	Supt 27 (000)_
ATTONAL Assessment Centre Services: [well Janos]	Date & Time Completed . Done by
Date In: 1607 2022 [[ S Job description .	C
REINO: NBA ATG 2007 (200) SAS e-filing	4
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D.O.A: 2407/2022 (0/30 I-Motor Claim Form I-Motor W/O (Within: 0	IN Object TP 4hrs)
OD The / Reporting Only . I-Photo Uploaded .	D. Mill, 11 - Mill
Assessment/Survey Rep	ort · l
TP Insurer:  Assessment out 17.	land to Owner/Wksp
	Tel: Fax: .)
Preferred Wksp/INC Assign Wksp/QW:(	NC(,)/Non-INC().
TP Panticulars: Yeh No: Grot 4055	. Tel: )
Owner / Driver: ( ) Period: (	) Cover Type: (
Dallar No. (	. Time:
. Confirmed by: ( 94) Note-Est. Status (WO):	N: 0-20%; P: 21-79%: ·F; 80-100%]
Insured Date of The Target YES ( ) ( )	10(')
Year of Registration ( )/\$2,000 ( )/\$2,000 ( )	
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General Remarks:  ( ) Walk-In Customer: Customer's information strictly Confident  ( ) Walk-In Customer: Customer's Insurer URGENTLY.	Itial & Striony
	); Towing Co: (
( ) Total Loss Case (to o ) / NO ( ) Drive-In ( ) ; Invoice: YES ( ) / NO (	Done by
9178/00/N-2 (7788 5616)	Dates estantisme.
Refrarks (INC horithe development ) / Courtesy Car ( ) 1) Apply for Transfort Allowance ( ) / Courtesy Car ( )	
- I D - II D angir I TISDEC LLOLI .	- Carta
2) QC Check/ Fost Repair Cost > \$3000]: ()  3) Upload Resurvey Photo [Repair Cost > \$3000]:	
Injury:	
Date/Time Actions	
	CANCES (CANCES)
	Invoice Preparation Chroklist
X/A220/942	it - Penaring (\$30);
Magnetic Particulors	2) DA : Damags Assessment (02077 540/345)
	4) FT : Follow-Through Screey \$30;
)river/Owner:	For claiming against 11 573
contactivo:	6) TR: Re-impection 7) N1: Idao DA + SMRT Survey
amaged Portion:	S) NTUC Additional Services:
	*NS: Courtesy Car / Tpt Allowance 35.
C Checked by (Engr-In-Charge);	No: Repair Co-ordination 925
	AND LOVE TO LEGIST PROCESS COOFGINGTON
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t, 2/3:	Involce dated Fas Chings.
11. 4	



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

25/07/2022 11:35 (SGT) Both 24/07/2022 16:30 (SGT) Gambas Ave, Singapore SLIP ROAD TOWARDS WOODLANDS AVENUE 12 Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMV2447L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

PUY RONGYAO, KELVIN SXXXX970I xseith@gmail.com (Phone) +65-81809671

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

Stonic

Kia

Private use

No - Claiming third party Private car Auto 998

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AIG Asia Pacific Insurance Pte. Ltd. 2070131910

DRIVER

CC

Name of Driver NRIC No Date Of Birth Occupation

PUY RONGYAO, KELVIN SXXXX970I 05/08/1981 Indoor

Date Of Driving Pass	19/10/2000
Driving experience	21 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81809671
Alt. Phone Number	
Email Address	xseith@gmail.com
Address	BLK 109 WOODLANDS VIEW #05-20
Address complement	-
Postcode	737712
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	
P. Total Commission of the Com	9
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
Trodd Guridos	/
OTHER INFORMATION	
OTHER IN ORMATION	
We see for its unhigh involved in the against?	No
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)	3
Has the driver been approached by unknown person(s)	Ne
soliciting/offering accident claims assistance?	No
Translator's name	•
Translator's ID	7
Translator's phone number	-
Translator's email	-
Original language used in the statement	-
PASSENGER 1	
Management of the control of the con	JANE NG GEOK LIAN
Name	
Gender	Female
PASSENGER 2	
None	BAIL FY BELQI XUAN
Name	Female
Gender	remale
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	1 <del>17</del> ?
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
A leading to the control of the first property from a league of	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
was there any video captured by Car Camera:	110

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA4653K
Vehicle Manufacturer	E
Vehicle Model	÷
Vehicle Variant	=
Vehicle Colour	*
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	¥
Address	<b>12</b> 0
Address complement	~
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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' 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 Sigr	nature / Date &	& Driver's Signature		ature (	(If driver is not t	ver is not the policyholder) / Date		Witnessed by Reporting Centre Personnel		
Sketch Plan	GAMBAS			RO	TOWARDS	2011 CON COOL		12	TO THE COURT OF THE STATE OF TH	
									A: SMV 2447L	
		1 1							B: GBA4653K	

on 24.04.2022 of about 16:30 pm. I	was travelling	along	Gambas	Avenue Stip Road
wards Woodlands Avenue 12. I was				
iddenly, vehicle B hit my rear portion.	100		- U	
reacting, verticle 5 in mig. real politions.				
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claration				
e declare the foregoing particulars are true in every respect.				
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1				
axt ext				Valenton?

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

& Time

: <u>14.07.70D</u> Accident Time : <u>16.30 PM</u> (24-HR-Format)			
: Owner / Driver / Both			
: Gambas Avenue Stip Road towards Woodlands Ave 12			
: SMV 2447L Make/Model: Kia Stonic 1.0 DCT			
: AIG Policy No: 2070131910			
: YES NO			
: Comprehensive / Third Party / Third Party Fire & Theft			
: Puy Rong Yao, Kelvin (S8124970I)			
: <u>\$180 967</u> Owner's HpCompany Tel			
: As above			
: 05.08.1981 Driver's License Pass Date: 19.10.2000			
: Spouse / Parents / Children / Sibling / Employee / Other: Owner			
: BIK 109 Woodlands View # 05-20 Singapore 737712			
:1)8180 96712)			
: INDOOR / OUTDOOR (e.g. working inside or outside office)			
: xseith@gmail.com			
: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET			
: Reporting Only / Claim Third Party / Claim Own Insurance			
: 3 person (1 Driver, 2 Passenger).			
: YES / NO : Private Use / Private Hire / Work Purpose : NIL			
Party Driver's Particular (if any)			
Name & Contact No:			
Name & Contact No:			
Name & Contact No:			
Name & Contact No:			
r:			
ook han (b) years old)			
Rok Lian (61 years old).			



# CERTIFICATE OF INSURANCE

## KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: PUY RONGYAO, KELVIN

Period of Insurance

: 23 Sep 2020 To 22 Sep 2022

Engine No.

: G3LCLP069933

Chassis No.

: KNAD6811VL6457799

Vehicle No.

: SMV2447L

Policy No.

: 2070131910

Endorsement No.

**Issued Date** 

: 14 Oct 2020

### ABOUT THE COVER

Make/Model

: KIA Stonic

Engine Capacity/Tonnage: 998.00 CC Driver Restriction

: NA

Sum Insured : Market Value

First Year of Registration : 2020

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

'mitation as to use\*

e only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving fuition, 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**

Section 1

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

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

PUY RONGYAO, KELVIN - \$600 (Own Damage), \$600 (Flood Cover)

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

ycle & 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: 241 Alexandra Road Singapore 159931 64278800

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 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: HL Bank

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).

0504671215

CYCLE & CARRIAGE - MIMILE

239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.