| NATIONAL Assessment Contre                        | Services         | (sef i Janos)                   |  | ;  |  |
|---|------------------|---------------------------------|--|--|--|
| Date In: 23/05/2022                               | Job description  |                                 | Date &Time Completed                                 | Done   | by   |
|   | SAS e-filing     |                                 |  |  |  |
| Ref No. NA / AIG 22004804/m4<br>Veh No: SNC 9431Z | E-mail (within 8 | ilirs. AIC 2hrs)                |  |  |  |
| D.O.A: 21/05/2022 10:25                           | i-Motor Clair    | n Form                          |  | the configuration within the contract c |  |
|   | i-Motor W/O      | (Within: OD 2hr                 | s. TP 4hrs)  |  |  |
| OD (TP) Reporting Only                            | i-Photo Uploa    | nded                            |  |  |  |
| TP Insurer:                                       | Assessment/Su    | rvey Report                     |  |  |  |
| 11 Insurer.                                       | Ass't Report by  | y <u>Fax / Hand</u>             | to <u>Owner/Wksp</u>                                 |  |  |
| Preferred Wksp / INC Assign Wksp / QW: (          |                  |                                 | Tel: F   | ax:  | )  |
| TP Particulars: Veh No:                           | YQ5148P          | . INC (                         | )/Non-INC( )   |  |  |
| Owner / Driver: (                                 |                  |                                 | Tel:   | )  |  |
| Policy No: ( ) Peri                               | iod: (           | )                               | Cover Type: (  | )  | -  |
| Confirmed by : (                                  |                  | Date:                           | Time:  | )  |  |
|   |                  |                                 | .0%; P: 21-79%. F: 80-                               | 100%]  |  |
|   | Varranty: YES (  | )/NO(                           | )  | # 1 × 10 * \$40 * 10 * 10 * 10 * 10 * 10 * 10 * 10 *   |  |
| Excess: (\$ ) Loading: \$1,00                     | 00 ( ) / \$2,000 | ( )                             |  |  | na-removemental and the second of the second |
| General Remarks:-                                 |                  |                                 |  |  |  |
| ( ) Walk-In Customer; Customer's inform           |                  | nfidential & S                  | trictly NO refer of repairer.                        | The state of the substitute of the substitute of the state of the substitute of the  | -  |
| ( ) Total Loss Case : to e-mail Insure            | r URGENTLY.      |                                 |  | .,   |  |
| Drive-In ( ) / Towed-In ( ); Invoice:             | YES ( ) / N      | iO( );                          | Towing Co. (   |  | )  |
| Remarks:- (INC horline: 6788 6616)                |                  |                                 | Date&Time Completed                                  | Done   | by   |
|   | ourtesy Car (    | )                               |  |  |  |
| 2) QC Check / Post Repair Inspection              | ( )              |                                 |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost > \$30      | 000] (           | )                               |  |  |  |
| Injury:   |                  |                                 |  |  |  |
| 7   |                  |                                 |  |  |  |
| Date/Time Actions                                 |                  |                                 |  |  |  |
|   |                  |                                 | -  |  |  |
|   |                  |                                 |  |  | The second secon |
|   |                  |                                 |  |  |  |
|   |                  |                                 |  |  | -  |
|   |                  | I                               | Classical Control                                    | Anit (\$)  | Amt (\$)   |
| NA2201387   |                  |                                 | eparation Checklist                                  | 1st Bill   | Add Bill   |
| Claimant's Particulars :-                         |                  | 1) AR : Accide<br>2) DA : Damag | nt Reporting (\$30);<br>e Assessment (\$100); INC (  | \$80)  |  |
| Oriver/Owner:                                     |                  | 3) TF : Towing                  |  | \$120  |  |
|   |                  | 5) FT : Follow-                 | Through Survey (Resurvey)                            | \$30   |  |
| Contact No:                                       |                  | For claiming  6) TR: Re-insp    | against INC Only (wef 10 Jan 20) section             | <u>0</u> 5)<br>\$75  |  |
| Damaged Portion:                                  | -                | 7) N1 : Idac D                  | A + SMRT Survey<br>tional Services:-                 | \$160  |  |
| 2000  |                  | OD*                             |  | 0.5  |  |
| QC Checked by (Engr-In-Charge):                   |                  |                                 | sy Car / Tpt Allowance<br>Co-ordination              | \$5  |  |
| Anditors! Committee                               |                  | *N7: Post R                     | epair Inspection                                     | \$25   |  |
| Auditors' Comments :-                             |                  |                                 | Collect Excess Coordination TP (Non INC) against INC | \$5<br>\$20  |  |
| <u>Cat. 1:</u>                                    |                  | 9) N12: Idac N                  | lobile   | 30   | Sept Toler   |
| Cat. 2 / 3:                                       |                  | Invoice dated Invoice dated     | Fee Charge<br>Fee Charge                             | BOARDERS (PACE)  |  |



# **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 23/05/2022 11:06 (SGT) Date of Accident 21/05/2022 10:25 (SGT) Exact Location of Accident Singapore Additional Location Information BENDEMEER ROAD TOWARDS PIE(TUAS) CTE Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SNC94317

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner YEOW CHOON HONG (YAO JUNHONG) NRIC No SXXXX670B Email Address abc8627e@gmail.com Mobile Phone No (Phone) +65-86278572 Alternative Phone No +65-86278572

### VEHICLE PARTICULARS

Manufacturer

Model Yaris Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto 1490

### **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy No 7210139272 Policy Number Cover Note Number

### DRIVER

YEOW CHOON HONG (YAO JUNHONG) Name of Driver NRIC No SXXXX670B

Date Of Birth 01/10/1976 Occupation Indoor Date Of Driving Pass 04/08/1997 Driving experience 24 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-86278572 Alt. Phone Number +65-86278572 Email Address abc8627e@gmail.com Address **BLK 238 BISHAN STREET 22** Address complement #08-212 Postcode 570238 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 YQ5148P Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver Contact Number

Address complement

## 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

Personnel

Sketch Plan

VUL A"- SNC 9431Z Vch B: 725148P

Witnessed by Reporting Centre

Bendemeer Rd towards PIE (TUAS) CTE

| Describe Circumstances of the Accident |          |
|--|----------|
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# 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

ON THE STATED DATE AND TIME. I, VEHICLE A (SNC9431Z) WAS TRAVELLING STRAIGHT ON LANE 2 OF BENDEMEER ROAD TOWARDS PIE(TUAS) CTE. SUDDENLY, THERE'S A VEHICLE X DASHED OUT FROM THE SLIP ROAD ON MY LEFT HAND SIDE WITHOUT STOPPING AND CHECK FOR CLEARANCE I THEN APPLY MY HORN AND STOP MY VEHICLE TO AVOID COLLISION. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR OF MY STATIONARY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (YQ5148P) THAT HAD COLLIDED ONTO MY VEHICLE. I WISH TO STATE THAT MY DAMAGE PORTION IS ON THE REAR LEFT.

**VEHICLE A: SNC9431Z** 

**VEHICLE B: YQ5148P** 

*M*.

# SINGAPORE ACCIDENT STATEMENT

| Accident Date: 21 5 12 Time: 10:15h (hh:mm) 24 hr format   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Location Bendemeer Ad twoks PIE (tuAs) CIE   |  |  |  |  |  |  |
| <i>j</i>   |  |  |  |  |  |  |
| Vehicle Number SNC94312  |  |  |  |  |  |  |
| Insured Name Year Choon Hong (Yao Junhong)   |  |  |  |  |  |  |
| NRIC/FIN S7630670B Contact Number 8627 4577  |  |  |  |  |  |  |
| 0 1  |  |  |  |  |  |  |
| Make Tuyota Model Yaris Cross Hybrid (A) (1490cc)  |  |  |  |  |  |  |
| Are you claiming under your own insurance policy for repair to your vehicle?  ( ) Yes If No Placelect ( ) Third Porty ( ) Percepting |  |  |  |  |  |  |
| ( ) Yes If No,Pls select: ( ) Third Party ( ) Reporting  |  |  |  |  |  |  |
| Insurance Company Ale  |  |  |  |  |  |  |
| Type of Policy ( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only  |  |  |  |  |  |  |
| Policy Number 7210139272   |  |  |  |  |  |  |
| Name of Driver (Same as Insured  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| NRIC / FIN — Contact Number  |  |  |  |  |  |  |
| Date of Birth 01 (10) 1976   |  |  |  |  |  |  |
| Driving Pass Date 04 Aug 1997  |  |  |  |  |  |  |
| Occupation ( ) Indoor ( ) Outdoor  |  |  |  |  |  |  |
| Gender ( ) Male ( ) Female   |  |  |  |  |  |  |
| Email Address abc8627 e @gMail.com ( )NO EMAIL   |  |  |  |  |  |  |
| Address of Driver BK 238 Bishan St 22 #08-212 (5)570138  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Was driver an employee of the Insured's Company? ( ) Yes ( No  |  |  |  |  |  |  |
| If No, Relationship of the Driver with the Insured   |  |  |  |  |  |  |
| ( Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling  |  |  |  |  |  |  |
| Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No  |  |  |  |  |  |  |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle  |  |  |  |  |  |  |
| Insurance Company of Driver's Own Vehicle  |  |  |  |  |  |  |
| Weather Conditions ( Clear ( ) Raining ( ) Others  |  |  |  |  |  |  |
| Road Surface ( Dry ( ) Wet ( ) Others  |  |  |  |  |  |  |
| Was any foreign vehicle involved in this accident? ( ) Yes ( ) No  |  |  |  |  |  |  |
| Was anybody injured in the accident? ( ) Yes ( ) No  |  |  |  |  |  |  |
| If yes, injured detail   |  |  |  |  |  |  |
| Was there any video captured by Car Camera? ( ) Yes ( ) No   |  |  |  |  |  |  |
| Was the Accident reported to the Police? ( ) Yes ( ) No If yes attach police report  |  |  |  |  |  |  |
| DETAILS OF 3 <sup>rd</sup> party Name / Nrie Contact   |  |  |  |  |  |  |
| Veh B 7Q5148P  |  |  |  |  |  |  |
| Veh C  |  |  |  |  |  |  |
| Veh D  |  |  |  |  |  |  |
| Veh E  |  |  |  |  |  |  |
| Veh F  |  |  |  |  |  |  |



# CERTIFICATE OF INSURANCE

## TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : YEOW CHOON HONG (YAO JUNHONG)

Period of Insurance : 17 Nov 2021 To 16 Nov 2022

Engine No.

: M15AY273946

Chassis No. : JTDKBAB350L006777 Vehicle No.

: SNC9431Z

Policy No.

: 7210139272

**Endorsement No.** 

**Issued Date** 

: 18 Nov 2021

### **ABOUT THE COVER**

Make/Model

: TOYOTA Yaris Cross Hybrid

Engine Capacity/Tonnage: 1,490.00 CC

Sum Insured: Market Value

First Year of Registration : 2021

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 "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

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.

Loss of Use 1500cc - 1600cc

\* 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**

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

YEOW CHOON HONG (YAO JUNHONG) - \$600 (Own Damage), \$600 (Flood Cover)

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

1.Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tet: 6631 1188 2. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

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: Toyota Financial Services Singapore Pte Ltd

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)

0504667212

INCHCAPE AUTO TOYOTA - BSTL025

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Maria Jerylyn Buyagon Dimafeli