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Date in: Oloh Omo	The state of the s		610001	
	Job description .	Date & Time C	ompleted . Doi	ue p?:
Res No: NBA 19767200 5196	SAS e-filing			
Veh No: SDB DSX	E-mail (within 8hrs,.	AIC 2hrs)	1	•
D.O.A: 30/05/9022	i-Motor Claim F	orm ·		,
OD : To Reporting Only .	i-Motor YY/O (Wi	thin: OD 2hrs, TP 4hrs)		,
	i-Photo Uploade	d.		
TP Insurer:	Assessment/Survey	y Report .		
	Ass't Report by Fr	ax/Hand to Owner/Wksp		
referred Wksp / INC Assign Wksp / QW	: (	Tel:	Fax:	
TP Panticulars: Veh No:	STR 6137	. INC( )/Non-IŅ(	2( ), .	
Owner / Driver: (		. Tel:	)	
Policy No: ( · · )	Period: (	) Cover Type:		<u>.                                    </u>
Confirmed by : (		Date: Tim		
Insured/Driver Liability: (	%) [Note-Bst. Status (WO		%: ·F; 50-100%]	
· Year of Registration: (	/	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<del></del>	•
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General Remarks: ( ) Walk-In Customer : Custome	r's information strictly Confid	dential & Strictly NO refer		
( ) Total Loss Case : to e-mail	Insurer HRGENTLY.		:	
	Invoice: YES ( ) / NO	(· ); Towing Co: (		)
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Remarks: (It Charline: 6788 5	) / Courtesy Car ( )			
Apply for Transport Allowance (     QC Check / Post Repair Inspection		•		-J.
3) Upload Resurvey Photo [Repair Co				33.
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Injury:				Andry Sector
Date/Time Actions				
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MADDO14910		Invoice Preparation C	necklist:	Bill
	· · · · · · · · · · · · · · · · · · ·		330);	
Flarmant's Particulars :-		2) DA: Damage Assessment (3).TF: Towing Fee	240/343	
)river/Owner: .		4) FT: Follow-Through Survey 5) FT: Follow-Through Survey	\$120 (Pasuryey) \$30	
Contactifio:		For claiming against RIC On	v (wef 10 Jan 2005) \$75	
arnäged Portion:		6) TR: Re-inspection 7) N1: Idao DA + SMIRT Surve		
		8) NTUC Additional Services:		
C Checked by (Engr-In-Charge)		*NS: Courtesy Car / Tpt Allo	owance \$5 .	
		*No: Repair Co-ordination *N7: Post Repair Inspection	\$10	
aiditors: Comments::		*N8: DV / Collect Excess C	pordination 35	
<u>t. 1:</u>		TP (N11): TP (Non INC) as	gainst INC S20	
+ 2/2	,	Invoice deted	Fee Charged	
t. 2/3:		Involce dated	Fee Charged	

SN0822610001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 01/06/2022 10:44 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (01/06/2022 10:44 (SGT))



# 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 01/06/2022 10:44 (SGT) Date of Accident 30/05/2022 12:00 (SGT) **Exact Location of Accident** Fort Rd, Singapore Additional Location Information TURNING INTO MOUNTBATTEN ROAD Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Mitsubishi

Vehicle Registration Number SDB25X

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LIAN TIANG POH NRIC No SXXXX604D **Email Address** jimmylian13@gmail.com Mobile Phone No (Phone) +65-98519855 Alternative Phone No +65-98519855

#### VEHICLE PARTICULARS

Manufacturer

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

your vehicle? No - Claiming third party 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 Policy Number 7210090698 Cover Note Number

#### DRIVER

Name of Driver SER AI BEE NRIC No SXXXX954G

Date Of Birth 18/08/1969 Occupation Indoor Date Of Driving Pass 18/07/2006 Driving experience 15 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-98519855 Alt. Phone Number Email Address ser.may@gmail.com Address BLK 657A PUNGGOL EAST #16-864 Address complement Postcode 821657 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 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **FANCA** Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20220530/7050 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 SJR613T Vehicle Manufacturer

Vehicle Model	
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	•
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	4
No. Of Passanger (Including Principle)	<del>-</del>
No. Of Passenger (Including Driver)	4

## INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person Gender Phone No Address	SER AI BEE Female (Phone) +65-98519855
Address Complement	•
Post Code	-
Approximate Age Years Old	•
Injuries Sustained	El
Injuried parson in which wakieled	SLIGHT INJURY
Injured person in which vehicle?	SDB25X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### 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
- 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
- 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
- (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

Witnessed by Reporting

Sketch Plan

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SOB 25X STRG13T

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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



T/20220520/7050

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220530/7050

REPORT	OF.	Α	TRAFFIC	ACC	DENT
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Date/Time Report Made: 30/05/2022 17:51		port Made: Vide Report No.: 2:51		Station Diary No.:
Informant	t's Partici	ulars		
Name of Informant: SER AI BEE			Address: 657A PUNGGOL EAST #16-8	864 SINGAPORE 821657
ID Type / I NRIC NO		54G	Contact No.: Home/Office:	Mobile: 98519855
Nationality MALAYSIA			Email: SER.MAY@GMAIL.COM	
Sex: Female	Age: 52	Date of Birth: 18/08/1969	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation sales	n:		Driving Licence Information: Class:	Date of Expiry:

General Inform	nation of the Acc	ident		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2022 12:00	Type of Location: Straight Road
Location:			00/00/2022 12.00	
FORT ROAD				
Weather: Clear		Road Surface: Dry	R	Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		raffic Volume:
Type of Collision Between Movin	on: ng Vehicles - Head	d To Rear	Α	nyone conveyed by mbulance:

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SDB25X	Car		Model	00101	Conditio	0
SJR613T	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20220530/7050

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20220530/7050

## CONTINUATION OF REPORT

Mama	OFD ALDES				
Name	SER AI BEE			ID No.	S6962954G
Related Vehicle	SDB25X (Car)			Contact	No. 98519855
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Date of Expiry: NIL
Date	NIL		Date	N	II.
No. of Days granted Medical Leave 03		03	Degree o		light

#### Brief Details.

on the stated date and time, i was traveling along fort road turning into mountbattern road. As i was stationary on behind the give way line, suddenly i felt a huge impact from the rear portion of my vehicle. After the accident i felt pain and sore in my back, neck and chest, i visit the doctor and had a three days of MC.





3 of 3

Report No. T/20220530/7050

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

## CONTINUATION OF REPORT

Sketch	Dlan
SKELLII	riali

Informant is not able to provide sketch

Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	30/05/2022 17:51
Officer In Charge Of Case: TP / TPIB /	Classification Of Case:
TAY CHUN KEEN	
Contact No.: 65476436	
NP168	

Email: sm@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. Personal Particulars of Owner & Driver (Vehicle A) Date of Accident: 30/05/2022 (dd/mm/yy) Time of Accident: \_\_\_\_ \_( 24-HR-FORMAT) Vehicle No.: SDB 25 X Vehicle Make & Model / Engine (cc): MITSUBISHI / A TIRAGE Private Hire: (Y/ Exact location of Accident: fort road turning into mountbattern Road Policyholder's Name / IC No.: Lian Tiang Poh S141604D Driver's Name / IC No . Ser Ai Bee S6962954G (As Above) Driver's Contact No.: 98519855 Company Contact No / Owner Contact No: Driver's Address: Apt Blk 657A Punggol East #16-864 Owner Email address: jimmylian13@gmail.com \_\_\_\_\_Insurance Company : AIG Driver Email address : ser.may@gmail.com Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Spouse 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 ✓ Private use / Work purpose \*No. of Passengers (Including Driver): 2 \*Passanger Name: Fanca Gender: Female \*Passanger Name: \_\_\_\_ Gender: 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 / V No Any Injuries: Yes / No (If YES) Injured Person' Name: Ser Ai bee Injuries Sustain: Neck Back Chest Injured Person in Which Vehicle: SDB 25 X Police Report filed: Ves/ No (If YES) Which Police Station: 10 am Avenue 3 5 (408865) The Other Party(s) Details: Vehicle No: SJR 613 T

## 



## **CERTIFICATE OF INSURANCE**

## CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: LIAN TIANG POH

Vehicle No.

: SDB25X

Period of Insurance

: 19 Aug 2021 To 18 Aug 2022

: MMBSTA13ANH002279

Policy No.

**Issued Date** 

: 7210090698

Engine No. Chassis No.

: 3A92UKH3710

Endorsement No.

: 01 Sep 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 : 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 than 2 years' driving experience.

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

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

LIAN TIANG POH - \$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 hottine at +65 6338 5200. 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

Smile Act of the New York

If 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).

CYCLE & CARRIAGE - BRUCE

239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific insurance Pte. Ltd.

78 Shenton Way 109-16 AIG Building \$079120 | T-465 8416 3000 Lway Flor

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

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