3 3 · · · · · · · · · · · · · · · · · ·		-2		
NATIONAL Assessment Control	services SA	200821188W)	
28/12/2021 N246	, in a sampled	ook late to	Mapleta :	()
NBK/MG24913X4/4	SAS e filing			The same of the sa
SLR 691T	1-111211 11-11	The contract of the contract o		
28/12/2021 10'1K	i-Motor Claim Fort	n		<u> </u>
	6 Mater W/O	1.2 Al 1 2 Al 1 . Second		or and the second second second
TP congruit.	i-Photo Uploaded	The State of the S		
	Assessment/Survey R		š	
te lucuer	Asset Report by Eggs.2	Hand to Owner/Wish	Charles State Color of the State	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No:	3 4301X	INC () Non-INC	. ()	1
Cowner / Driver (Tel	- W 4 *	,
Policy No. () Peri	ind t	; Fover Type Tio)
Confirmed by : 3	Dar Cote-Est Stams (WC)	(
TARGETT MAN A STATE OF THE STAT		₹Ö()		:
- 1 cal m KC istin m. ()		and the same of th
	- The American Company of the Compan	20,000,000		
General Remarks:- () Walk-In Customer's into	rmation strictly Contider	itial & Strictly NO rater	er repoliter	
() Total Loss Case : to e-mail Insur	er URGENTLY.			
1 X . Leavening	YES()/NO(); Towing Co (
	DR LOCKETTE BELLEVILLE	Date&Time	Completed 1	Done by
Remarks:- (INC horline: 6788 6616)	Courtesy Car ()			
1) Apply for transporter	()			Ì
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$	3000] ()			
Injury:	and the second s			
Date/Time Actions				
		Markette Seed to 1889	±C 0€	
		the state of the s	– – –	
	2007		1	And (S) And (S)
* 142n04861	1	nvoice Preparation C	nneknst	indial : Assiral
Claimant's Particulars:	2	AR: Accident Peparting (DA: Damage Assessment (\$100). INC (\$10):	
	3	TF : Towing Fee	· · · · · · · · · · · · · · · · · · ·	F
Driver/Owner:		For clothing meaned 130 Oc	A HESTINEN!	•
Contact No.		vis - Re-mspectron		<u> </u>
Damaged Portion.	:) N1 . idae DA + SMRT Surv) NTI C Addition d Services.	·	
QC' Checked by (Engr-In-Charge):		Old • S. Combra Care Dr. Ab	awa. t	
		• %c. heport and i Instant		
Auditors' Comments :-	The state of the s	- RS: DV / Collect Excess C	country silver	St
Cal. P.) [12] [11] [11] [13] [13] [13] [13] [13]		E INDA
		Provide differ	ena Shaqiri Ene Diaryos	MEGOES —
Cu 313.		Section defeat		



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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

28/12/2021 17:46 (SGT) 28/12/2021 10:15 (SGT) 1122 Serangoon Rd, Singapore 328206 TOWARDS UPPER SERANGOON ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLR691T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No. No **KWANG HIN** SXXXX983F neuwood@gmail.com (Phone) +65-91098144

VEHICLE PARTICULARS

Manufacturer Model Variant

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

Vehicle Category Transmission CC

your vehicle?

Mercedes C180

+65-91098144

Private use

No - Claiming third party Private car Auto

1597

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

Policy Number Cover Note Number AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

1700033100-04

DRIVER

Name of Driver NRIC No

KWANG HIN SXXXX983F

Date Of Birth 21/10/1958 Occupation Indoor Date Of Driving Pass 19/11/1983 Driving experience 38 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-91098144 Alt. Phone Number +65-91098144 **Email Address** neuwood@gmail.com Address BLK 119 POTONG PASIR AVENUE 1 #03-1024 Address complement Postcode 350119 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 Collision - Head to Rear 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) 3 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 TAN MEI HWA Name Gender Female PASSENGER 2 TAN PUAY NGIN Name 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? 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**

SJS4307X

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	_
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
NRIC No	LEE CHEN YI
	SXXXX234F
Contact Number	-
Address	
Address complement	_
Postcode	_
Incurance Company Name	NTHOL
	NTUC Income Insurance Co-operative Ltd
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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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' law yers/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.

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

Sketch Plan 1/22 Shelbau(1000 lang 1000 pcg) UPfill Shelbau(1000 pc

Describe Circumstances of the Accident On 28/12/2011 at about 10:11 Ata 1:10:14	
On 28/12/2021 at about 10:15 AM. I was travell;	+ along 1122
0	
Evanyoun Rd towards Upper Sevanyoun Rd. Wa	s stationary as
the vehicles infront are also stationary. Suddenly,	I felt an impac
from my rear. Vehicle B has hitted the rear	portion of my
111-11,	1
Ichi cle.	
	9.3
	11 (1994)

Declaration

Time

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Date of Accident	: 28/12/202 Accident Time: 10:1	SAM (24 ID F
Accident Place	: 1122 Sevangoon Rd toward	de Upper Sevanyoun Rd
Vehicle. No. (Car Plate No.)	: SLR 691T Make/Model: Mer	cudes Benz ClfO Avantgorde
Insurace Company	\(\(\triangle \).	100033100-04
Owner or Company Name /IC No.	: Kway Hin (51303983F	(1)
Owner or Company Contact No.	: 9109 8144 Owner's Hp	Company Tel
DRIVER'S Name / IC No.	: As above	oompany (e)
DRIVER'S Date Of Birth	: 2V10/1958 DRIVER'S License Pa	ss Date 19/11/1983
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Emp	The state of the s
DRIVER'S Address		1 #03-1024 S(350119)
DRIVER'S Contact No./ Alt No.	:1) 9109 8144 2)	
DRIVER'S Occupation	INDOOR OUTDOOR (e.g. working insid	e or outside office)
Email Address	: Neuwood @gmail - com	
Weather & Road Surface	:CLEAR & DRY\RAINING & WET\AFT	ER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim	Own Insurence
Number of Passengers (Including Dr	iver): 3 (1 Driver, 2 passer	gers)
Was there any video Cantured by con		
	arty Driver's Particular (if any)	
Vehicle. No: SJS 4307 X	(WhB) - ntuc Vehicle. No:	
Vehicle Make\Model:	Vehicle Make\Model:	
Name Driver: Lee Chen YT	Name Driver:	
IC No. Driver/Contact: \$920523		
* NEW - Passenger's name & s	gender:	
Female - Tan Mei	Hwa	
Female - Tan Mei Female - Tan Ruay	Ngin	1



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder

: KWANG HIN

Period of Insurance

: 31 Jul 2021 To 30 Jul 2022

Engine No. Chassis No.

: 27491030983577

: WDD2050402R287334

Vehicle No.

: SLR691T

Policy No.

: 1700033100-04

Endorsement No.

Issued Date

: 23 Jun 2021

ABOUT THE COVER

Make/Model

: MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE

Engine Capacity/Tonnage: 1,595.00 CC : NA

Off Peak Car : No.

Sum Insured : Market Value

First Year of Registration : 2017

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

Driver Restriction

a) The Policy holds:
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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 40 years old and above

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)

KWANG HIN - \$800 (Own Damage), \$800 (Flood Cover)

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

 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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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).

0504612276 CYCLE & CARRIAGE - RACYAP

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.

Copyright @ 2019 AIG Asia Pacific Insurance Pte.