NATIONAL Assessment Centre	Survices.	יון פיטיובל ו זישי	5M09212H	1	
Date In: 17/2/21 17:12	Jeb description		Date & Time Complete	<u></u>	Done by
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Vah No SGH 4841 M	E-mall (white 5	lus, AIC Thrs)			
11/11/11/24 20:20	I-Motor Cinir	n Porm			
1.	I-Motor W/O	(Within; OD Thra	r, Tr Abrs)	-	
(11) . TP . Reporting, Only	I-Photo Uplor	ıded			
3.0	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report by	Fax/Handt	o Owner/YYksn		
Proformed Wksp / INC Assign Wksp / QW: (·	Tol:	Fax:)
	A. 8088 A.	. INC(·	<u> </u>	
Owner / Driver: (Tel:		
	iod: ()	Cover Type: (1
Confirmed by : (T T	Date:	Time:	84 100%	1
"	Varranty: YES (0%; P: 21-79% P:	30-10070	1
Execus: (\$) Loading: \$1,00			/		•••
	AVERTANA ESTADA		THE SECULIAR SECTION OF THE SECTION	1377 TO	
() Walk-In Customer : Customor's Infor	mation sticily Cor	riidential & Si	nctly NO refer of repo	Irer.	
() Total Less Case : to e-mail Insure		•	· ·	,	
Drive-In ()/ Towed-In (); Invoice		10();1	Towing Co: (# .		,)
			Winife Williams	新尼萨	ydjanogly
1) Apply for Transjout Allowance ()/C	ourtesy Car ()	STI STIMOTON WAS DELT TO STATE OF THE STATE	105 1 Bearing	N. p. C.
2) QC Check / Post Reprir Inspection	.(·).				
1) Upload Resurvey Photo [Repair Cost > \$3	000] () : .;	·		<u>:</u>
Injury:	,		, , , , , , , , , , , , , , , , , , , ,		
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NA 2101743		invoice in		guryage	30 Wallpin
Chrimitalian indo-cal space and a second		I) AR; Analden Z) DA; Damage	tReporting (530); 1	NC (210)	30
Driver/Owner:		3) TF : Towing 4) FT : Follow-	Pro .	\$40/\$45 \$120	
Contact No:		STITT : Pollow-	Through Burvey (Resurvey)	230	
		6) TR: Re-lusp	against INC Only (well to Jo aution	373	
Damaged Portion:		7) NI ; Idao DA	+ SMRT Survey	. 2160	
		QD.	,	-	· ·
QC Checked by (Engr-In-Charge):	*		Co-ordination	510	
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		9) N12: Idao M	obile Fee Ch		MARKETA
2/3;		Involve dated	Fee Ch		MARIEN

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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 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.

- 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.

ACCIDEN	NT STATEMENT	
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	17/02/2021 17:12 (SGT) 14/01/2021 20:20 (SGT) Hougang Ave 8, Singapore - Singapore	
DETAILS C	OF OWN VEHICLE	
Vehicle Registration Number	SGH4841M	

INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No YUE KAR YONG SXXXX365G MICHAELYUE31@YAHOO.COM.SG (Phone) +65-94242529 +65-94242529

VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of	Mitsubishi Lancer -
accident	Private use

Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private car

Name of Insurance Company	AIG
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	2100261905-09
Cover Note Number	2100201303-03

Name of Driver	YUE KAR YONG
NRIC No	SXXXX365G
Date Of Birth	29/04/1974
Occupation	Outdoor

INSURANCE COMPANY

DRIVER

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	06/04/2004 16 YEARS AND 9 MONTHS Male (Phone) +65-94242529 +65-94242529 MICHAELYUE31@YAHOO.COM.SG BLK 534 HOUGANG ST 52 #09-26 - 530534 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear 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 2 No - Yes 3
PASSENGER 1	
Name Gender PASSENGER 2	- Male
Name Gender	- Female
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	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SJY8088U - -

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YEO TUCK WAI PETER
NRIC No	SXXXX686H
Contact Number	-
Address	-
Address complement	ı <u>-</u>
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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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 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' 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 &

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

Witnessed by Reporting Centre Personnel

> A: SGH4841 M B: SJY 8088U

Sketch Plan

Hougang Ave 8

		wa	s trai	relling	alor	19	slip	road	lof	Hou	gang	Ave	8 toward
Upper	Serangi	าบท	Road.	Vehi	de E	3 8	udde	enly	brake	2 ,	1 0	could	not stop
īn time	and	hit	onto	his vi	ehicle								
						200	S		Post disease of the	·			
													7

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

Witnessed by Reporting Centre

Personnel



CERTIFICATE OF INSURA

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder

: Yue Kar Yong

Period of Insurance

: 13 Jun 2020 To 12 Jun 2021

Engine No.

Chassis No.

: 4G18HH8521

: JMYSTCS3A6U009700

Policy No.

Issued Date

: SGH4841M : 2100261905-09

Endorsement No.

: 19 May 2020

ABOUT THE COVER

Make/Model

: MITSUBISHI LANCER 1.6 M

Engine Capacity/Tonnage : 1,584.00 CC

Sum Insured : Market Value

First Year of Registration : 2006

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

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.

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 any trade or business or use for any purpose in connection with Motor Trade

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

EXCESS

Section 1 Fire - \$0 Theft - \$0

Section 2

Property Damage - \$0

Windscreen: NA

Named Driver and Excess (where applicable)

Yue Kar Yong

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Approved Reporting Centres/ Alta Authorised Repairers (For claims related repairs)
Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For 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: CITIBANK SINGAPORE

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).

0500678000

THOMSON CREDIT (S) PTE LTD

310 THOMSON ROAD

SINGAPORE 307657 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

0500678000

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

	ACCIDENT DETAILS	
Date of accident	14/01/2021	(DD/MM/YY)
Time of accident	(HH:MM)	
Exact location of accident	slip road of Hougang Avenue 8 towards Serangoun Rd	Upper

	DE	TAILS OF	VEHICLE			
Vehicle registration number	SGH4841	M	***************************************			
Vehicle make and model	Mitsubishi	Lancer	×i ·			
Type of vehicle	Saloon	MPV 🗆	CRV □	Van □		
	Lorry 🗆	Bus 🗆	Motorcycle	e 🗆 O	thers:	
Vehicle category	Private	Comme	rcial Mo	torcycle [)	
Purpose of using at said time						
Are you claiming under your	Yes 🗆	Noø	if no, please se	elect:		
own insurance company?	Third part cla	im 🗆	Reporting only	y D		

	INSURANCE IN	FORMATION	
Insurance company	AIG		
Policy number		* jan	
Type of policy	Comprehensive	Third party fire & theft \square	TP only □

	INSURED / POLICY HOLDER	
Name	Yue Kar Yona	∕lale □ Female □
NRIC / Fin / Passport number	S7413365G	
Contact	9424 2529	
Address	Blk 534 Hougang Street 52 #09-26	\$(530534)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)			
Name	Yue Kar Yong	Male 🗸 Female 🗆		
NRIC / Fin / Passport number				
Contact				
Address				
Email address	michaelyne 31 @ yahov. com. sq			
Date of birth	29/04/1974			
Occupation	Indoor Outdoor			
Driving date pass	06/04/2004			

E. 在下海及西班牙里	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes No No
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes D No
Weather condition	Clear Raining Others:
Road surface	Dry Wet 🗆
No of passenger	03 (Inclusive of driver)
机关的设置数据逻辑的影响	PASSENGER 1
Name	
Gender	Male Female
	PASSENGER 2
Name	
Gender	Male - Female
	PASSENGER 3
Name	
Gender	Male Female
GOSED OLDER ENGINEER SERVICE	PASSENGER 4
Name	
Gender	Male Female
	mare 3
	PASSENGER 5
Name	FASSENGEN 3
Gender	Male Female
	maio 3 remaio 3
No. 1971 Television of the Control o	PASSENGER 6
Name	1 ASSENGEN 0
Gender	Male Female
9	Traine B
	OTHER INFORMATION
Was anybody injured?	Yes No No
Was other vehicle damaged?	Yes No n
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes \(\text{No} \(\text{N} \) If yes, please state which police station.
Police station name	if yes, please state which police station.
	WITNESS 1
Name	WIII. LOS I
	WITNESS 2
Name	WITNESS 2

Vahida vasistustias suurkas	THIRD PARTY VEHICLE 1
Vehicle registration number	SJY 808 8 U
Vehicle make model	1/ 7 / 120 P.L.
Name	Yeo Tuck Wai Peter 369>2686 H
NRIC / Fin / Passport number	8 69 226 80 11
Contact	
CALL CALLERY OF STATE	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Webster to the second	THIRD PARTX WEHIGLE 3
Vehicle registration number	/
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Committee of the second	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number Contact	
Contact	
	THIRD DARTY VEHICLE C
Vehicle registration number	THIRD PARTY VEHICLE 6
Vehicle make model	
Name	V.
NRIC / Fin / Passport number	
Contact	
/	
	THIRD DARTY VEHICLE 7
Vehicle registration number	THIRD PARTY VEHICLE 7
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact / Passport number	
Contact	

194、19节3点4、23的11节多。27节35		INJURED PERSON 1		
Name			经数据的 的 经基础资本的 经产品	
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No □		
hospital by ambulance?				
	•			
医黄金 的复数多种 建筑	海洲洲	INJURED PERSON 2		
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes □	No 🗆		
hospital by ambulance?				
(出版) 新生命证明。 新年中心中心的主义	发展的	INJURED PERSON 3	251 Land 1	A DESCRIPTION
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				
CARDIO NEW THE SAME STATE		INJURED PERSON 4	Eura bakerika	主席市社社会
Manaa				
Name				
Injuries sustained				
Injuries sustained Which vehicle person in?				
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No :		
Injuries sustained Which vehicle person in? Were seat belts worn?	1	ELECT VIII		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	1	No 🗆		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	1	ELECT VIII		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	1	No 🗆		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	1	No 🗆		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No INJURED PERSON 5		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No INJURED PERSON 5 No		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No INJURED PERSON 5		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No INJURED PERSON 5 No		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No INJURED PERSON 5 No No No		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes	No INJURED PERSON 5 No		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes Yes	No INJURED PERSON 5 No No No		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes Yes	No INJURED PERSON 5 No No No		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes - Yes -	No D INJURED PERSON 5 No D INJURED PERSON 6		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes Yes	No INJURED PERSON 5 No No No		