NATIONAL Assessment Contr	e Services	(mef i Jan'6)			:				
Date In: 28/03/2022	Job description		Date &Time C	Completed	Done	by:			
Ref No. NA/AIG 22002811/m4	SAS e-filing	A CONTRACTOR OF THE PARTY OF TH			Section of Section of Section (Section of Section of Se				
Veh No. SGC 3399G	E-mail (widne	8hrs. AIC 2hrs;				Martin gold of the original graph of the foreign and the general			
D.O.A : 27/03/2022 11:10	m Form								
		(Within: OD 2hrs	TP 4hrs)						
ODE 11 Perforting Only	i-Photo Uploaded								
TP Insurer:	Assessment/Su	Assessment/Survey Report							
	y Fax / Hand to Owner/Wksp								
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:					
	E 3313E	. INC ()/Non-INC	()					
Owner / Driver: (Tel:)				
	riod: ()	Cover Type: ()	Marine to the second			
Confirmed by : (Date:	Time)				
	Note-Est. Status (V			. F: 80-100%	oJ	1 1707 164 (1460)			
	Warranty: YES ()/NO()						
Excess: (\$) Loading: \$1,0	00 () / \$2,000	()							
General Remarks:-						1			
() Walk-In Customer : Customer's info		ntidential & Sti	rictly NO rater o	repairer.					
() Total Loss Case : to e-mail Insure									
Drive-In () / Towed-In (); Invoice	e: YES () / N	(O (); T	owing Co. ()			
Remarks:- (INC horline: 6788 6616)			Date&Time Co	ompleted	Done	by			
1) Apply for Transport Allowance () / C	Courtesy Car ()							
2) QC Check / Post Repair Inspection	()								
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ()							
Injury:	***************************************								
Date/Time Actions									
Date/Time Actions					<u> </u>				
						many commenced to make with			
A/a 0000000		Invoice Pre	paration Check	dist	Anit (\$)	Amt (\$)			
NA 2200808		1) AR : Accident			1st Bill	Add Bill			
Claimant's Particulars :-	<u> </u>	2) DA: Damage	Assessment (\$100);						
river/Owner:		3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120							
ontact No:		5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)							
Damaged Portion:		6) TR: Re-inspection \$75							
200 x 0x		7) N1 : Idac DA 8) NTUC Addition		\$160					
C Checked by (Engr-In-Charge):		OI)*							
		*N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10							
Auditors' Comments :-		*N7: Post Rep	air Inspection	\$25 ation \$5					
at. 1:	The standard property of a filtra page.	TP (N11): TP (Non INC) against INC \$20							
at. 2 / 3;		9) N12: Idac Mo Invoice dated		30) Fee Charged		in the Year			
<u>::(- </u>		Invoice dated		Fee Charged	g rift?				



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
- 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 28/03/2022 13:19 (SGT) Date of Accident 27/03/2022 11:10 (SGT) Exact Location of Accident 18 Bedok S Rd, Block 18, Singapore 460018 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGC3399G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NG WEE TIONG NRIC No SXXXX316E Email Address jmartauto@gmail.com Mobile Phone No (Phone) +65-98764533 Alternative Phone No +65-98764533

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Attrage 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 No - Claiming third party

vour vehicle? Vehicle Category

Private car Transmission Auto CC 1193

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy No Policy Number Cover Note Number 7210004136

DRIVER

Name of Driver NG WEE TIONG SXXXX316E

Date Of Birth 13/06/1967 Occupation Indoor Date Of Driving Pass 02/04/1990 Driving experience 31 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-98764533 Alt. Phone Number +65-98764533 Email Address jmartauto@gmail.com Address BLK 136 BEDOK RESERVOIR ROAD Address complement #06-1431 Postcode 470136 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 PLS REFER TO THE ATTACHED STATEMENT. 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 SFE3313E Vehicle Manufacturer Mercedes Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver TONY TAN KIM CHIN NRIC No SXXXX352D

Contact Number

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.
- 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 w ith my instructions or responding to any enquiries by me;

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- (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 & Time

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

Witnessed by Reporting Centre

Sketch Plan

Bedgk South

BIK 18

A: SGC 3399G

B: SFE 3313 E

Describe Circumstances of the Accident	
Veh B reversed & hit arts my veh for partien.	
Driver of Veh B admitted his fault took me	=
to go to his workshop (Groomwerke). The workshop po	rople
only villing to spray paint. I refused and wanted to d	aim
his insurance.	
	·
	Name of the second seco

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident: 27/3/22	Time of Accident: 11. 10 am					
Exact Location of Accident : Bedo	of Su			(1)		
Purpose Of Reporting: OWN DAMAGE CL				ST REPORTING ONLY		
Weather Condition : Clear / Rainir		Wet / Dry		Private Use / Work		
Owner's Name: Ng Wee Tiem		NRIC: SIT	89.316 E	HP: 98764533		
Driver's Name :		NRIC: 5		HP:		
DOB: 13/6/1967 Driving Licence Passin	ng Date :	2/4/1990	Occupatio	n: Indoor/Outdoor		
Address: 136 Bedok Reservoir	Rd # (06-1431	(470	136)		
Relationship Of Driver with Income!	Ner			o@gmail.com		
Vehicle Number: SGC 3399G	Make & M			hi (A) (1193ce		
Insurance Company:	Policy Num :			Coverage :		
Any passengers inside vehicle involved (YE	ES / NO) If	yes, Vehicle	Number 8			
A: 1+0 B: 1+0	C:		D:	e e		
Vehicle A Passenger Name :						
Anyone Injured :						
NO O YES Name / NI	RIC / Which	Vehicle :				
Was The Accident Reported To The Police ?						
/	olice Station					
Does The Driver Own Any Other Vehicle ?	,					
o NO ves Vehicle Number: Insurer:						
Was Any Foreign Vehicle Involved ?	2					
o NO o YES Vehicle N	Number & C	ategory :				
Was There Any Video Captured By Car Came	era ?	o NO		o YES		
Third Party's Particular	,		The State of the S			
Vehicle B 's Number: SFE 3313 E	Make & M	odel: Mei	cedes	.:		
Driver's Name: Tony Ton Km (chin	NRIC : SS2	33520	HP:		
Vehicle C 's Number :	Make & Mo	E	1			
Driver's Name :		NRIC ·		LD.		



CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder

: Ng Wee Tiong

Period of Insurance 15:44 Jan 2021 to 43 Jan 2023

Engine No.

: 3A92UJY5837 /

Chasis No.

: MMBST13AMH003566 /



Vehicle No. Cover Note No. :54023996 : 7210004136

Endorsement No.

Issued Date

: 12 Jan 2021

ABOUT THE COVER

Make/Model

: MITSUBISHI ATTRAGE 1.2 CVT

Engine Capacity/Tonnage: 1,193.00 CC

Sum Insured : Market Value

First Year of Registration : 2021

Driver Restriction

: NA

Off Peak Car

Insuring with COE/PARF : 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 vears' driving experience

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

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) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable) Ng Wee Tiong - \$600 (Own Damage), \$600 (Flood Cover)

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

1.Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

2.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

3.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688

4.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency holline 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: United Overseas Bank Limited

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.

I/We hereby certify that this Cover Note 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 (Malasiya) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0504676202

FULCO - CHRISTINE

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617

Underwritten by AlG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

78 Shenton Way #09-16 AIG Building S079120 | T+65 6419 3000 | www.aig

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