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Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No:	V2843P INC)/ Non-INC ()		
Owner / Driver. (Tel:)	Marin I pulson e simile o s
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2) QC Check / Post Repair Inspection	()		-	
3) Upload Resurvey Photo (Repair Cost > \$30	00] ()	1	-	
Injury:				
Date/Time Actions				

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Driver/Owner:	2) DA : Damage 3) TF : Towing I	Assessment (\$100); INC (\$3	(S45)	
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OC Checked by (Engr-In-Charge):		Cat / Tpt Allowanas	- 55	
Auditors' Comments :-	*Nt: Repair C *N7: Fost Rep	o-ordination	\$10 \$25	
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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 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 23/02/2022 17:27 (SGT) Date of Accident 19/02/2022 00:04 (SGT) **Exact Location of Accident** 511 Bishan Street 11, Singapore Additional Location Information CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLF5347T**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address

Mobile Phone No Alternative Phone No

HOO WEI MUN SXXXX353B

scotchhere123@gmail.com (Phone) +65-91879363 +65-91879363

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

your vehicle?

Transmission CC

Vehicle Category

Private use

Toyota

Sienta

No - Claiming third party

Private car Auto

1496

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

1700038721-04

DRIVER

Name of Driver NRIC No

TAN PENG KIAT SXXXX106E

Date Of Birth 01/05/1969 Occupation Indoor Date Of Driving Pass 20/04/1989 Driving experience 32 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-91879363 Alt. Phone Number Email Address scotchhere123@gmail.com Address BLK 116A RIVERVALE DRIVE #03-04 Address complement Postcode 541116 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Hit and run / Vandalism / Damaged whilst parked 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) 0 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLV2343P Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

Name of Driver Contact Number

Address complement

Address

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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 51 131 ARJ ARK

A A

Vehicle A - SLF 5347T Vehicle B - SLV 2343P

Describe Ci	rcumstances of th	e Accident					
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	3						

Declaration

 ${\it W}{\it W}{\it e}$ declare the foregoing particulars are true in every respect.

X

Policyholder's Signature / Date & Time

X

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

& Time

Witnessed by Reporting Centre

Personnel

Email: SIN@Idac.com.sg Tel no: 6555 6888 *If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.
Date of Accident: 19/2/3037(dd/mm/yy) Time of Accident: 00:04 (24-HR-FORMAT)
Vehicle No.: SLF 5347T Vehicle Make & Model / Engine (cc): Tonoba Sienta Private Hire: (Y/N)
Exact location of Accident: 511 Bishan chreet 11,570511, carpork
Policyholder's Name / IC No.: HOO WEI MUN S: 7904353 ROC/UEN (Company)
Driver's Name / IC No.: TAN PENG KIAT (As Above)
Driver's Contact No.: 91879363 Company Contact No / Owner Contact No:/
Driver's Address: 116 A Rivervale drive # 03-04, 5541116
Owner Email address: Scotchhele 123 @6MATE CAMInsurance Company: AT6
Driver Email address :
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)
Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ Outdoor
Occupation (nature of job) / Indoor
Private use / Work purpose *No. of Passengers (Including Driver):
Private use / Work purpose *No. of Passengers (Including Driver): *Passenger Name: Gender: Male / Female x()
Private use / Work purpose *No. of Passengers (Including Driver): *Passenger Name: Gender: Male / Female x() *Passenger Name: Gender: Male / Female x()
Private use / Work purpose *No. of Passengers (Including Driver): *Passenger Name: *Passenger Name: Gender: Male / Female x() Gender: Male / Female x() Weather condition & Road conditions? (On the day of accident)
Private use / Work purpose *No. of Passengers (Including Driver): *Passenger Name: *Passenger Name: Gender: Male / Female x() Gender: Male / Female x() Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:
Private use / Work purpose *No. of Passengers (Including Driver): *Passenger Name: *Passenger Name: Gender: Male / Female x() *Bender: Male / Female x() *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 Camera? *No. of Passengers (Including Driver): Gender: Male / Female x() *Passenger Name: Gender: Male / Female x() *Passenger Name: Yes / No Remarks:
Private use / Work purpose *No. of Passengers (Including Driver): *Passenger Name: *Passenger Name: Gender: Male / Female x() *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 Camera? Yes / No Remarks: Any Injuries: Yes / No (If YES) Injured Person' Name:
Private use / Work purpose *No. of Passengers (Including Driver): *Passenger Name: *Passenger Name: Gender: Male / Female x() Gender: Male / Female x() 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 Camera? Yes / No Remarks: Any Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Injuries Sustain:
Private use / Work purpose *No. of Passengers (Including Driver): *Passenger Name: *Passenger Name: *Passenger Name: Gender: Male / Female x() Gender: Male / Female x() Gender: Male / Female x() 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 vour Car Camera? Yes / No Remarks: Any Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Yes / No (If YES) Which Police Station: Police Report filed: Yes / No (If YES) Which Police Station:
*Passenger Name: *Passenger (Including Driver): *Gender: Male / Female x() *Pemale x() *Police and the value of accident) *Passenger Name: *Passenge
*Private use / Work purpose *No. of Passengers (Including Driver): *Passenger Name: Gender: Male / Female x() *Passenger Name: Gender: Male / Female x() *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 Camera? Yes / No Remarks: **Any Injuries: Yes / No (If YES) Injured Person' Name: **Passenger Name / Injuries Sustain: No (If YES) Which Police Station: **The Other Party(s) Details: **Injuries Name / IC No: SLV 2343 P
*Private use / Work purpose *No. of Passengers (Including Driver): *Passenger Name:
*Private use / Work purpose *No. of Passengers (Including Driver): *Passenger Name:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Hoo Wei Mun

Period of Insurance

: 30 Aug 2021 To 29 Aug 2022

Engine No.

: 2NR8545062

Chassis No. : NSP1707010960 Vehicle No.

: SLF5347T

Policy No.

: 1700038721-04

Endorsement No.

: 000000000405529

Issued Date

: 21 Jul 2021

ABOUT THE COVER

Make/Model TOYOTA SIENTA 1.5G (A)

Engine Capacity/Tonnage : 1,496.00 CC

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

Any person other than the Policyholder who is driving on the Policyholder's order or with hauter permission. This Policy will indemnify any authorised driver other than the Policyholder crity if he/she meets the specified ago condition.

You have to pay an additional stan of \$3,000 as "Young anctor tresperienced Driver Excess" (YIDR") it You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less man 2 years' orking expenence.

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

Limitation as to use* :

Use coly for sporal, domestic any pleasure purposes and for the Policyholder's business.
This Policy does not cover use for this or reward, driving test, cacing, 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

* Limitators relidered inoporative by Section fillof the Motor Vehicles (Trixit-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 - \$500 Theft - \$0 Flood Cover - \$500

Section 2

Property Danaige 50

Windscreen: \$100

Named Driver and Excess (where applicable)

THE PROPERTY OF THE PROPERTY O

Tan Peng Kiat - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Titledring Cartists 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 regular carried but at the Side Agent's workshop.

For other Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 is338 is200. Alternatively, You may refer to AlG website waw alg sq or

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

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

LW/e 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).