehicle B, C and D. therefore we're unable to sketch it on the sketch plan.



- A: SBT1609J
- B: SMM8046T
- C: JVH3429
- D: FBB9402E

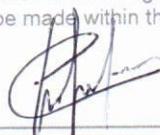
Describe Circumstances of the Accident

I (SBT1609J) WAS TRAVELLING ALONG SLE TOWARDS BKE. VEHICLE AHEAD STOPPED AND I FOLLOWED SUIT. SUDDENLY, VEHICLE B (SMM8046T) REAR ENDED MY VEHICLE. AFTER I ALIGHTED, I REALISED THAT 2 (JVH3429 & FBB9402E) OTHER MOTORCYCLES WERE INVOLVED IN THE ACCIDENT. I ~~HAVE~~ DID NOT WITNESS THE COLLISION BETWEEN VEH B AND THE 2 MOTORCYCLES.

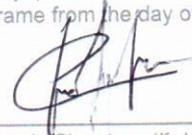
Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



Policyholder's Signature / Date & Time



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

 18/7/2023

Witnessed by Reporting Centre Personnel

Accident Reporting Draft

VEHICLE NO: SBT1609J

MODEL: TOYOTA COROLLA ALTIS AUTO/MANUAL

| | | |
|--|--|---|
| DATE OF ACCIDENT | 17/7/2023 | C.C: 1,598 |
| TIME OF ACCIDENT | 0900 | HRS AM /PM |
| LOCATION OF ACCIDENT | SLE TOWARDS BKE | |
| EXACT PURPOSE USE DURING ACCIDENT | EMPLOYMENT/ PRIVATE USE / PRIVATE HIRE | |
| NAME OF OWNER | CHEN AH TEE | |
| CONTACT NO. | 97575560 (D) | EMAIL: JSV4180@GMAIL.COM |
| NRIC | S2567402B | |
| CLAIM TYPE | OD/ THIRD PARTY / REPORTING ONLY 3P | |
| INSURANCE CO. | AIG | |
| TYPE OF COVERAGE | COMPREHENSIVE / THIRD PARTY/ THIRD PARTY FIRE & THEFT | |
| POLICY NO. | | |
| NAME OF DRIVER | AS ABOVE / IF NO : CHEN JACKSON | |
| NRIC | S8000041C | ANY PASSENGER: 0 |
| DATE OF BIRTH | 4/1/1980 | |
| OCCUPATION | OUTDOOR / INDOOR | |
| DATE OF DRIVING PASS | 22/1/2002 | |
| GENDER | MALE / FEMALE | |
| CONTACT NO. | 97575560 (D) | EMAIL: JSV4180@GMAIL.COM |
| ADDRESS | APT BLK 249 TAMPINES STREET 21 #03-542 S(520249) | |
| DOES DRIVER OWN OTHER VEHICLES | NO / IF YES: REG NO. | |
| RELATIONSHIP | EMPLOYEE/ IF NO : FATHER | |
| WEATHER CONDITION | CLEAR / RAINY/ OTHER: CLEAR | |
| ROAD SURFACE | DRY WET/ OTHER: DRY | |
| ANY INJURIES | NO / IF YES - DRIVER | |
| CONTACT NO. | | |
| POLICE REPORT | NO / IF YES: | NOTICE OF INTENDED PROSECUTION GIVEN? |
| VIDEO RECORDING | NO / YES | NO / IF YES: WHO? |
| AUDIO RECORDING | NO / YES | SCENE PHOTO(S) NO / YES |
| VEHICLE B NO. | SMM8046T | ANY PASSENGER: |
| NAME | | |
| CONTACT NO. | | |
| VEHICLE C NO. | JVH3429 | ANY PASSENGER: |
| VEHICLE D NO. | FBB9402E | ANY PASSENGER: |
| VEHICLE E NO. | | ANY PASSENGER: |
| VEHICLE F NO. | | ANY PASSENGER: |
| ANY WITNESS | | |
| WITNESS CONTACT NO. | | |
| PARTICULAR WORKSHOP | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">Ryder</div> Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 | |
| MOBILE NO. | | |
| CONTACT PERSON | | |
| FAX NO. | | |
| HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE? | | |
| | NO / YES | |



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHEN AH TEE
Period of Insurance : 16 Dec 2022 To 15 Dec 2023
Engine No. : 1ZR0G40506
Chassis No. : MR2BE3BE100012218

Vehicle No. : SBT1609J
Policy No. : 2070171546-01
Endorsement No. :
Issued Date : 04 Nov 2022 18:31

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6
Engine Capacity/Tonnage : 1,598.00 CC
Driver Restriction : 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.

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2020
Insuring with COE/PARF : Yes

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

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

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CHEN AH TEE - \$1100 (Own Damage), \$1100 (Flood Cover)

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

1. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188
 2. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

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: Toyota Financial Services Singapore 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).

0504667248

INCHCAPE AUTO TOYOTA - BSTU019

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Nur Anisha Amran