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I-Motor W	/O (Within: OD 2hrs, TP 4hrs)	
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TP Insurer: Ass't Repor	t by Fax / Hand to Owner/Wksn	
Profested Wksp / INC Assign Wksp / QW: (Tol: *	Fax:)
TP Particulars: Veh No: 9N98524	inc()/Non-INC()
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: (
Confirmed by: (Date: Time:) - nd 1000/7
	(WO): N: 0-20%; P: 21-79%. P:	30-100%
Year of Registration: () Warranty: YES		
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() Total Loss Case : to e-mail Insurer URGENTL		,)
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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 <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.

ACCIDENT STATEMENT Date of Submission 25/02/2021 11:02 (SGT)

Date of Accident	24/02/2021 08:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information Country/State of Loss	TWDS TUAS B4 JALAN BAHAR EXIT
Country/State of Loss	Singapore
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	SJT8141A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KUM KIN FOONG
NRIC No	SXXXX157C
Email Address	WESTPOLES@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98583389
Alternative Phone No	+65-98583389
VEHICLE PARTICULARS	
Manufacturer	Chevrolet
Model	Orlando
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
INSURANCE COMPANY	
Name of Insurance Company	AIG

your vehicle? Vehicle Category	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 1900096327-01	
DRIVER		
Name of Driver NRIC No	KUM KIN FOONG SXXXX157C	

25/11/1978

Indoor



Occupation

Date Of Driving Pass	18/06/1999
Driving experience	21 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98583389
Alt. Phone Number	+65-98583389
Email Address	WESTPOLES@YAHOO.COM.SG
Address	BLK 78 LOR LIMAU
Address complement	#33-77
Postcode	320078
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	
Landard College Valida College Bridge	•
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	
	AND THE STATE OF T
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	
Was any other material 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
DETAILS OF POLICE ACTION	
	Parameter Name - Security - Parameter - Security - Secu
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
	10. 等级的 13. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
PLS REFER TO THE ATTACHED STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
DETAILS OF STILL	
Vehicle Registration Number	YN9852D
	1110002

Vehicle Registration Number	YN9852D
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHIDAMBARAM KALAIVANAN
Passport No/FIN	GXXXX371T
Contact Number	(Phone) +65-96127214
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 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)

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 &
Time		

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

Sketch Plan

PIE TWAS TUAS BY JLM BAHAR FXIT Witnessed by Reporting Centre

Vehicle A = SST8141A Which B = YN9852 P

SIL

Describe Circumstances of the Accident	
On 24th Feb 2021 around octions I Vehicle A was travelling a	lang PIE towards
Tuas. Traffic was heavy and slow. The road was dry. I was an	the 5th Icine
and came to a stop, waiting for the traffic to alpar. Suddenly	Vehicle B as
On 24th Feb 2021, around GEIOhrs, I Vehicle A was travelling a Tuas. Traffic was heavy and slow. The road was dry. I was on and came to a stop, waiting for the traffic to clear. Suddenly, Isuzu lorry number plate: YN 9852D Knocked into my car from the result, the bumper and boot door was damaged.	of their As a
result, the bumper and bout door was damaged.	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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

Hym 25/02/21

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACC	IDENT DATE: (24 / 02 / 21) (DI	D/MM/YYYY), TIME:(08 : 10 (HH:MM)
LOCA	ATION: PIE towards Tua	s before Im J	alan Bahar Exit
	DETAILS OF VEHICLE a) VEHICLE NUMBER: SST 8 b) INSURANCE COMPANY: 1/4 c) POLICY NUMBER: 1/900963 d) POLICY TYPE: COMPREHENSIVE e) MAKE & MODEL: 2 f) TYPE: (SALOON / COUPE / MPD/V g) VEHICLE CATEGORY: PRIVATE / 6 h) PURPOSE OF USING AT ACCIDEN	TIME: Travelling	DPARTY FIRE &THEFT) 1.4 DRCYCLE / OTHERS) TORCYCLE) TO WOCK
	i) are you claiming under your if no, please state (third party	OWN INSURANCE	YES(NO)
2.	INICIDED / BOILOW IIO I BEN		-
	A) NAME: Kum Kin Foon	Cwestpoles @yahoo.	MALE DEMALE
	DINKE / FIN/ FASSFOKE 37836	15+C CONT	ACT: 98383389
	CLADDRESS: BIK 78 Lorong	limay #33-77	- SC320078)
the of passonga	* CONTINUE TO 3.d IF DRIVER ALSO DRIVER	POLICY HOLDER	
() I passanger			
(Indualing driver)	DINRIC/FIN/PASSPORT:	CONI	MALP/ FEMALE!
(1)	c)ADDRESS:		AUI.
(F/M)	*d)DATE OF BIRTH: 25 11 15 e)OCCUPATION: (INDOOR) OUTDO f)YEARS OF DRIVING EXPRERIENCE:	OOR)	/1
4.	WAS DRIVER AN EMPLOYEE OF T	HE INSURED'S COI	MPANY? (YES / 10)
- m-	IF NO, RELATIONSHIP OF THE DE	UVER WITH INSUR	ED: Owner
5,	a WEATHER CONDITION: (CLEAR / F	RAINING / OTHERS_	clear
Z	b)ROAD SURFACE: (DRY / WET / OTI	TERSOry	
7	WAS ANYBODY INJURED (YES (NO)) a) REPORTED TO POLICE (YES (NO))	,	
10.0	IF YES, PLEASE STATE WHICH POLICE		
, 8.	TLION DADTY VELDOLE	WWW.WW. W. 111 (2.111)	
the of naccenter	M VELICIE NULLOPE YALGO	iz D MODE	L: Isuzu
Including driver)	b) DRIVER'S NAME: Chida: c) NRIC/FIN/PASSPORT: G874E	mbaram Kalai	Vanan
(_)	c) NRIC/FIN/PASSPORT: G8748	371T CONT	ACT: 96127214
7.	THIRD PARTY VEHICLE		
	d) VEHICLE NUMBER:	MODE	*
Induding driver	e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:		100000000 eservicios de articologica de operator para de articologica de la compansión de l
(1	1 14KP/FIIA/FW33FOKI:	CONT	ACT
-			

email = Xinhua workshop @gmail.com 82925595

fax =
VIDEO = Yes



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder Period of Insurance

: Kum Kin Foong (Gan Jianfeng) : 14 Jun 2020 To 13 Jun 2021

Engine No. Chassis No.

: B14NET170260296 : KL1YA7589HK615994 Vehicle No.

: SJT8141A

Policy No.

Issued Date

: 1900096327-01

Endorsement No.

: 000000000341623 : 12 May 2020

ABOUT THE COVER

Make/Model

: CHEVROLET ORLANDO 1.4

Engine Capacity/Tonnage: 1,362.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 40 years old and above

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 Optional

* 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Kum Kin Foong (Gan Jianfeng) - \$600 (Own Damage), \$600 (Flood Cover)

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

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the Any actual repairs a trie white finities from the Sole Agent's workshop.

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

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.