NATIONAL Aspessment Cen	tre Services:	[wel 1 Jan'06]	KUOD DU.	TARRIV	/ 1	10
Date In: 191042002 (5:11)	Job description		Date & Time Co	mpleted	Done	: pz.
- Res No: NBO 1 124 2290 3559/	SAS e-filing	 		•	,	
. Veh No: 80A 1318A	E-mail (within	8hrs, AIC 2hrs)	1			
D.O.A: 17/04/2022 20/0						
		(Within: OD 2hrs,	TP (b)			•
OD / TP / Reporting Only	i-Photo Uplo				·	·· 1 ·
	.	ryey Report				
TP Insurer:		y Fax / Hand to				
Preferred Wksp / INC Assign Wksp / QW: (Asserteport	y 1 ax / Hand to	Tel:			
TP Particulars: Veh No:	0/11 22284	· INIC		Fax:	:)
Owner / Driver: (SW 2550.K	. INC(<u>).</u>		
	Period: (Tel:			
Confirmed by : (ronou. (Date:	Cover Type: (Time:			
	[Note-Est. Status (V				961	-
Year of Registration: ()	Warranty: YES ()/NO(1,80-100	70]	
Excess: (\$) Loading: \$1) x	
General Ramarks			677.6		<u> </u>	· ;
() Walk-In Customer: Customer's in		THE RESIDENCE OF THE PARTY OF T				•
() Total Loss Case : to e-mail Insu	urer URGENTLY.	*		d.	, , , , , , , , , , , , , , , , , , ,) i
Drive-In () / Towed-In (); Invo	ice: YES() / I	TO (); To	wing Co: (• .	٤ :)
Remarks: (ING hoffine: 6788 6616)			Date&Time Cor	ngletod	Done	by
	/ Courtesy Car ()			21027	1
2) QC Check / Post Repair Inspection	(.)					d il
3) Upload Resurvey Photo [Repair Cost >	\$3000] .; ()	7114	u .	44.	
Injury:			1.2			Ý.
Date/Time Actions	j.					7 5 W 4022
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NA2201037		Invoice Prep	aration Chrck	ist	Anit (\$)	Amt (3) Add Bill
laimant's Particulars :-	· · · · · · · · · · · · · · · · · · ·	1) AR : Accident I	Reporting (\$30);	8888,933.19-03	Stricency.	. Mag.5111
		2) DA : Damage A 3) TF : Towing Fe	ssessment (\$100);	INC (380)	5	
river/Owner:		4) FT : Follow-Th	rough Survey	\$12	0	
ontactiNo:	7		rough Survey (Resur ainst INC Only (wef		0;	
amaged Portion:	*	6) TR : Re-inspect	ion	57.	-	
	-	7) N1 : Idac DA + 8) NTUC Addition		\$16	0	
C Checked by (Engr-In-Charge):		OD*				
The property of the property o		* No: Courtesy C	Car / Tpt Allowance -ordination	31		
uditore/ Comme		*N7: Post Repai	r Inspection .	<u></u>	5	
uditors' Comments ::			ot Excess Coordinati			
<u>t. 1:</u>	* .	9) N12: Idao Mobi	Non INC) against IN le	C \$20		·
1. 2/3:		Invoice deted		e Charged		
		Invoice dated	Fe	e Charged		

SN08224J0004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 19/04/2022 15:11 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (19/04/2022 15:11 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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

19/04/2022 15:11 (SGT) 17/04/2022 20:00 (SGT) Ang Mo Kio Ave 6, Singapore TURNING LEFT INTO ANG MO KIO AVENUE 8 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SDA1318A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No MEOW LEE EVE LAU SXXXX763I spere@aia.com.sg (Phone) +65-98183201 +65-92378713

No

VEHICLE PARTICULARS

Manufacturer Model

Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

BMW

X3

Private use

No - Reporting only Private car

AIG Asia Pacific Insurance Pte. Ltd.

Auto

1998

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number

Cover Note Number

2070124958-01

Comprehensive

DRIVER

Name of Driver NRIC No

TAN KWANG WEN SXXXX759Z



Date Of Birth	10/08/1965
Occupation Pote Of Priving Rese	Indoor
Date Of Driving Pass	12/10/2016
Driving experience Gender	5 YEARS AND 6 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-92378713
Email Address	- spere@aia.com.sg
Address	BLK 8 NORTH BRIDGE ROAD #05-4104
Address complement	BER 8 NORTH BRIDGE ROAD #05-4104
Postcode	190008
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	140
Dotom conformity and a significant control of the significant control of th	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Raining
Road Surface	Wet
OTHER INFORMATION	
Market and the second of the s	ME
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident	No
	2 No
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?	NO
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
	MEONILEE EVE LALL
Name	MEOW LEE EVE LAU
Gender	Female
DETAILS OF POLICE ACTION	
	Ne
Was the accident reported to the police?	No No
Was notice of intended Prosecution given? If yes, against whom?	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 OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLU2338K
Vehicle Manufacturer	- CEDEGGGIN
Vehicle Model	#
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver NRIC No Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident	TAN KWEE CHUAN(CHEN GUIQUAN) SXXXX312D (Phone) +65-91822338
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 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 & Time

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

Persønnel

Witnessed by Reporting Centre

Sketch Plan

MK Ave

Describe Circumstances of the Accident	
on mentioned dele and fine, I	was travelly along
Ang Mo Kio Ave 6 on the left t	
intend to two left into Ang M	
when approaching the turny junction	
as if was raining. Before I pro	
left, sudderly veh B on my 18	hy makony a
Sharp cight turn and grazzed	against my form
bumper right corners	

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 Reporting Centre Personnel

ACCIDENT STATEMENT

C. A MINIMA
ACCIDENT DATE: 17,04, 2022 (DD/MM/YYY), TIME: (8pm;)(HH:MM).
no a
LOCATION: AND MO KO, AND B
1. DETAILS OF VEHICLE SDA 1318A
DINSURANCE COMPANY: 207124956-01
CIPOLICY NUMBER: 20+0(24 91+ PARTY FIRE &THEFT)
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
OMAKE & MODEL: RMW X MOTORCYCLE, OTHERS
h)PURPOSE OF USING AT ACCURATION (MISURANCE (YES/NO)
I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
IF NO. PLEASE STATE (THIRD PARTY CONTINUED TO STATE OF THE PAR
ANAMEL CONTACTI
DINPIR/FIN/PASSPORT:
C)ADDRESS: 9 Jagan Membra # 01-04 B) 1-04
* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER
TAN CWANG WEN . MALE FEMALE
(Including driver) GINAME: (#N 568 7759 Z CONTACT: 92378713
(2) CIADDRESS: BIK 8, North 13r
- The raid was and wayyy
*d)DATE OF BIRTH: (10)-08 (OUTDOOR)
e)OCCUPATION: (INDOOR / OUTDOOR)
FIDATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES ! (NO)) THE DRIVER WITH INSURED:
4. WAS DRIVER AN EMPLOYEE OF THE INSURED: IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
" INTERTUED CONDUICING CONTRACTOR
LIBOAD SIIRIALE: IDNI / ITALI
WAS ANYBODY INJURED (1657)
7. DIREPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
B. THIRD PARTY VEHICLE STOLL 2338 MODEL
A STATE OF A STATE OF THE STATE
b) DRIVER'S NAME: CONTACT: 910 1500
CI MRIC/FIN/PASSPORT:
(A) O THIRD PARTY VEHICLE
My passanger ej DRIVER'S NAME: CONTACT:
(Including driver) NRIC/FIN/PASSPORT:

email = Spere@aia.com sq.



CERTIFICATE OF INSURA

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder

: Meow Lee Eve Lau

Period of Insurance

: 28 Aug 2021 To 27 Aug 2022

Engine No.

: F646K396B48B20B

Chassis No.

: WBATY520909C92582

Vehicle No.

: SDA1318A

Policy No.

: 2070124958-01

Endorsement No.

Issued Date

: 16 Aug 2021

ABOUT THE COVER

Make/Model

: BMW X3 xDrive30i

Engine Capacity/Tonnage : 1,998.00 CC

Sum Insured : Market Value

First Year of Registration : 2020

Driver Restriction

: NA

Off Peak Car : No

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 "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.

Use only for social, domestic and pleasure purposes and for the Folicyholder'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

* 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

EXCESS

Section 1

Fire - \$0 Own Damage - \$2000 Theft - \$0 Flood Cover - \$2000

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Meow Lee Eve Lau - \$2000 (Own Damage), \$2000 (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: United Overseas Bank Limited

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).

0691083000

SIM BAK HENG RICHARD

371 ALEXANDRA ROAD #03-08 AIA ALEXANDRA SINGAPORE 159963 SP-SIMBAKHENG-EVE Underwritten by AIG Asia Pacific Insurance Pte. Ltd. AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

BAK HENG RICHARD SIM