

Date In: 5/3/21 09:54	Job description	Date & Time Completed	Done by
Ref No: NA1AIG2109296164	SAS e-mail		
Veh No: SKM 1615X	E-mail (within 3hrs, AIC 2hrs)		
ICCA: 2/21/20 20:35	I-Motor Claim Form		
(M) (P) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkspr		

Produced Wksp / INC Assign Wksp / QW: ( ) Tot: ( ) Fax: ( )

TP Particulars: Veh No: **GGG 4431C** INC ( ) / Non-INC ( )  
 Owner / Driver: ( ) Tel: ( )  
 Policy No: ( ) Period: ( ) Cover Type: ( )  
 Confirmed by: ( ) Date: ( ) Time: ( )  
 Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]  
 Year of Registration: ( ) Warranty: YES ( ) / NO ( )  
 Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

Emergency Remarks:  
 Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.  
 Total Loss Case: to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

- Remarks: (INC 67884616)
- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
  - 2) QC Check / Post Repair Inspection ( )
  - 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Defective Actions	Remarks

Client/Driver/Owner/Contact No/Damaged Portion/QC Checked by (Engr-In-Charge)/Auditors Comments	NA2101984	Additional
Driver/Owner:	1) AR: Accident Reporting (\$30);	30
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$40/\$43	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-Inspection \$73	
	7) NI: Idao DA + EMRT Survey \$160	
	8) NFUC Additional Services:	
	Q1: *	
	* N5: Courtesy Car / Tpt Allowance \$5	
	* N6: Repair Co-ordination \$10	
	* N7: Post Repair Inspection \$25	
	* N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	Invoice dated _____ Fee Charged _____	
	Invoice dated _____ Fee Charged _____	

# 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	05/03/2021 09:54 (SGT)
Date of Accident	02/12/2020 20:35 (SGT)
Exact Location of Accident	Serangoon North Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM1615X
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ALAN KOO YEW FYE (GU YAOFEI)
NRIC No	SXXXX907G
Email Address	ALAN_KOO@ME.COM
Mobile Phone No	(Phone) +65-96468394
Alternative Phone No	+65-96468394

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Glc200
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	1700087468-02
Cover Note Number	-

### DRIVER

Name of Driver	ALAN KOO YEW FYE (GU YAOFEI)
NRIC No	SXXXX907G
Date Of Birth	13/04/1977
Occupation	Indoor

Date Of Driving Pass	01/07/1996
Driving experience	24 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96468394
Alt. Phone Number	+65-96468394
Email Address	ALAN_KOO@ME.COM
Address	BLK 526 SERANGOON NORTH AVE 4 #04-136
Address complement	-
Postcode	550526
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT F/20201203/7005

#### 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 VEHICLE PROPERTY 1

Vehicle Registration Number	GBG4431C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) ..... -

## SKETCH PLAN

### 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 willful 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' 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

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

### Sketch Plan

	<p>A = SKM 1615X B = GGG 4431C</p> <p style="text-align: center;">Serangoon North Ave 4</p>
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**Describe Circumstances of the Accident**

Refer to police Report F/20201203 / 7005

**Declaration**

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





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201203/7005

GBG4431C was registered under "Ming Huey Trading", located at 465 North Bridge Road @02-5041 Singapore 191465 (Co. Reg B52868114A). As there was no apology or contact note for my follow up, I am unable to find the male culprit driver. Furthermore, due to PDPA, I am also unable to find and contact the culprit to claim compensation or insurance.

Subjects Involved			
<b>Suspect</b>			
Person Name	Ming Huey Trading (Owner)		
Gender	Male	Race	Chinese
Occupation	Van driver	Address	465 North Bridge Road #02-5041 SINGAPORE 191465
Home/Office No	62966480	Attire Last Worn	white shirt
Hair Colour	Black	Relation To Informant	none
<b>Victim</b>			
Person Name	ALAN KOO YEW FYE		
ID Type	NRIC NO	ID No	S7709907G
Gender	Male	Age	43
Race	Chinese	Language	English
Occupation	Chief operating officer/General Manager	Address	526 SERANGOON NORTH AVENUE 4 #04-136 SINGAPORE 550526
Mobile No	96468394	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Authentication Stamp

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

Date/Time:  
03/12/2020 01:03

Classification Of Case:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201203/7005

Person Name	ALAN KOO YEW FYE (Informant)
-------------	------------------------------

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SngPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2020 01:03
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 0000  
Fax +65 6547 4883  
[www.police.gov.sg](http://www.police.gov.sg)

Our Ref : TP/IP/54301/2020  
Date : 8 February 2021

Alan Koo Yew Fye  
Blk 526 Serangoon North Ave 4  
#04-136  
Singapore 550526

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING SKM1615X AND GBG4431C ALONG SERANGOON  
NORTH AVENUE 4 ON 02/12/2020 AT ABOUT 2035 HRS**

I refer to the above accident.

1. Please be informed that we have completed our investigations which revealed that the driver of GBG4431C had committed the following offence:
  - (i) Careless Driving under Section Sec 65(1)(a) of the RTA Cap 276 P/U Sec 65(5)(a) of the RTA.

Action has been initiated against the driver for the said offence.

2. If you have any clarification, you may contact the Investigation Officer, SI Nor Affendy Bin Jaffar at office number: 6547 6368.
3. Thank you.

Yours faithfully,

**HEAD INVESTIGATION  
TRAFFIC POLICE  
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

**Name of Policyholder** : ALAN KOO YEW FYE (GU YAOFEI)  
**Period of Insurance** : 27 Dec 2019 To 26 Dec 2020  
**Engine No.** : 27492031219384  
**Chassis No.** : WDC2539422F338396

**Vehicle No.** : SKM1615X  
**Policy No.** : 1700087468-02  
**Endorsement No.** :  
**Issued Date** : 02 Dec 2019

### ABOUT THE COVER

**Make/Model** : MERCEDES Benz GLC200  
**Engine Capacity/Tonnage** : 1,991.00 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 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 any trade or business or use for any purpose 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, 1967 (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)

ALAN KOO YEW FYE (GU YAOFEI) - \$800 (Own Damage), \$800 (Flood Cover)

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

1. 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](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: NA

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, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612236  
 CYCLE & CARRIAGE - LEEHAN

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

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 2 / 13 / 20 ) (DD/MM/YYYY), TIME: ( 20:35 ) (HH:MM)

LOCATION: Along Serangoon North Ave 4

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKM 1615X  
b) INSURANCE COMPANY: AIG  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Mer ~~GLC~~ 200 1991  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Parked  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Alan Koo Yew Fye (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96468394  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: As Above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS \_\_\_\_\_)  
b) ROAD SURFACE: (DRY / WET / OTHERS \_\_\_\_\_)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Ang Mo Kio Division.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBG 4431C MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* CI

Email = ALAN\_KOO@ME.COM

\* attached video

fax =

and photo

video = Yes.

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )