

ASS. REC. BY:

REF:

A/N 210036951K9

C

CS/AIG21003756/Kqf3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

6523953446SG

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:

B68k

IDAC Accident Rpt:

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

09/11

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STK 2345P

Yr Regn:

09, 07

Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

M S300

c.c

29P7

Colour

M-Black

A/C:

Insured / Std / NI / NA

Sp. Reading

108913

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD 2211542A147020

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/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.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

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 / U/C / Rooftop or

Rear O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

H4

L12m

B3750L Cabin

(Red \$17682.90, 83%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 15/10 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

MER-TP

Lump Sum H.B.I. (\$

3750

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

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

ESTIMATE REPORT 1st QUOTATION

OWNER'S PARTICULAR

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

JOB NO. : _____

CONTACT : _____

CHASSIS NO. : _____

ENGINE NO. : _____

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

Not Authorized
11 Sep 83750h
Resuming After Repair
3 days

CLAIM DETAIL

MATERIALS

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

TOTAL (PARTS) :

16816.00

15134.40

SPECIAL NETT ITEM

| | | | | | | |
|--|------|----------------------------|------|---------|---|-------------|
| 1 REAR BUMPER CLIPS | 1.00 | <i>na</i> 80.00 | 0.00 | 80.00 | Y | <i>505a</i> |
| 2 REVERSE SENSOR WITH HOLDERS Pr? Shorted | 1.00 | <i>260</i> 1200.00 | 0.00 | 1200.00 | Y | <i>✓</i> |
| 3 REVERSE SENSOR WIRE HARNESS 250 | 1.00 | <i>CM</i> <i>Pr</i> 790.00 | 0.00 | 790.00 | Y | <i>✓</i> |
| 4 REAR END PANEL SEALANT | 1.00 | <i>na</i> 100.00 | 0.00 | 100.00 | Y | <i>X</i> |

| | | | | | | | | |
|---|-------------------------------|------|-----------|--------|------|--------|---|----------|
| 5 | REAR SPARE TYRE PANEL SEALANT | 1.00 | <i>na</i> | 280.00 | 0.00 | 280.00 | Y | <u>X</u> |
| 6 | REAR BOOTLID INNER TRIM CLIPS | 1.00 | <i>na</i> | 80.00 | 0.00 | 80.00 | Y | <u>X</u> |

TOTAL (PARTS) :

2530.00 2530.00

LABOUR

| | | | | | | | | |
|---|--|------|-----------|---------|------|---------|---|-------------|
| 1 | STRAIGHTEN & PANEL BEAT ACCIDENT AREAS | 1.00 | | 1200.00 | 0.00 | 1200.00 | Y | <u>2501</u> |
| 2 | SPRAY PAINTING ON ACCIDENT AREA | 1.00 | | 1200.00 | 0.00 | 1200.00 | Y | <u>4801</u> |
| 3 | CHECK & REPAIR WIRING SYSTEM | 1.00 | | 150.00 | 0.00 | 150.00 | Y | <u>201</u> |
| 4 | R&R BOOTLID COMPARTMENT | 1.00 | <i>na</i> | 150.00 | 0.00 | 150.00 | Y | <u>X</u> |
| 5 | RESET BOOTLID LOCK MECHANISIUM | 1.00 | <i>na</i> | 150.00 | 0.00 | 150.00 | Y | <u>X</u> |
| 6 | R&R EXHAUST HEATSHIELD SYSTEM | 1.00 | | 150.00 | 0.00 | 150.00 | Y | <u>301</u> |
| 7 | RESPRAY TUFF KOTE ON AFFECTED AREA | 1.00 | <i>na</i> | 150.00 | 0.00 | 150.00 | Y | <u>X</u> |
| 8 | R&R REVERSE SENSOR & RESETTING OF SYSTEM | 1.00 | <i>na</i> | 380.00 | 0.00 | 380.00 | Y | <u>X</u> |

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:

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 | <i>CM</i> | 90.00 | 10.00 | 81.00 | Y | <u> </u> |
| 2 | REAR BUMPER LOWER BRACKET RH | 1.00 | <i>CM</i> | 90.00 | 10.00 | 81.00 | Y | <u> </u> |
| 3 | TAILLAMP SIDE GARNISH COVER RH | 1.00 | <i>DIY</i> | 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

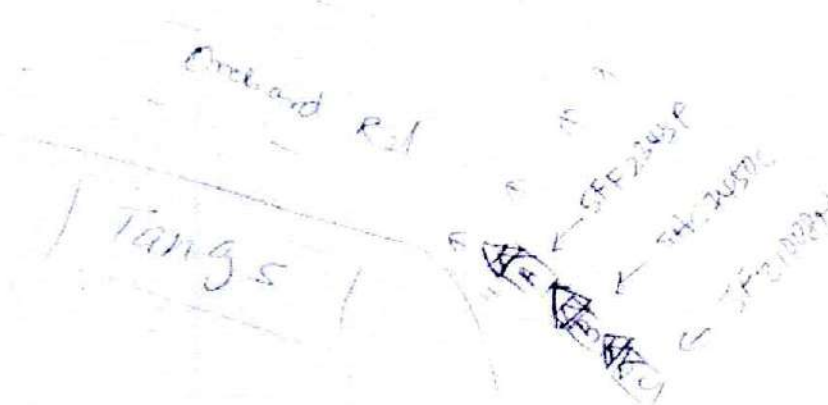
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 GA Reporting Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will be faxed or made available upon application to interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the withholding 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 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 insurers (who have insured vehicles) involved in this accident (all insurers who have insured vehicles 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 purposes 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 insurers (who have insured vehicles) 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.


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, when 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 Recording 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 S298696

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) SHC7450C

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): 100299242 Contact No: _____

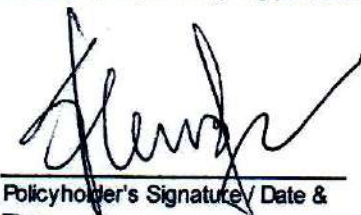
Preferred Workshop Name: _____ Contact No: _____

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

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**.
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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.

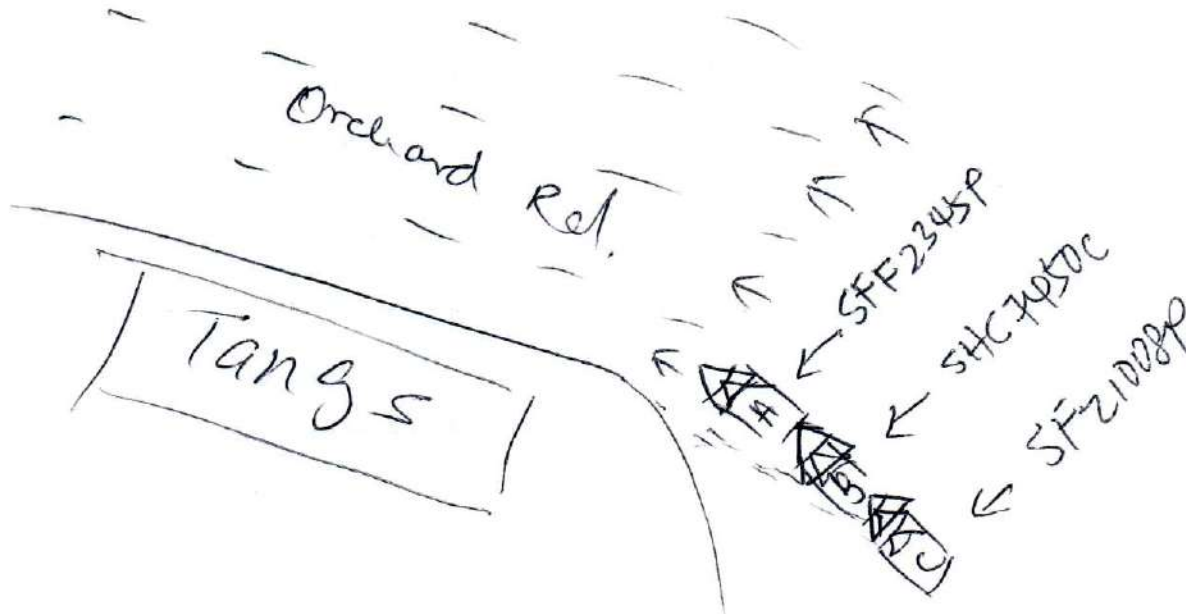


Policyholder's Signature / Date & Time

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

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2007

Insuring with COE/PAF : 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 "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 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

