Ref No: All B Alg 2000 2980 S Veh No: 809 8493 A E E E E E E E E E	b description AS c-Illing C-Inality and that, Alo Motor Claim Port Motor W/O (winds: -Photo Uploaded Assessment/Survey Re	tlus)	Dute & Timo C	Sompleted		Sone by	-
Rel'No: ABB AGRUO 2980/ S Van No. SOP SAGA D.OA. OLOGO DOM 1976 I. OD : TP Insurer: Protorrod Wkup I'NG Ausign Wkup / QW; (AS c-Illing -malf(spale sur, Alo -motor Claim Vorus -Motor W/O (winder -Photo Uploaded Assessment/Survey Re	n	4	Sompleted		Jone ov	,
On the Reporting Only The Insurer: Protocrod Wkup I INC Applied Wkup / QW; (E-mail(bjale ann, Alo -Motor Claim Porn -Motor W/O (winder -Photo Uploaded AssessmenVSurvey Ra	n	(P (brs)				
OD : (I) Reporting Only TP Insurer: Protorrod Wkup I INC Ausign Wkup / QW; (-Motor Claim Porn -Motor W/O (Winds: -Photo Uploaded AssessmenVSurvey Re	n	(P (brs)		*		
()1) : (II) ! Reporting Only TP Insurer: Protocrod Wkup IING Applied Wkup / QW; (-Motor W/O (winds: -Photo Uploaded AssessmenVSurvey Re		rp (brs)				1.0
TP Insurer: Protured Wkup I'NG Applied Wkap' / QW; (-Plioto Uploaded Austrament/Survey Re	Co alira,	(P 4brs)			~~~~	
Tip Insurer: Protorrod Wkup IINC Applied Wkapi / QW; (issessmenVSurvey Re						٠ الناب
Tip Insurer:	issessmenVSurvey Re	-	7).	,		,	
Protorrod Wkup / INC Apply Nkap / QW; (eport .				· .	
Lotoling Mich LING Vasion Micab / OM: (Las'l Report by Max!		Owner/Whin				- Marian
	CONTRACTOR OF THE PARTY OF THE	CAND-A	Tol:	CHANGE STATE OF SALE	Puxi		1
	90314.	MC(,	Mou-WC	2().			
Owner / Driver: ((New)		Tel;			<u>}</u>	
Policy No: () Perlod:	()	Cover Typo:	-		,	
Confirmed by ; (· Date		Tim		F 14 2 5 14	1	
Insured/Driver Liability: (%) [Note	Est Sinus (WO):	N: 0-20	%; P: 21.79	%. P: 80-	100%]		
Your of Registration: () Warr	entyl YES ()/N	10(<u> </u>				
Buccss: (\$) Londing: \$1,000 ()/\$2,000()	PUTEVILLE !	CHERNARD PROPERTY	१८५५ सम्बद्ध	मुख्य ह	Carried Marie	*anocras
到一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的	品的效路的新版的数	E IRBUDUS (探波频频的	对 对对于不是	7/5/04	1111	<u> </u>
() Walle-In Customar i Customers Informati	ion atticity Confident	गिष्ट ॐ विध	cuy NO rotor	DI Johano		1	
() 'Total Loss Case : to e-mail Ynsurer ()		1 . 77	owing Co! (1 1		,	>
Drive-in ()/ Towed-in (); Invoices VI	13(·)/NO(יליאונאונאונאונא	THE PROPERTY OF THE PROPERTY O	WALL ALLER	北京	TO THE	VI,
	AMORANI (ANTANA) (ANT	份開放的		PAINT OF THE PARTY	A STATE	THE PARTY	
1) Apply for Transport Allowance ()/ Court	resy Car ()			, W			
2) QC Check/Post Rappir Inspection	(,)		-		1	-	
3) Upload Resurvey Photo [Repuir Cost> \$3000]	1 ()						
Injury i	<u> </u>	-11	- 1, 1, 1	mint seems side	XIF PRIM	E JADE	tential to
				STATION !	至是	GIGSTA.	
50.032703775	WINDS OF THE STATE		<u>.</u>				
	1						
					· · ·	रका र्वकार णः	, ব্যক্তিয়া
To the second se		NAMES OF					Maddiblii
1/92/0/6/9	W.W.	L Analdon	Impordut (200)I	(310)		
	ACT OF THE RUN THE STATE OF THE	Demure Towns	Virotimoni (2.0	OX THO	\$150		
river/Owner:	, 371P	Pollow-T	איייה איייה און	** (Yevey)	330		
	3) 27	rolalmin	brough Burvey (R	WirloJin?	373		-، برسست
ording No:	6) 77	11 to lath	TEMRT BUTVIY		\$160		
arnaged Portion:	1) M	INCYPAIN	onel Sorvious				
	OI	IC Cautlet	VCITTEI Allow	una	\$10		
C Checked by (Engr-In-Charge);	*	16; Hapalt	Carytolling	-	\$23		-
		HOIDY/C	pelr Inspection bolker Theoris Cour	DIMBRIGHT.	¥30		44.70
AUTORATION TO THE TOTAL STREET STREET STREET STREET STREET	1 151	1121 1dee P	L CALLET AT THE	Fee Chin	1808	HALVITED	MINIST
al.1:	func	plos dolad		Pro Cha	utig	THUM IS	4
	1 /11/2						
1.2/2		्राटक सेगावर्षे					*
12/3		,					٠

SN0821350001-01 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 05/03/2021 15:26 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 2 (05/03/2021 15:32 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

ACCIDENT STATEMENT

Date of Submission 05/03/2021 15:26 (SGT) Date of Accident 04/03/2021 19:40 (SGT) Boon Lay Way, Singapore **Exact Location of Accident** TURNING RIGHT TO JURONG EAST CENTRAL Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SDP8993A Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? XU WEN JIONG Name Of Registered Owner SXXXX432Z NRIC No hancarrepairs@gmail.com **Email Address** (Phone) +65-82649728 Mobile Phone No +65-82649728 Alternative Phone No

VEHICLE PARTICULARS

Mercedes Manufacturer E200k Model Variant

Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy 2100053492-13 Policy Number Cover Note Number

DRIVER

HAN FEL Name of Driver SXXXX617F NRIC No

Date Of Driving Pass	08/01/2020
Driving experience	1 YEAR AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82649728
Alt. Phone Number	·
Email Address	hancarrepairs@gmail.com
Address	345 UPPER BUKIT TIMAH ROAD #05-08
Address complement	•
Postcode	588197
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	50000
Verificial region de la companya de	•
Insurance Company of Other Vehicle Owned by Driver	9.
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
Noad Cultude	2.7
OTHER INFORMATION	
the conident?	No
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident	1
	No
Was anybody injured in the Accident?	
Was any injured conveyed to hospital by ambulance?	- V
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	No
soliciting/offering accident claims assistance?	NO
PASSENGER 1	
	DALICUITED
Name	DAUGHTER
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?	-
il yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACLIMENT/C)	
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 OTHE	R VEHICLE PROPERTY 1
DETAILS OF STILL	
	0.1400014
Vehicle Registration Number	SJM903H
Vehicle Manufacturer	•
Vehicle Model	-
Vehicle Variant	* .
Vehicle Colour	-

Private car

Vehicle Colour Vehicle Category

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 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes,

Witnessed by Reporting Centre Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Personnel Time & Time

Sketch Plan Boon Lay way turning night to Jurong East Contral Vehicle 4: SDP8993A Vehicle B: SJM903H

Describe Circumstances of the	Accident	
I was travelling al	long Boon Lay way , turning right	t to Jurana East
		J
Central on 04/03/2	1 at about 1940Hrs.	
The vehicles in fron-	t stopped so I followed and con	ne to a stop.
The Volume in Just		
Sundenly Vehicle P	3 came from benind and hit onto	Me.
Successing I was have to	Tarre Torrest of the Original Control	
	14	
7		
	6 3	
	2	
Declaration		/
VWe declare the foregoing particulars	s are true in every respect	/ 1
wwe decide the folegoing particulars	£2 23	11/ 0/102/2021
	903	a as as as a second
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
analysis (Sales	AMESSACE PORTON C	C.

PERSONAL PARTICULARS
Date of Accident: 04 /03/2021 Time of Accident: 19:40 (24Hrs)
Vehicle No: SDP8993A Vehicle Make/Mor Mercedes Benz E200K
Exact Location of Accident: Boon Lay Way turning right to Jurong East central
Owner's Name/NRIC: XU Wen Jiong / \$2638432 Z
Driver's Name/NRIC: Han Fei / S8380617 F
Driver's Contact: 82649728 Insurance Co & Policy No: 416 - 2100053492 - 13
Driver's Email Address: hancarrepairs@gmail.com
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Friends
What do you wish to claim (Please circle one only) 1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)
Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only) Private Use / Work Purpose
Weather Condition & Road Conditions? Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet
Occupation 1
Indoor / Outdoor
Any Injuries? (MC of 3 Days or more, police report is required)
Yes No If Yes, which police station?
The Other Party (Vehicle B) Details Driver's Name/IC: Tan Wee Hong George Vehicle No: SJM 903H O passenger
Insurance Company: S15222726 Driver's Contact: 69093345.
(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)
Other Vehicle (Vehicle C):
Independent Witness (If Any): Contact:

Contact: _____

Preferred Workshop (If Any): _____ Cor * If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Xu Wen Jiong

Period of Insurance

: 10 Dec 2020 To 09 Dec 2021

Engine No.

: 27195630957557

Chassis No.

: WDB2110412B221661

Vehicle No.

: SDP8993A

Policy No.

2100053492-13

Endorsement No.

Issued Date

: 16 Nov 2020

ABOUT THE COVER

Make/Model

: MERCEDES BENZ E200 K

Engine Capacity/Tonnage: 1,796.00 CC

: NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2007

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

Driver Restriction

b) fire Propyrished.
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

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

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 - \$1300 Theft - \$0 Flood Cover - \$1300

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Xu Wen Jiong - \$1300 (Own Damage), \$1300 (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 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.eig.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).

0691190000

LIEW CHIN SHIN

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

45 EDGEFIELD PLAINS #17-02 WATERBAY SINGAPORE 828710 SP-LAWRENCELEE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIGSGMOBILEAPP



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

PARTICULARS OF PERSON MAKING THE AMEND	
Original Report No: SN0282135000	Vehicle Registration No:
Name (as shown in NRIC):	NRIC/FIN/Passport No:
(*Vehicle Driver/Vehicle Owner) (*) Please delete	e as appropriate
Address:	Singapore (
Contact (Tel):	Mobile No.: 8 264 1713
Email Address:	
Date of Accident: 04(03(202)	Time of Accident:
Place of Accident: BOOK LOW WAY LOLLUM	Time of Accident: 19:46
Insurance Company: AG	
A	
ADDITIONAL INFORMATION / AMENDMENTS:	
make the following amendments:	cident and would like to include additional information or
other of Accident to 04/03/20) M
THESURAD VANTOCIA NUMBER TO	SOP 8993A
7.0-030	
	(m/ pislo3/2)
Policyholder / Driver's Signature	Reporting Centre Personnel's Signature Name:

Date: