

ASS. REC. BY:

REF:

AXN 21003695/kg

C

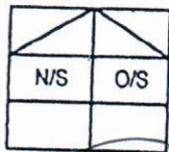
Kenneth

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s: S Three  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 808k  
 IDAC Accident Rport: \_\_\_\_\_ Consistent?: Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: 03 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SFF 2345P Yr Regn: 09, 07  
 Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: MW S300 c.c. 2997  
 Colour: m-Black A/C: Insured / Std / NI / NA  
 Sp. Reading: 106913 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WDD 2211542A147020  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: NII / S/Rim / STD / Rim or \_\_\_\_\_  
 Tyre Size: F: 235/55R17  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal. 8 mm R/Bal. 8 mm  
 L/Bal. 8 mm L/Bal. 8 mm  
 D.O.A. 19/3/21 D.O.I. 23/3/2021  
 Survey held at \_\_\_\_\_  
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or  
Rear O/S  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>14</u>	<u>L1 Rm @ 3750L Cubic</u>

Date/Time, File Pass to?  : Prell. Report  
 : Final Report

1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_

Report Format :  
 Lump Sum / I.B.I: (\$ \_\_\_\_\_)

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:	_____
S + RS. SI	_____
Fees	_____
Others	_____
TOTAL	_____

TO :  
ATTN : **MOTOR CLAIM DEPT.**

T/P VEH. NO. : **SHC7450C**

ESTIMATE REPORT 1st QUOTATION

OWNER'S PARTICULAR

NAME : **HO CHING PENG**  
ADDRESS : **12A LORNI ROAD**  
**SINGAPORE 298696**  
LICENSE NO. : **SFF2345P** TRANS.  
MAKE / MODEL : **MERCEDES S300L**  
OWNER'S INSURER : **AIG**  
JOB-CODE : **TP** S/A : **JOEY**

*Not Authorized*  
*11 Sep @ 3750hr*  
*Resurvey After Repair*  
*3 days*

JOB NO : \_\_\_\_\_

CONTACT : \_\_\_\_\_

CHASSIS NO : \_\_\_\_\_

ENGINE NO : \_\_\_\_\_

ACCIDENT DATE : **19-Mar-21**

CLAIM DETAIL

MATERIALS	QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR. DISP	REV. PRICE
1 REAR BOOTLID	1.00	N 3100.00	10.00	2790.00	Y	X
2 REAR BOOTLID S300 EMBLEM	1.00	Sm 75.00	10.00	67.50	Y	X
3 REAR BOOTLID LOGO	1.00	na 78.00	10.00	70.20	Y	X
4 REAR BOOTLID 7G TRONIC EMBLEM	1.00	na 122.00	10.00	109.80	Y	X
5 REAR BOOTLID INNER LOCK MECHANISM	1.00	N 780.00	10.00	702.00	Y	X
6 REAR BOOTLID CATCH	1.00	N 232.00	10.00	208.80	Y	X
7 REAR BOOTLID WEATHERSTRIP	1.00	Sm 228.00	10.00	205.20	Y	X
8 REAR BOOTLID INNER TRIM	1.00	Sm 620.00	10.00	558.00	Y	X
9 REAR BOOTLID CHROME MOULDING	1.00	Sm 580.00	10.00	522.00	Y	X
10 REAR BOOTLID SIDE GARNISH INNER RH	1.00	Sm 176.00	10.00	158.40	Y	X
11 REAR BUMPER <i>1840</i>	1.00	Ry 2100.00	10.00	1890.00	Y	✓
12 REAR BUMPER SIDE RETAINER LH	1.00	Sm 148.00	10.00	133.20	Y	X
13 REAR BUMPER SIDE RETAINER RH <i>120</i>	1.00	CM 148.00	10.00	133.20	Y	✓
14 REAR BUNPNER REINFORCEMENT BEAM <i>650</i>	1.00	Ry 986.00	10.00	887.40	Y	✓
15 REAR BUMPER REINFORCEMENT BRACKET	1.00	N 376.00	10.00	338.40	Y	X
16 REAR BUMPER TOW COVER	1.00	Sm 48.00	10.00	43.20	Y	X
17 REAR BUMPER INNER PLASTIC BEAM	1.00	Sm 832.00	10.00	748.80	Y	X
18 TAILLAMP RH <i>Pr? 650</i>	1.00	CM 2140.00	10.00	1926.00	Y	✓
19 TAILLAMP BRACKET RH	1.00	Sm 680.00	10.00	612.00	Y	X
20 TAILLAMP MOULDING RH	1.00	Smc 320.00	10.00	288.00	Y	X
21 REAR END PANEL	1.00	N 1039.00	10.00	935.10	Y	X
22 REAR END PANEL TOP GARNISH	1.00	Sm 265.00	10.00	238.50	Y	X
23 REAR EXHUAST SHIELD <i>235</i>	1.00	Nd 283.00	10.00	254.70	Y	✓
24 REAR SPARE TYRE FIBRE PANEL	1.00	Sm 1080.00	10.00	972.00	Y	X
25 KEYLESS SENSOR	1.00	Sm 380.00	10.00	342.00	Y	X
TOTAL (PARTS):			16816.00		15134.40	

SPECIAL NETT ITEM

1 REAR BUMPER CLIPS	1.00	na 80.00	0.00	80.00	Y	50hr
2 REVERSE SENSOR WITH HOLDERS <i>Pr?</i>	1.00	260 1200.00	0.00	1200.00	Y	✓
3 REVERSE SENSOR WIRE HARNESS <i>250</i>	1.00	CM 790.00	0.00	790.00	Y	✓
4 REAR END PANEL SEALANT	1.00	na 100.00	0.00	100.00	Y	X

5	REAR SPARE TYRE PANEL SEALANT	1.00	na	280.00	0.00	280.00	Y	X
6	REAR BOOTLID INNER TRIM CLIPS	1.00	na	80.00	0.00	80.00	Y	X
TOTAL (PARTS) :				2530.00		2530.00		

LABOUR

1	STRAIGHTEN & PANEL BEAT ACCIDENT AREAS	1.00		1200.00	0.00	1200.00	Y	2501
2	SPRAY PAINTING ON ACCIDENT AREA	1.00		1200.00	0.00	1200.00	Y	4001
3	CHECK & REPAIR WIRING SYSTEM	1.00		150.00	0.00	150.00	Y	201
4	R&R BOOTLID COMPARTMENT	1.00	na	150.00	0.00	150.00	Y	X
5	RESET BOOTLID LOCK MECHANISUM	1.00	na	150.00	0.00	150.00	Y	X
6	R&R EXHAUST HEATSHIELD SYSTEM	1.00		150.00	0.00	150.00	Y	301
7	RESPRAY TUFF KOTE ON AFFECTED AREA	1.00	na	150.00	0.00	150.00	Y	X
8	R&R REVERSE SENSOR & RESETING OF SYSTEM	1.00	na	380.00	0.00	380.00	Y	X
TOTAL (LABOUR) :				3530.00		3530.00		
TOTAL PARTS & LABOUR				22876.00		21194.40		

EXCESS : : S\$ \_\_\_\_\_

NO. OF DAY : 3-3 days

RE-SURVEY : BEFORE / AFTER PAINTING

~~PART-BY-PART~~ OR LUMP-SUM : S\$ \_\_\_\_\_

DATE OF SURVEY : 23/3/21

SURVEY BY : Kenneth

CONTACT NO : \_\_\_\_\_

FAX NO : \_\_\_\_\_

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:



S THREE AUTOMOTIVE RECOVERY PTE LTD

TO :  
ATTN : MOTOR CLAIM DEPT.

T/P VEH. NO. : SHC7450C

ESTIMATE REPORT 1st QUOTATION

JOB NO : \_\_\_\_\_

OWNER'S PARTICULAR

NAME : HO CHING PENG  
ADDRESS : 12A LORNIE ROAD  
SINGAPORE 298696  
LICENSE NO. : SFF2345P TRANS.  
MAKE / MODEL : MERCEDES S300L  
OWNER'S INSURER : AIG  
JOB-CODE : TP S/A : JOEY

CONTACT :

CHASSIS NO :  
ENGINE NO :

ACCIDENT DATE : 19-Mar-21

SUPPLYMENTARY

1	REAR BUMPER LOWER BRACKET LH	1.00	CM	90.00	10.00	81.00	Y	<u>    </u>
2	REAR BUMPER LOWER BRACKET RH	1.00	CM	90.00	10.00	81.00	Y	<u>    </u>
3	TAILLAMP SIDE GARNISH COVER RH	1.00	DIY	85.00	10.00	76.50	Y	<u>    </u>

EXCESS : : S\$ \_\_\_\_\_

NO. OF DAY : \_\_\_\_\_

RE-SURVEY : BEFORE / AFTER PAINTING

PART-BY-PART OR LUMP-SUM : S\$ \_\_\_\_\_

DATE OF SURVEY : \_\_\_/\_\_\_/\_\_\_

SURVEY BY : \_\_\_\_\_

CONTACT NO : \_\_\_\_\_

FAX NO : \_\_\_\_\_

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

## 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	23/03/2021 10:06 (SGT)
Date of Accident	19/03/2021 15:00 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF2345P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Ho Ching Peng
NRIC No	SXXXX443F
Email Address	rachrinlin@gmail.com
Mobile Phone No	(Phone) +65-97381180
Alternative Phone No	(Home) +65-97381180

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S300
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
Transmission	Auto
CC	2997

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100388316-06
Cover Note Number	-

### DRIVER

Name of Driver	Ho Ching Peng
NRIC No	SXXXX443F

Date Of Birth	06/09/1964
Occupation	Indoor
Date Of Driving Pass	05/11/1999
Driving experience	21 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97381180
Alt. Phone Number	(Home) +65-97381180
Email Address	rachrinlin@gmail.com
Address	12A LORNIE ROAD
Address complement	-
Postcode	298696
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

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

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCHPLAN

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	SHC7450C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LEOW WHEE JIN
NRIC No	SXXXX086F
Contact Number	-
Address	-

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFZ1008P  
Vehicle Manufacturer -  
Vehicle Model -  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Private car  
Name of Driver HATHIRAMANI DEV RAJESH  
NRIC No TXXXX924Z  
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

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- 2. This form must be completed by the Policyholder and/or the Authorized 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 by 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 GA (Recovery 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.
  - (i) By the lodgement of this report to the insurers, you hereby consent to the withholding of this report at the instance and to cooperate in the report being made available aforesaid.
- 9. **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 be 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 firms, 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 making 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 firms, law firms may be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be based outside of Singapore, for one or more of the above Purposes.

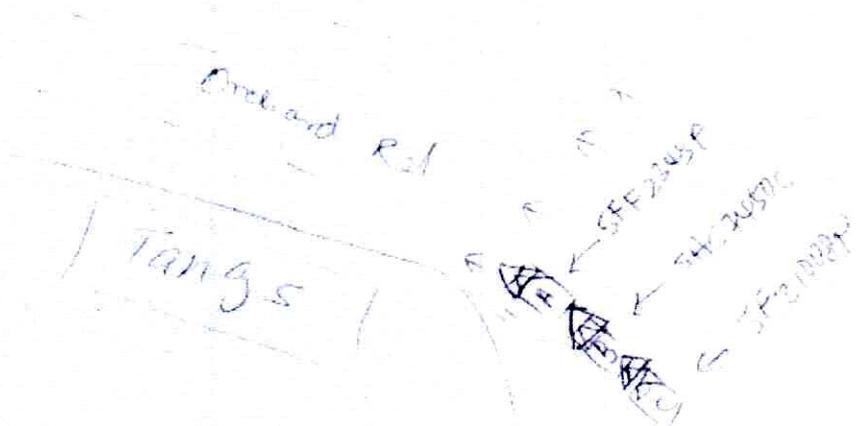
*[Handwritten Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

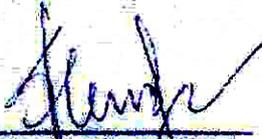


**Describe Circumstances of the Accident**

My vehicle was stationary in a queue of traffic along Ormeau Rd. Suddenly I was hit from behind, after I alighted from my vehicle, I discovered it was a chain collision involving 3 vehicles.

**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

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 19/03/21 (dd/mm/yy) Time of Accident: 15:00 (24-HR-FORMAT)

Vehicle No.: SFF2345P Vehicle Make & Model: Mercedes S300L

\*Transmission:  Manual  Auto \*C.C.: 3000

Exact location of Accident: Orchard Rd

Policyholder's Name: HO Ching Peng NRIC/FIN/REG No.: 51669443F

\*Policyholder's email address: rachrinlin@gmail.com

Driver's Name: HO Ching Peng NRIC/FIN/REG No.: 51669443F

\*Driver's email address: \_\_\_\_\_

Driver's Contact No.: 97381180 Company Contact No (if any): \_\_\_\_\_

Date of birth: 6/9/64 Driving Pass Date: 5/11/99

Driver's Address: 12A Lornie Rd 5298696

Insurance Company: AIG

Policy No.: 210038831606 Type of Coverage:  Comprehensive /  Third Party /  Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner /  Spouse /  Children /  Friend /  Parents /  Sibling /  Relative /  Employee /  Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please **TICK** one only)

Own Insurance /  Other Vehicle (The one you want to claim against) /  Reporting (For Record Purpose)

Type of Accident

Chain Collision /  Head To Rear /  Side Swipe /  Other \_\_\_\_\_

Occupation (nature job)  Indoor /  Outdoor \*No. of Passengers / Including Driver: 1

\*Passanger Name: \_\_\_\_\_ Gender: Male / Female

\*Passanger Name: \_\_\_\_\_ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry /  Raining & Wet /  After-Rain & Wet /  Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your car Car camera?  Yes /  No

Any Injuries:  Yes /  No (If YES) Injured Person' Name: \_\_\_\_\_

Injuries Sustain : \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report field:  Yes /  No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party (S) Details:**

1. Driver's Name / IC No: Leow Whee Jin Vehicle No: (B) SH C7450C

Driver's Contact No: 56914086F Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): Hathiraman Vehicle No: (C) SFZ1008P

Driver's Contact No: Dev Rajesh Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): TOO29924Z Contact No: \_\_\_\_\_

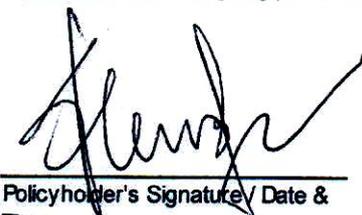
Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

**Describe Circumstances of the Accident**

My vehicle was stationary in a queue of traffic along Orchard Rd. Suddenly I was hit from behind, when I alighted from my vehicle, I discovered it was a chain collision involved 3 vehicles.

**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

**SKETCH PLAN**

**IMPORTANT NOTICE**

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- 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

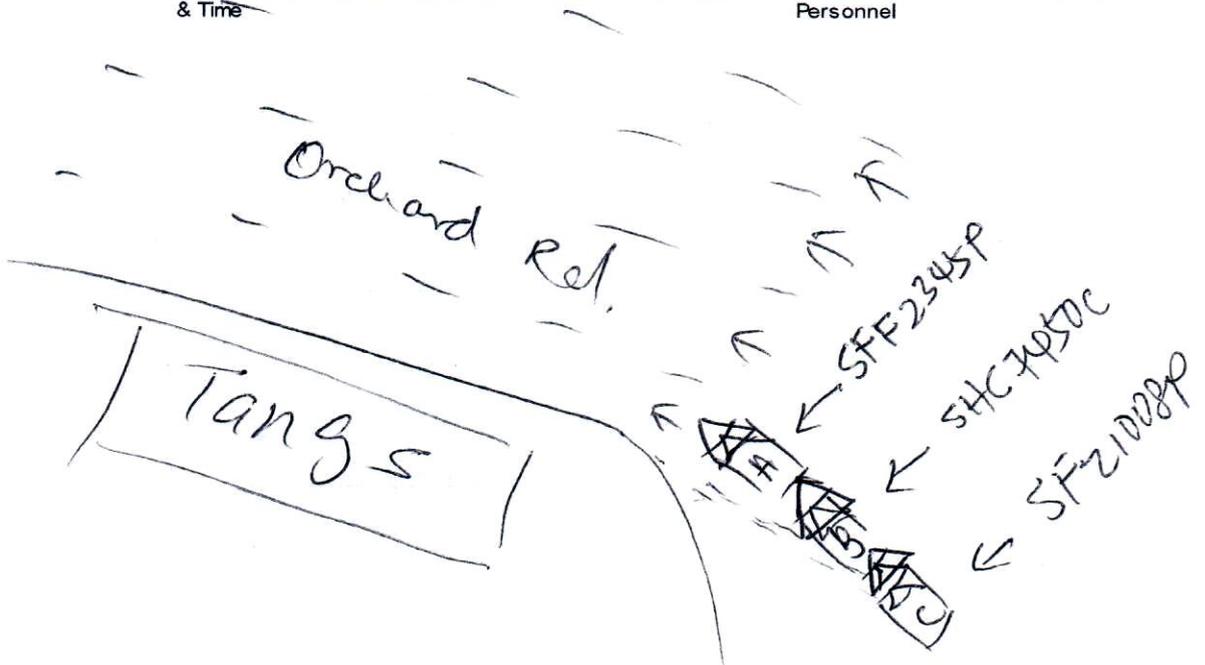
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Ho Ching Peng  
**Period of Insurance** : 24 Sep 2020 To 23 Sep 2021  
**Engine No.** : 27294630648716  
**Chassis No.** : WDD2211542A147020

**Vehicle No.** : SFF2345P  
**Policy No.** : 2100388316-06  
**Endorsement No.** :  
**Issued Date** : 29 Aug 2020

### ABOUT THE COVER

**Make/Model** : MERCEDES S300L  
**Engine Capacity/Tonnage** : 2,997.00 CC  
**Driver Restriction** : NA  
**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.

**Sum Insured** : Market Value  
**Off Peak Car** : No

**First Year of Registration** : 2007  
**Insuring with COE/PARF** : Yes

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

**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 - \$1000 Theft - \$0 Flood Cover - \$1000

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

Ho Ching Peng - \$1000 (Own Damage), \$1000 (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.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:** Daimler Financial Services Africa & Asia Pacific 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).

0502368000

TH INSURANCE SPECIALIST AGENCY

71 BUKIT BATOK CRESCENT #11-07 PRESTIGE CENTRE

SINGAPORE 658071

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

Ying Ling Eileen Goh

6458832



NRIC No. S1669443F



Date of Issue  
17-07-2020

Address  
12A LORNE ROAD  
SINGAPORE 298696



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1669443F



Name  
HO CHING PENG  
何静萍

Race  
CHINESE

Date of birth  
06-09-1964

Country/Place of birth  
SINGAPORE

Sex  
F



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

Class-3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
05 Nov 1999

NP 428A

License No: S1669443F



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1669443F



Name  
HO CHING PENG

Birth Date: 06 Sep 1964

Issue Date: 21 Oct 2003

000938097D

