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\$N08211Q0001-01 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 26/01/2021 18:02 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 2 (27/01/2021 16:49 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

DRIVER

NRIC No

Name of Driver

- 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 Authorised 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.
 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.

	a transfer at the control and to copies of the report being made available aforesaid.
ACCIDEN	T STATEMENT
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	26/01/2021 18:02 (SGT) 25/01/2021 15:45 (SGT) Angullia Park, Singapore - Singapore
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	SDL8899K
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No JOLENE NG SI YIN (JOLONE HUANG SHIYIN) SXXXX500B jongsy@yahoo.com (Phone) +65-81233206 +65-81233206
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category INSURANCE COMPANY	Mercedes B180 - Private use No - Claiming third party Private car
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number	AIG Comprehensive No 1800054175-02

JOLENE NG SI YIN (JOLONE HUANG SHIYIN)

SXXXX500B

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	05/07/1997 23 YEARS AND 6 MONTHS Female (Phone) +65-81233206 +65-81233206 jongsy@yahoo.com 31 EWE BOON ROAD #06-01 - 259332 Yes - No
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked 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 material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 1 No - Yes 0 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Tanglin Division Headquaters (Phone) +65-18003910000 (Fax) +65-63964900 21 Kampong Java Road Singapore 228892 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT E/20200125/7028	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category	SKW1524Y Honda Private car

Address	
Åddress complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in assident	-
No. Of Passenger (Including Driver)	-
Tree or adocting the median briver)	-

WITNESS DETAILS

WITNESS 1

Name
Phone
DENNIS NG KHOON CHEAH
(Phone) +65-91878769

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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)

Lunderstand, 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' 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;

21/2021

- (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.

ally	ally 26/01/2021 a: 15am	26/01/2021
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan	BULLIA PARK	Totadine

B) SDL8899 K

B) SKW 1524 Y

B) SKW 1524 Y

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Declaration

We declare the foregoing particulars are true in every respect.

2601/2021

26/10/2021 9:15am

Witnessed by Reporting Centre

Personnel

Policyholder's Signature / Date &

Time

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

AGCIDENT'STATEMENT

	ENT DATE: (25, JON 2021) (DD/MM/YYY), T	15 45 (HH:MM)
,*	ANGLILLA DARK	
LOCATI	ON: MOUNT COM	24
1.	DETAILS OF VEHICLE SULSSACK DINSURANCE COMPANY: A 6	
30 J.	CIPOLICY NUMBER: 1900094175	/ THIRD PARTY FIRE &THEFT)
	COURT / MAN / LORRY /	MOTORCYCLE/ OTHERS
,	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL h) PURPOSE OF USING AT ACCIDENT TIME: PER	
£	I) ARE YOU CLAIMING UNDER YOUP OWN INSURA	NCE (YES/NO)
2	INSURED / POLICY HOLDER TOTAL S	YIN (MALE / FEMALE)
	A)NAME: B)NRIC/FIN/PASSPORT: S762450B	CONTACT: 8123 3206
	C)ADDRESS: 31EWE BOON ROAD #06-0	(S(159/33L)
	* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOU	DER
MNO of passanger	DRIVER ACABAVE	(MALE / FEMALE)
(Including driver)	DINRIC/FIN/PASSPORT:	_CONTACT:
(<u>0</u>)	c)ADDRESS:	
	*d)DATE OF BIRTH: (20 107 1046)(DD/M	M/YYYY)
æ	FIDERIC SEDRIVING PASS	DIS COMPANY? (YES!
4,	ATTORICUTE OF THE DRIVER WITH	INSURED: DWN
5.	WINE ATHER CONDITION: (CLEAR)	THERS
, 6,	DIROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO)	
. 7.	a) REPORTED TO POUCE (YES / NO)	TANGUN
. 8.	THIRD PARTY VEHICLE a) VEHICLE NUMBER: B) DRIVER'S NAME:	MODEL: HONDA
4 No of passenger	a) VEHICLE NUMBER: b) DRIVER'S NAME:	_CONTACT:
(Including driver)	· c) NRIC/FIN/PASSPORT:	
. ,	THIRD PARTY VEHICLE d) VEHICLE NUMBER:	_MODEL:
1.0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The state of the s
(Including driver	e) DRIVER'S NAME:	_CONTACT::
(Including driver	e) DRIVER'S NAME:	CONTACT

email = jongsy@yanoo.com

WITHESS Name: DENNIS NO KHOON CHEAH
HP#91878769





210125/7028

Report No. E/20210125/7028

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892

Tel No:1800-3910000

Date/Time Report Made	Vide Rep	ort No.		Station Diary No
<u>25/01/2021 21:10</u>				
Name Of Informant	Address			
JOLENE NG SI YIN	31 EWE 8	BOON RO	AD #06-01 SINGA	PORE 259332
ID Type / ID No.	Contact N			
NRIC NO / S7624500B	Home/Off	ice:	Mobile:	
			81233206	
Nationality	Email Add	dress		
SINGAPORE CITIZEN	JONGSY	@YAHOO	.COM	
Occupation	Sex	Age	Date of Birth	Race
Manager	Female	44	29/07/1976	Chinese
Institution/School Name	Language)		
	English			
Date/Time Of Incident	Location Of Incident			
25/01/2021 15:45	31 EWE BOON ROAD #06-01 SINGAPORE 259332			

Brief details.

I parked my car SDL8899K at the open carpark next to Liat Towers/ Wheelock Place at around 3:45pm. When I returned at 7pm, I saw a note left on my windscreen with the message "Some one reversed and hit your car. I can be witness. Dennis 91878769"

When I examined my car, there were dents and a panel was loose. I called 'Dennis' and he confirmed that he caught the accident in his car camera and that he would send it to me. He also left his full name and was willing to stand witness. His name is NG KHOON CHEAH. His contact number is 9187-8769.

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 25/01/2021 21:10
Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210125/7028

I have the video which can be submitted as evidence separately as it cannot be uploaded in this report.

Person Name	Driver/ Owner of SKW152	DAY	A MEST PRINTED BY THE STATE OF
Gender	Male	241	
Victim			
Person Name	JOLENE NG SI YIN		
ID Type	NRIC NO	ID No	S7624500B
Gender	Female	Age	44
Race	Chinese	Language	English
Occupation	Manager	Address	31 EWE BOON ROAD #06-01 SINGAPORE 259332
Mobile No	81233206	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/01/2021 21:10
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Some one reversed and hit your car. I can be witness Dennis 91278769



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : JOLENE NG SI YIN (HUANG SHIYIN)

Period of Insurance : 18 May 2020 To 17 May 2021

Engine No. : 27091031611956 Chassis No. : WDD2462422J475743 Vehicle No. : SDL8899K Policy No. : 1800054175-02 **Endorsement No.**

Issued Date : 29 Apr 2020

ABOUT THE COVER

Make/Model : MERCEDES BENZ B180 SEDAN STYLE

Engine Capacity/Tonnage: 1,595.00 CC Sum Insured : Market Value First Year of Registration : 2018 **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 \$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

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 motor Trade.

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

JOLENE NG SI YIN (HUANG SHIYIN) - \$800 (Own Damage), \$800 (Flood Cover)

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

Cycle & Carriage Eunos 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 128378 62061818

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 iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612212

CYCLE & CARRIAGE - CT

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTER

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, J9:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SULD 1000 Vehicle Registration No: SDLD 199K Name (as shown in NRIC): SULD 1 NRIC/FIN/Passport No: SWW 500 B
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Singapore()
	Address :
٠	Date of Accident: Time of Accident: 15:45
	Place of Accident: Dubula Noosa . Insurance Company:
(B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: BLICY NUMBER TO 1000SYITE-OX
	12/20/21/2021
	Policyholder / Driver's Signature Reporting Centre Personnel's Signature Name: