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	Assessment/Survey Repo	rt j		
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TP Phiniculars: Veh No: So	0 666A IN	C(,)/Non-INC	())
Owner / Driver: (Tel:	·····	.).
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SN0820CS0008 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 28/12/2020 17:10 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (28/12/2020 17:10 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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
- 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.

- 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
Date of Accident
Exact Location of Accident

Additional Location Information

Country/State of Loss

28/12/2020 17:10 (SGT) 24/12/2020 11:50 (SGT) Henderson Rd, Singapore

TOWARDS TELOK BLANGAH HEIGHTS

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMG542L

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

SEOW KIT YEE, JOACQIUM(XIAO JIEYU)

SXXXX752H

ashley9567@yahoo.com

(Phone) +65-91295123

+65-91295123

VEHICLE PARTICULARS

Manufacturer

Manufactur

Model

Variant

Exact purpose for which vehicle was being used at time of

accident Are you c

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Audi

A5

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number Cover Note Number AIG

Comprehensive

No

1800143247

DRIVER

Name of Driver

Company Reg No

SEOW KIT YEE, JOACQIUM(XIAO JIEYU)

SXXXX752H

02/04/2011 Driving experience 9 YEARS AND 8 MONTHS Gender Female Mobile Number (Phone) +65-91295123 Alt. Phone Number +65-91295123 Email Address ashley9567@yahoo.com Address BLK 64 TELOK BLANGAH HEIGHTS Address complement #05-192 Postcode 100064 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 Side Swipe Weather Conditions AFTER RAIN Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name CHENG KAI XIAN, TOBIAS Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No. (Phone) +65-65470000 Alt. Police Station Phone No. (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No. If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20201224/7035 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SGD666A Vehicle Manufacturer

Date Of Driving Pass

Vehicle Colour	5.11
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

SEOW KIT YEE, JOACQIUM(XIAO JIEYU)
No

SKETCH PLAN

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 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.
- 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)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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' law yers/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' law yers/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 law yers/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 (fhdriver is not the policyholder) / Date

Witnessed by Reporting Centre

Personnel

Sketch Plan

B) SGD 666

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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Julin

Date of Accidest	. 0406 ×1 40	sident Time: 1156hy (34-F	tr-format)
	. Henderson Road	l towards Telok B	langah Heights
Accident Place	ome 5421	Vehicle Make/Model:Au	di A5
Vehicle Reg. No (Car plate No.)	; <u>SIII(n</u> 5420	Policy No. 18 (00143247
Insurance Company	: AlG	Policy No. 19	JONCRUM
Name of Registered Owner	: Company / Lindividu	seow kit Yee,	995 VETEN 4
D of Registered Owner	: Co Reg No:	Owner's NRIC	No: 210924324
	: Co Contact No:	— Owner's Coute	ot No:
DRIVER'S Name	: Sow kit Yee, JO	acquim DRIVER'S NRIC	No: 270 3513
DRIVER'S Date of Birth	. 17Jul 1990	DRIVER'S License Pass	Date 03 40 2011
Relationship bet. Owner & Driv	ver : Snouse \ Parenti	s \Children\ Sibling \ Emple	yes Others amer
DRIVER'S Address	. APT BIK 64	Telok Blangah Drive #05	192 Singapore 100064
	225	5/23 2)	
DRIVER'S Contact No. Alt	No. 11)	ITDOOR (eg. working insi	(clo na to shiduo 10 sh
DRIVER'S Occupation			
Ernail Address	: ashley	9567@yahoo.com	POTER BATY & WET
Weather & Road Surface	: CLEAR & D	DRY RAINING & WET	AFIER COLLY
Reporting Type	: Reporting (Only \ Clake Other Party \	Claim Own Insurance
E Dessengers (Inclu	ed by car camera; YES	S LOUIS Any Injuries: (1597 N	Injured Name
	Other Party D	river's Particulars (if an	<u>v)</u>
Vehicle Reg No. SG		Vehlole Reg Na:	
Vehicle Make\Model;		Vehlole MakelModel	:
Name DRIVER:	<i>3</i> 3	Name DRIVER:	
IC No. DRIVER		IC No. DRIVER: _	
DRIVER'S Contact & add		DRIVER'S Contac	t & 86d:
DRIVER & COMMENCE STO		Priver's Particulars (If a	<u>74)</u>
Vehicle Reg blo:			
Vehicle Reg 5/5-		Vehicle MakelMod	el:
YETADRIYES		Name DRIVER _	
IS NO DRIVER-			
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1 of 3

Report No. T/20201224/7035

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 4/12/2020 18:18		Vide Report No.: Station Diary No			
Informan	t's Partice	ulars				
Name of I SEOW KI		ACQUIM	Address: 64 TELOK BLANGAH DRIVE	#05-192 SINGAPORE 100064		
ID Type / NRIC NO	ID No.: / S90257	52H	Contact No.: Home/Office:	Mobile: 91295123		
Nationality		EN	Email: joacquim.sky@gmail.com			
Sex: Female	Age: 30	Date of Birth: 17/07/1990	Type of Informant: Driver			
Race: Chinese Occupation: FINANCIAL PLANNING MANAGER			Language: Institution / School Nat English			
		IING MANAGER	Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/12/2020 11:50	Type of Location T-Junction
Location: HENDERSOI	N ROAD			
Weather:		Road Surface:		Dond Chood Limits
ATER RAIN	+	Wet		Road Speed Limit:
	Ť	Wet Traffic Control: Traffic Light - Work		Fraffic Volume:

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SGD666A	Car					0
SMG542L	Car	AUDI	A5 SB 2.0 TFSI S TRONIC (DESIGN)	Red		0





2 of 3

Report No. T/20201224/7035

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of V	ehicle Insurance	New York		W
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG542L	AIG ASIA PACIFIC INSURANCE PTE.	1800143247-01	30/11/2020	29/11/2021

Any Pedestrian Ir	volved: No	50 Lock					
No. of Pedestrian	s Injured: NIL		Use of Peo	destrian	Cross	ing: NA	
Driver							
Name	SEOW KIT YEE, JOACQUIM					S9025752H	
Related Vehicle	SMG542L (Car)			Contact No. 9129		91295123	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date	24/12/2020 Date				24/12	/2020	
No. of Days gran	ted Medical Leave	05	Degree of	f	Sligh		
Passenger							
Name	CHENG KAI XIAN, TOBIAS			ID No		NIL	
Related Vehicle	NIL			Conta	ct No.	NIL	
Hospital/Clinic	NIL			Class Drivin Licen Expir	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL		
No. of Days gran	ited Medical Leave	NIL	Degree o	of	NIL		

Brief Details.

ON 24/12/2020 AROUND 1150HRS, I WAS DRIVING VEHICLE BEARING NUMBER PLATE (SMG542L) TRAVELING ON HENDERSON ROAD TOWARDS TELOK BLANGAH HEIGHTS ON THE LEFT LANE. WHEN I WAS TURNING INTO TELOK BLANGAH HEIGHTS, SUDDENLY VEHICLE BEARING NUMBER PLATE (SGD666A) CUT INTO MY LANE AND COLLIDED ONTO MY FRONT LEFT PORTION OF MY VEHICLE CAUSING DAMAGES. I THEN FELT UNWELL AND WENT TO CONSULT A DOCTOR AT CHUNG & EE MEDICAL CLINIC, I WAS GIVEN 5 DAYS OF MC.





T/20201224/7035

3 of 3

Report No. T/20201224/7035

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Not applicable

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Signature Of Interpreter:

Not applicable

Date/Time:
24/12/2020 18:18

Signature Of Informant:

Officer In Charge Of Case:

TP / TPHQ /

Classification Of Case:

Authentication Stamp

WONG SIEU LUI Contact No.: 65476151

Signature Of Officer Recording The Report:



CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : SEOW KIT YEE, JOACOUM (XIAO JIEYU)

: 30 Nov 2018 To 29 Nov 2020 Period of Insurance

: CVK064668 Engine No. : WAUZZZF58JA112896 Chassis No.

: SMG542L Vehicle No. : 1800143247 Policy No. : 000000000387504 Endorsement No.

: 19 Nov 2020 Issued Date

ABOUT THE COVER

AUDI A5 Sportback 2.0TFSI S Tronic (Design)

First Year of Registration : 2018 Sum Insured | Market Value Engine Capacity/Tonnage 1,984.00 CC Insuring with COE/PARF : Yes Off Peak Car : No : NA Driver Restriction

Person or Classes of Persons Entitled to Drive* :

its Any other person who is attiving on the Poscyhosdar's order or with touther permission.
This Poscy will indemnify the Poscyhosdar or any authorised drives only it handle means the specified age condition.

You have to pay an additional nam of \$3,000 as "troung and/or inexperienced Driver Escand" ("YOR") if You are or You Authorised Driver (named or unnamed) to under the age of 23 and/or has and from 2 years' strong expensesses

Age Condition

All Age Condition

Mileage Condition

: Unlimited Mileage

Limitation as to use*

Use netly for excited demention and pleasure purposes and for the Policyfunder's business.
This Pulsy does not cover use for how or research driving fusion, driving fact, record, pace-making, reliability trial or speed-testing, the common of goods other than samples in connection with drive trade in laurences or use for any purpose in purpose.

Loss of Use 1800cc - 2000cc Optional

*Londation's residence inspersion by Saction & of the Make Vehicles (Stort-Party Rose and Compensation) Aut (Cap. 1989). Section 85 of the Rose Transport Aut. 1985 (Maleysia) and Rosel Stormport (Artificial Compensation) Aut. 2018; are not to be included under Store Seadings.

EXCESS

Section 1 Fire - 50 Own Demage - \$1600 That - \$0 Fixed Cover - \$0

Section 2

reporty Demage - 90

Windsersen: \$100

Named Driver and Excess were assured

SECWI KIT YEE, XXXCQUIM DIAO ZEYU) - \$1900 (Own Dwinge)

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

1 Aut Customer Service Certer Add. 55 Uts Road 1 Singapore A05016 SW62325

For other Approved Reporting Commentatio Authorised Requirers, please some 3 our 24-hour scoders emergency hoters at +65 6/28 (420). Alternatively, you may refer to ASS excision were any egor ASS SS Making Report Simply search and direction (ASS SS) from Turine of Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

Title havely certify that the policy is which the Certificate of Insurance relates in insurance with the provisions of the Major Vehicles (Tred Party Roses and Companisation) Act (Cap. 188). Fact for of Found Transport Act, 1861 (Malaysia), Rose Transport (America) (Act 2016 and Major Vehicles (Their Party Rose), 1965 (Malaysia).

0004125277

PREMIUM LEASING -TKC

281 ALEXANDRA ROAD AUGI CUSTOMER BERVICE CENTRE

SINGAPORE 19908

Underwritten by AJG Ania Pacific Innurance Ple. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.