NATIONAL Assessment Centre	Services	24 ° q		
Date In: 03/01/20	Jeb description	Date & Tune Completed	Done	pž
Re[No NA/A1620000014/13	SAS e-filing			
Veh No SLX 6/04B	E-mail (within Shrs. A	1°, 2hray		
DOA 02/01/20 0900	i-Motor Claim Fo	rm .		
	i-Motor W/O (with	ún: OD 2hrs, TP 4hrs)		*
OD (TF') Reporting Only	i-Photo Uploaded		The contract of	
TP Insurer:	Assessment/Survey	Report		
	Ass't Report by Fax	Ass't Report by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (HUP 800M	Tel: F	ax:	
TP Particulars: Veh No:	SJP1818Z	INC () / Non-INC ()		
Owner / Driver: (Tel:)	West refer to
Policy No: () Perio	od: () Cover Type: ()	
Confirmed by : (Da)	
	ote-Est. Status (WO):	N: 0-20%; P: 21-79%. F: 30-1	00%]	-
		NO()		
Excess: (\$) Loading: \$1,000)()/\$2,000()		
General Remarks:-			16-7	
() Total Loss Case : to e-mail Insurer	URGENTLY.		4	
Drive-In ()/ Towed-In (); Invoice:) ; Towing Co. ()
	7,1,0(
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	by
	urtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$300	00] ()			-
Injury:			ENICOVICE NECES	
Date/Time Actions				
			- 1000 -	
			- 5-200-14 000-14	owyo.c=
NA2000313	Inve	pice Preparation Checklist	Amt (\$)	Amt (\$ Add Bi
laimant's Particulars :-	THE STATE OF THE S	: Accident Reporting (\$30);		PLUIT 151
		: Damage Assessment (\$100); INC (\$8 : Towing Fee \$40	(0) (S45	
Priver/Owner:		; Follow-Through Survey	\$120 \$30	
ontact No:	and the same of th	: Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan 2005		
amaged Portion:		: Re-inspection : Idac DA + SMRT Survey	\$75 \$160	
		UC Additional Services		91115
C Checked by (Engr-In-Charge):		5; Courtesy Car / Tpt Allowance	\$5	
V4 1.6	COLUMN TO SERVICE A SERVICE AND ADDRESS OF THE PARTY OF T	6: Repair Co-ordination 7: Post Repair Inspection	\$10i \$25	
uditors' Comments :-	*N	8: DV / Collect Excess Coordination	\$5	
t. 1:	The second secon	(N11): TP (N-n INC) against INC 2: Idae Mobile	\$20 30	1000
1.2/3:	Invoic	e date l Fee Charged	Heliani Mahin	
	A secondar	consequence Theory Consequence	建筑的产生长位	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

Any false reporting may be referred to the Police for investigation.

- 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

ACCIDENT STATEMENT

02/01/2020 10:14 Date Of Report 01/01/2020 09:00 Date Of Accident **GEYLANG LOR 31** Exact Location Of Accident SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SLX6104B Vehicle Registration Number

Insured/Policyholder

TENG YOON POH Name Of Registered Owner

SXXXX465E NRIC No NOEMAIL Email Address

(LOCAL) +65-86112587 Mobile Phone No OTHERS-86112587 Alternative Phone No

Vehicle Particulars

MERCEDES-BENZ Manufacturer

Model

Exact Purpose for which vehicle was being used at

time of accident

PARKED VEH

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

1800027069-01 Policy Number

Cover Note Number

Driver

SUN LIXIA Name of Driver GXXXX296Q Passport No/FIN 18/01/1975 Date Of Birth INDOOR Occupation 25/04/2018 Date Of Driving Pass

1 YEAR AND 8 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-84841523 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

Page 1 of 11

NO 5 LOR 30 GEYLANG Address

#03-05

NO

387866 Postcode

Was driver an employee of the Insured's Company NO

SPOUSE If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLIDED INTO PARKED VEHICLE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? NO

Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJP1818Z

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category SETO TUCK WAH

NRIC/Passport Number

Contact Number

Name of Driver

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 11

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised 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>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- By the lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Driver's Signature

(If driver is not the policyholder)

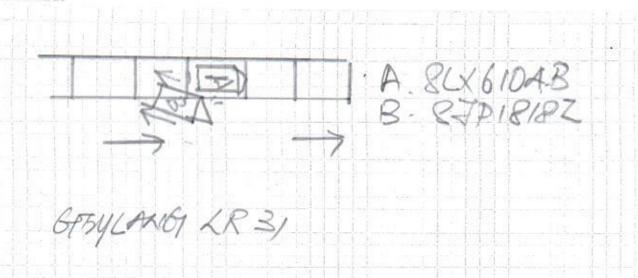
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY USA WAS DARKED UNA B REWERSED AND HIT OUTO
MY URSA RH RHAR PORTION

DECLARATION

I/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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT REPORT			
VEHICLE NO :	BLX6104B MAKE/MODEL: C180		
DATE OF ACCIDENT	01 1 01 1-2019 2020		
TIME OF ACCIDENT	0900 (AM/PM		
LOCATION OF ACCIDENT	GIBYCANG LR 31		
EXACT PURPOSE USE DURING ACCIDENT	PARKED		
NAME OF OWNER	MRIMRS/MDM/MS TENGY YOON DOH		
CONTACT NO	86112587		
NRIC	81367465E		
CLAIM TYPE:	OD / THIRD PART) REPORTING ONLY		
INSURANCE COMPANY	A-161		
TYPE OF COVERAGE	COMPREHNSIVE THIRD PARTY THIRD PARTY FIRE & THEFT		
POLICY NO:	1800027069-01		
I CONTROL CONTROL CONTROL OF CONT	AS ABOVE / IF NOT: SUN X/ X/A		
NAME OF DRIVER	(FEMALE) MALE		
ANY PASSENGERS	610060296Q		
NRIC	18 101 11975		
DATE OF BIRTH	OUTDOOR / (NDOOB)		
OCCUPATION	OUTDOOR / INDOOR		
DRIVING PASS DATE	MALE FEMALE		
GENDER	OFFICE: 8484/533 HOME:		
CONTACT NO	NO-5 LORONG 30 GAZYLANG #03-05 38/866		
ADDRESS	NO / IF YES: VEHICLE REGISTRATION NO:		
DRIVER HAVE ANY OWN VEHICLE	EMPLOYEE / OTHERS: SPOUSE		
RELATIONSHIP WITH VEHICLE OWNER	CLEAR / RAINING / OTHER:		
WEATHER CONDITION	DRY / WET / OTHER:		
ROAD SURFACE	NO / IF YES: (WHO?)		
ANY INJURIES	IF YES: (WHO?)		
CONTACT NO: POLICE REPORTING	(NO) / IF YES: (WHERE?)		
Security Sec	CYPIRIEZ 80597050D_		
VEHICLE B	FEMALE (MALE) NO:		
ANY PASSENGERS	8570 YUCK WAH		
NAME	2310 rack with		
CONTACT NO			
VEHICLE C	ANY PASSENGERS: FEMALE / MALE NO:		
VEHICLE D	FEMALE / MALE NO:		
VEHICLE E	FEMALE / MALE NO:		
VEHICLE F	FEMALE / MALE NO:		
ANY WITNESS			
NAME			
WITNESS CONTACT			
Have you been approach by unknown person	soliciting/offering accident claim assistance? YES / NO		
WORK SHOP PARTICULARS	HS AUTOMOTIVES PTE LTD		
CONTACT NO	65381368/6747 2755		
CONTACT PERSON	ALEX/JUN HAN/CONNIE		
FAX NO	6746 5922		
EMAIL ADDRESS	hsautomotivespl@gmail.com		

,



Name of Policyholder : TENG YOON POH

Period of Insurance : 02 Apr 2019 To 01 Apr 2020

Engine No.

: 27491031203076

Chassis No.

: WDD2050402R352047

Vehicle No.

: SLX6104B

Policy No.

Issued Date

: 1800027069-01

Endorsement No.

: 19 Feb 2019

ABOUT THE COVER

Make/Model

: MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE

Driver Restriction

Engine Capacity/Tonnage : 1,595.00 CC : NA

Sum Insured : Market Value

First Year of Registration : 2018

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.

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 than years' driving experience

Age Condition

: All Age Condition

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 fusion, 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 2000cc

* Limitallions rendered inoperative by Section B of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

TENG YOON POH - \$800 (Own Damage)

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

1.Cycle & Carriage Euros Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818
2 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128376 62061818

For other, Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 6200. Alternatively, you may refer to AIG website www.aig.com.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: Daimler Financial Services Africa & Asia Pacific 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 (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612228

CYCLE & CARRIAGE - YEOAL

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE