

[vref 1 Jan'08]

SN08226.M0003

Preferred Wksp / INC Assign Wksp / QW: () Tel: Fax: ()

TP Particulars: () Vch No: PC 20517 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: Information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer **URGENTLY.**

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

| | | |
|---|---------------------------|----------|
| Drive-In () / Towed-In () ; Invoice: YES () / NO () | Date & Time Complete: / / | Done by: |
| Remarks: (In Hotline: 6788 6616) | | |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury :

[illegible]

N/A2291723

| | | |
|--------------------------------|---|-------------|
| Claimant's Particulars:- | 2) DA : Damage Assessment (\$100) | \$40/\$45 |
| Driver/Owner: | 3) TF : Towing Fee | \$120 |
| Contact No: | 4) FT : Follow-Through Survey | \$30 |
| Damaged Portion: | 5) FT : Follow-Through Survey (Resurvey) | \$75 |
| | For claiming against INC Only (wef 10 Jan 2003) | \$160 |
| | 6) TR : Re-inspection | |
| | 7) N1 : Idao DA + SMRT Survey | |
| | 8) NTUC Additional Services:- | |
| | ON* | |
| C Checked by (Engi-In-Charge): | *N3: Courtesy Car / Tpt Allowance | \$5 |
| | *N6: Repair Co-ordination | \$10 |
| | *N7: Post Repair Inspection | \$25 |
| | *N8: DV / Collect Excess Coordination | \$5 |
| Auditors' Comments: | TP (N11) : TP (N11) against INC | \$20 |
| | 9) N12: Idao Mobile | \$0 |
| | Invoice dated | Fee Charged |
| | Invoice dated | Fee Charged |

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 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. 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 | 22/06/2022 13:13 (SGT) |
| Date of Accident | 22/06/2022 09:50 (SGT) |
| Exact Location of Accident | 628B Woodlands Ring Rd, Block 628B, Singapore 732628 |
| Additional Location Information | RUBBISH CHUTE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SNF3369U |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------------------|
| Is company? | No |
| Name Of Registered Owner | MUHAMAD RIDUAN BIN MOHAMED YASSIN |
| NRIC No | SXXXX519F |
| Email Address | neil_montague@hotmail.com |
| Mobile Phone No | (Phone) +65-96006377 |
| Alternative Phone No | +65-96006377 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | C63 |
| 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 | 3982 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 7220068107 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-----------------------------------|
| Name of Driver | MUHAMAD RIDUAN BIN MOHAMED YASSIN |
| NRIC No | SXXXX519F |

| | |
|--|---|
| Date Of Birth | 06/05/1982 |
| Occupation | Indoor |
| Date Of Driving Pass | 27/08/2008 |
| Driving experience | 13 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96006377 |
| Alt. Phone Number | +65-96006377 |
| Email Address | neil_montague@hotmail.com |
| Address | BLOCK 136 BUKIT BATOK WEST AVENUE 6 #03-495 |
| Address complement | - |
| Postcode | 650136 |
| 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 | 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) 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

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 OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | PC2051J |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |



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.
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- 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' lawyers/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

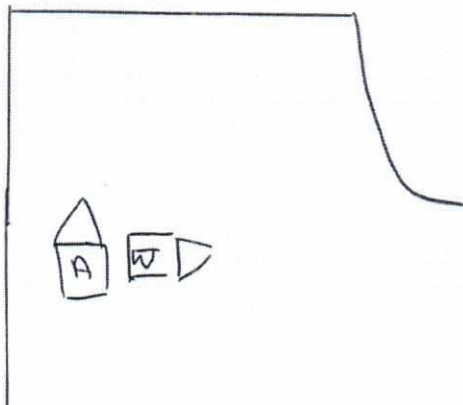
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BLOCK 628 B
RUSSIA CHUTE



Vehicle A = SNF 3369 W
Vehicle B = FK 2051 J.

Describe Circumstances of the Accident

On the stated date and time, Vehicle A was parked stationary at the stated venue, vehicle B reversed and collided into my vehicle RH portion.

Declaration

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

22/06/2022

Date of Accident : 22-166/2021 Accident Time: 0150 (24-HR-Format)
 Accident Place : BLOCK 628B WOODLANDS RIVH ROAD 732628 (RUBBISH CHUTE)
 Vehicle No. (Car Plate No.) : SNF 33694 Make/Model: MERCEDES C63
 Insurance Company : AIG. Policy No: 7220068107,
 Owner or Company Name /IC No. : MUHAMMAN RIDUAN BIN MOHAMED YASIN. S8211519F
 Owner or Company Contact No. : 9600 6377 Owner's Hp — Company Tel
 DRIVER'S Name / IC No. : SAME AS ABOVE
 DRIVER'S Date Of Birth : 06/05/1982 DRIVER'S License Pass Date 27/08/2008.
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: CLONER
 DRIVER'S Address : BLOCK 136 BUKIT DATOK WEST AVENUE 6 #03-425 G50136,
 DRIVER'S Contact No./ Alt No. : 1) SAME AS ABOVE - 2)
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : nrl-montague@hotmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 0
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

| | |
|------------------------------|------------------------------|
| Vehicle. No: PC 2051 J. | Vehicle. No: _____ |
| Vehicle Make \Model: _____ | Vehicle Make \Model: _____ |
| Name Driver: _____ | Name Driver: _____ |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

* NEW – Passenger's name & gender:



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Muhamad Riduan Bin Mohamed Yassin
Period of Insurance : 20 Jun 2022 To 19 Jun 2023
Engine No. : 17798060066709
Chassis No. : WDD2050872R486103

Vehicle No. : SNF3369U
Policy No. : 7220068107
Endorsement No. :
Issued Date : 17 Jun 2022 16:10

ABOUT THE COVER

Make/Model : MERCEDES BENZ C63 AMG S SEDAN
Engine Capacity/Tonnage : 3,982.00 CC
Driver Restriction : Named Driver Basis
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
Insuring with COE/PARF : Yes

a) The Policyholder
b) Any person who is named as a "named driver" under this Policy.

Age Condition : Not Applicable

Limitation as to use* : 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), 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 - \$4000 Theft - \$0 Flood Cover - \$4000

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Muhamad Riduan Bin Mohamed Yassin - \$4000 (Own Damage), \$4000 (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: SSL Holdings 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).

0030305000

G&M PTE LTD

20 ANSON ROAD #07-01 TWENTY ANSON

SINGAPORE 079912

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Shu Ting Tan