

27/12/2021 17:54
NBA/ARG 21013165/Y
SGY 8789 M
26/12/2021 12:40

General Remarks:-		
() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer or repair		
() Total Loss Case : to e-mail Insurer URGENTLY.		
Drive-In () / Tow-In () ; Invoice YES () / NO () ; Towing Co ()		
Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

[illegible]

<p>HA2104815</p>		<p>Invoice Preparation Checklist</p>	
<p>Claimant's Particulars :-</p>		<p>1) AR : Accident Reporting (\$30)</p>	
<p>Driver/Owner:</p>		<p>2) DA : Damage Assessment (\$100) INC (\$30)</p>	
<p>Contact No.</p>		<p>3) TF : Towing Fee \$40.845</p>	
<p>Damaged Portion.</p>		<p>4) FT : Follow-Through Survey \$120</p>	
<p>QC Checked by (Engg-In-Charge):</p>		<p>5) FT : Follow-Through Survey (Re-survey) \$120</p>	
<p>Auditors' Comments :-</p>		<p>For claimant against EN Duty over 10 Jan 2011</p>	
<p>Call 1</p>		<p>6) FR : Re-inspection \$180</p>	
<p>Call 2,3</p>		<p>7) NL : Use DA + SMRT Survey \$180</p>	
		<p>8) NTL : Additional Services</p>	
		<p>Q1:</p>	
		<p>* N5: Courtesy Car / 1st Allowance</p>	
		<p>* N6: Repair Cost Limitation</p>	
		<p>* N7: Post Repair Inspection</p>	
		<p>* N8: DV / Collect Excess Coordination</p>	
		<p>EN 2111 11-01-2011 Against L2</p>	
		<p>EN 2112 11-01-2011</p>	
		<p>11-01-2011</p>	
		<p>11-01-2011</p>	

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	27/12/2021 17:54 (SGT)
Date of Accident	26/12/2021 12:40 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	(CITY) AFTER ALEXANDRA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCY8789M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SNG GIM HONG
NRIC No	SXXXX626I
Email Address	2020wyc@gmail.com
Mobile Phone No	(Phone) +65-93873557
Alternative Phone No	+65-96709773

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	1796

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100433628-06
Cover Note Number	-

DRIVER

Name of Driver	OW YUN CONG
NRIC No	SXXXX043I

Date Of Birth	28/05/1996
Occupation	Indoor
Date Of Driving Pass	23/06/2016
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96709773
Alt. Phone Number	-
Email Address	2020wyc@gmail.com
Address	BLK 336 CLEMENTI AVENUE 2 #25-34
Address complement	-
Postcode	120336
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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

PLEASE REFER TO 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	SKM2367E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ7420T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKW7020U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	OW YUN CONG
Gender	Male
Phone No	(Phone) +65-96709773
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SCY8789M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

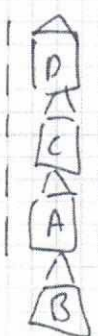
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

AYK JOURNAL (CITY) AFTER BUNXANDRA



A: SCY 878AM

B: SKM 2367E

C: SLQ 74207

D: SKW 7020H

I was travelling along AYE (Clwyd). The vehicle in front
Slow down & stop. I also. Suddenly, I felt a huge
impact from the rear. The impact was so big that it
caused my vehicle to move forward & hit over the
vehicle in front.

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel



Date of Accident : 26/12/2021 Accident Time: 1240 (24-HR-FORMAT)
Accident Place : AYE (CH1) after Alexandra
Vehicle Reg. No (Car plate No.) : SCY8789M Vehicle Make/Model: E200
Insurance Company : AIG Policy No. 21004336 28-06
Name of Registered Owner : Company / Individual Sng Gim Hong
ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S15886261
: Co Contact No: _____ Owner's Contact No: 93873557
DRIVER'S Name : OW Yun Long DRIVER'S NRIC No: S96200431
DRIVER'S Date of Birth : 28/5/1976 DRIVER'S License Pass Date 23/1/2016
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 336 Clementi Ave 1 #25-34 S(120336)
DRIVER'S Contact No./ Alt No: : 1) 9670 9773 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : 2020wyc@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim \ Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 1 Name & Gender: _____
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any injuries, if yes (name of the injured person) OW Yun Long
Other Party Driver's Particulars (if any)
Vehicle Reg No: SKM 2367E Vehicle Reg No: SLQ 74207
Vehicle Make/Model: _____ Vehicle Make/Model: _____
Name DRIVER: _____ Name DRIVER: _____
IC No. DRIVER: _____ IC No. DRIVER: _____
DRIVER'S Contact & add: _____ DRIVER'S Contact & add: _____

SKM 7020N



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Sng Gim Hong
Period of Insurance : 31 Jan 2022 To 30 Jan 2023
Engine No. : 27186030564588
Chassis No. : WDD2120482A694743

Vehicle No. : SCY8789M
Policy No. : 2100433628-06
Endorsement No. :
Issued Date : 23 Dec 2021

ABOUT THE COVER

Make/Model : MERCEDES BENZ E200 CGI BE
Engine Capacity/Tonnage : 1,796.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2013
Insuring with COE/PAF : 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 S\$53,000 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.

* 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Sng Gim Hong - \$800 (Own Damage), \$800 (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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For 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: NA

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).

0000064000

DIRECT CLIENTS 01.4.95

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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SSCPKJ