

**Our Ref: CP/300121/SLT3606K/01**

10<sup>th</sup> March 2021

**AIG ASIA PACIFIC INSURANCE PTE LTD**

78 Shenton Way  
#09-16 AIG Building  
Singapore 079120

**ATTN: CLAIM DEPARTMENT**

**WITHOUT PREJUDICE**

**ACCIDENT INVOLVING SLT3606K & SMM4199L ON 30/01/2021 ALONG CTE  
EXIT BUKIT TIMAH ROAD**

We refer to the abovementioned accident which was solely caused by the negligence of your insured.

We are assisting the owner of vehicle **SLT3606K** in claiming from your company the damages sustained by him as a result of the said accident.

We would like to append our losses as follows:

1. Lump Sum Repair Cost	\$ 1,700.00
2. Loss of Use (\$80 X 4Days)	\$ 320.00
3. Search Fee	\$ 7.45
Total amount claiming	<u>\$ 2,027.45</u>

Enclosed herewith are copies of Singapore Accident Statement, Letter of Authorization, Final Repair Bill, Insurance Certificate, LTA Search Fees and Discharge Form for your attention.

Please do not hesitate to contact the undersigned should you have any queries and look forward to your prompt settlement.

Thank you

Yours faithfully



Christine Yeo  
Encs

# 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 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. 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	01/02/2021 13:52 (SGT)
Date of Accident	30/01/2021 11:40 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE exit Bukit Timah
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT3606K
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ang Eng Eng
NRIC No	SXXXX353F
Email Address	engengang@yahoo.com.sg
Mobile Phone No	(Phone) +65-91269041
Alternative Phone No	+65-91269041

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700070926-03
Cover Note Number	-

### DRIVER

Name of Driver	Yeo Hye Seung
NRIC No	SXXXX198F
Date Of Birth	16/07/1978
Occupation	Indoor

Date Of Driving Pass .....	14/03/2005
Driving experience .....	15 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-82887697
Alt. Phone Number .....	-
Email Address .....	hena.yeo@gmail.com
Address .....	Blk 142 Potong Pasir Avenue 3 #12-236
Address complement .....	-
Postcode .....	350142
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Relative
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Hannah Joy Ang
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan.

#### 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 .....	SMM4199L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	Selvakumar S/O Shanmugam
Contact Number .....	(Phone) +65-90072570



Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' lawyers/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")

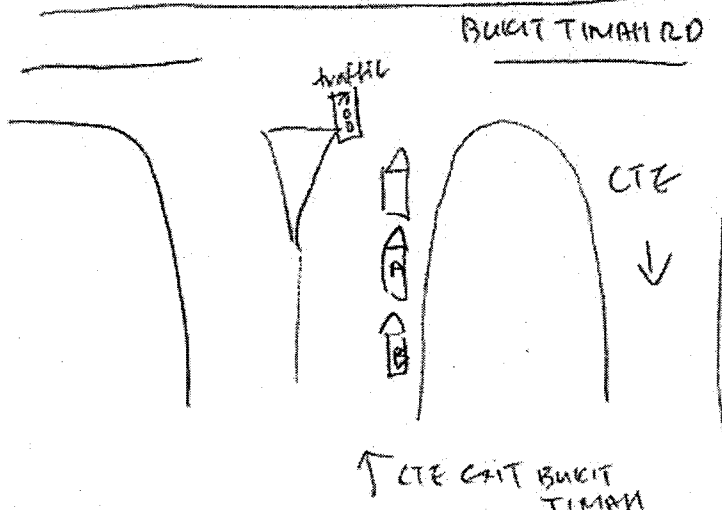
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time  
1st Feb 2021, 12:55pm  
Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time  
1st Feb 2021 12:55pm

Witnessed by Reporting Centre Personnel  
Jenny Lim



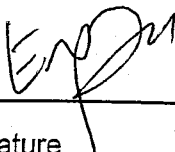
A: my car  
B: SAM 4199L



## LETTER OF AUTHORISATION

RE: ACCIDENT INVOLVING VEHICLE NOS SLT3606K & SMM4199L  
ALONG BUKITIMAH EXIT AT CTE  
ON 30th Jan 2021

1. I/We, hereby appoint Carplus Auto Medical to be my agent and I/We authorize my said agent to give you all instructions pertaining to the conduct of my claim including instructions to commence legal proceedings in court in my name against the third party driver/or his employers, if applicable.
2. My said agent also has my authority to declare on my behalf whether to accept any offer of settlement from the third party and /or his insurers.
3. I understand and accept that until I revoke my said agent's authority in writing to you, I am bound by all instructions given by my said agent to you
4. Upon settlement of the third party claim and in case the settlement monies was sent to me/us by the third party's insurer, I/We undertake to pay you and my/our Solicitor the cost of repair settled and related expenses and disbursement incurred.
5. My vehicle is repaired on my own will without any inducement, threat or promise.
6. In the event you are unable to recover the costs of repair, whether in full or in part, I undertake to reimburse you the entire costs of repair or balance unclaimed sum, as the case may be.

  
\_\_\_\_\_  
Signature

(Company's stamp if applicable)

Name: Ang Eng Eng

NRIC No: S1601353F

Address: B12122, #21-157, Potong Pasir Ave 1, S(350122)

**FINAL REPAIR BILL**

**AIG ASIA PACIFIC INSURANCE PTE LTD**

78 Shenton Way  
#09-16 AIG Building  
Singapore 079120

**Attn: Claim Department**

10.03.2021

<b>OUR REF</b>	<b>CP/300121/SLT3606K/01</b>
<b>VEHICLE NO</b>	<b>SLT3606K</b>
<b>MODEL</b>	<b>NISSAN QASHQAI 1.2 DIG-TURBO</b>

**LUMP SUM REPAIR AT**

**\$1,700.00**





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ang Eng Eng  
 Period of Insurance : 26 Oct 2020 To 25 Oct 2021  
 Engine No. : HRA2498932A  
 Chassis No. : SJNFEAJ11U2040315

Vehicle No. : SLT3606K  
 Policy No. : 1700070926-03  
 Endorsement No. :  
 Issued Date : 02 Oct 2020

### ABOUT THE COVER

Make/Model : NISSAN Qashqai 1.2 DIG-Turbo  
 Engine Capacity/Tonnage : 1,197.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2017  
 Insuring with COE/PARF : Yes

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 Express" ("YIDR") if You are or Your Authorized Driver (named or unnamed) is under the age of 22 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Mileage Condition : Unlimited Mileage

Limitation as to use\* :

Use only for local, 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 damage 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 5 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)

Ang Eng Eng

### 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 accident repairs carried out at 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](http://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

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).

032006000

JOHN LEE JER LAN

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSP/2020



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 16 Feb 2021 / 11:55:25  
Receipt Date/Time : 16 Feb 2021 / 11:55:25

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-210216-001389  
Previous Receipt No. :

**S/N Item Description/  
Business Transaction Reference  
No.**

Result of Insurance Enquiry - SMM4199L  
As at 30 Jan 2021/11:40:00  
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.  
1 Insurance Enquiry - SMM4199L  
Enquiry Fee  
20210216115307248063

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
7.00	0.49	7.49
7.00	0.49	7.49
7.00	0.49	7.49
		0.04
		7.45

Sub-Total	7.49
Total Before Rounding	7.49
Rounding Difference	7.49
Total Amount Payable	0.04
	7.45

Paid By	
455622XXXXXX0669	eNETS Credit Card
Total	7.45
Cash Change	7.45
Tendered Amount	0.00
Excess Refundable Amount	7.45
	0.00

THANK YOU AND HAVE A NICE DAY!

# CARPLUS AUTO PTE LTD

160 Sin Ming Drive  
#04-06 Sin Ming AutoCity  
Singapore 575722  
Tel: 6 451 6602 Fax: 6 451 6902


Our Ref: \_\_\_\_\_

Date: 01.03.21

## DISCHARGE FORM

Re: Vehicle No SLT 3606 K

This is to certify that the above mentioned vehicle has been satisfactorily repaired by  
Carplus Auto Pte Ltd and taken delivery at 12 pm. on this date 01.03.21

  
\_\_\_\_\_  
Signature