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OD (TP / Reporting Only '	i-Photo Uploaded.			
	Assessment/Survey Report	,		
TP Insurer:	Ass't Report by Fax / Hand			
Preferred Wksp/INC Assign Wksp/QW: (•	Tel:	Fax:	
TP Pauticulars: Yeh No:	15050X . INC		· · ·	
Owner / Driver: (-	Tel:	·	
Policy No: (· ·) Peri	od:(')	Cover Type: (· -
Confirmed by : (Datei	· Time:	F. 80-100%]	
Insured/Driver Liability: (%) [N	(ote-Est. Status (WO): N: 0	-20%; P: 21-79%.	1, 30410074	
Insured 2 and 1	Varranty; YES () / NO ()		
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Drive-In ()/ Towed-In (); Invoice	c: YES () / NO ()	Date&Time Co	male (d) Kill (Done b)	<i>;</i>
106 Battine 6788 6616)		Date 22 - July 1	All Sales and Al	1
1) Apply for Transport Allowance ()/	Courtesy Car ()	-	- <u> </u>	
The Charles Repair Inspection .	(,)			
3) Upload Resurvey Photo [Repair Cost >	\$3000.	1		,
Injury:				- 1 · 1
Date/Time AGNONS				
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THOUSE SALE LANGEST TOOLSELE AND STREET AND STREET		N7: Post Repair Inspection N8: DY / Collect Excess C	pordination 35	
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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 25/07/2022 12:34 (SGT) Reported by Date of Accident 22/07/2022 12:40 (SGT) Exact Location of Accident SLE, Singapore TOWARDS CITY BEFORE LENTOR EXIT Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SLA2140T Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SOO SIEW LENG NRIC No SXXXX836G **Email Address** slsoo@hotmail.com Mobile Phone No (Phone) +65-96328381 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes E200 Model Variant Exact purpose for which vehicle was being used at time of

Private use

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

Transmission Auto CC 1796

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7210121436

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

SOO SIEW LENG SXXXX836G 11/11/1962 Indoor

No - Claiming third party

Private car

03/09/1990 Date Of Driving Pass 31 YEARS AND 10 MONTHS Driving experience Gender Female (Phone) +65-96328381 Mobile Number Alt. Phone Number slsoo@hotmail.com Email Address BLK 327 HOUGANG AVENUE 5 #08-176 Address Address complement 530327 Postcode 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 Chain Collision Weather Conditions AFTER RAIN Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Yes 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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN5250X
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB9000K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	7 - 2
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	i.e.
Contact Number	
Address	. =
Address complement	
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	SOO SIEW LENG Female (Phone) +65-96328381
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLA2140T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Fiberse report correctly the details of the ecodent to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorized Driver.
- 3. Information provided must be as inwithful and accurate on monathle, Any Willul of stepresentation or withholding of national facils may allow insurance companies to repudiate policy liability.
- 4. The issue and occasionce of this Formity insurance companies is not an edmission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- d. The report will be forwarded by the insurers of the GIA Repords L'anagement Cantre established by the General Leurance Association
- of Singapers (GIA) for architring 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 eforestaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that :

- (6) by insurer, my workshop and the General insurance Association of Singapore (1644) maybe permitted to object, use, disclose antitor process my personal detailpersonal information set out in this (form) and any other personal afformation provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(5) who have insured validates) involved in this mediant (all insurer(5) who have insured validates) involved in this sociaent shall be addeducely referred to as the "Insurers"), the insurers (aw yers/law films, the Managory Authority of Singapore and any referrent government agency/authority (such as the police), for the purpose(5) 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 socident and/or my claims;
- (a) carrying out and/or dealing with my instructions or responding to any enquiries by max
- (iv) administrating my claims (including the mailing of correspondence, statements, involves, reports or notices to me, which could involve disclosure of parties personal data about na to bring about delivery of the same as well as on the external cover of envelopee intell packages); and/or
- (v) complying with applicable law in administrating, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured variable(s) involved in this accident and the insurers' law years forms, may leve parabled to collect, use, disclose entitor process my Parsonal Information for one or more of the above Purposes; and
- (c) my Parsonal Information mayican be disclosed by any of she insurers entiror GIA. In their sixth party service providers or agents (maketing their but yers law farms), which day be also outside of Singapara, for one or more of the above Purposes.

Policyholder's Signature / Date 8
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B) SLN SS	50 X			

Describe Circumstances of the Accident	
On the stated date and June, 1	won driving
straight stone ste rowards CTE on	one) - Traffic
was heavy and well infront come to	a stop.
then slow down my ush to a	stop posttion
while stationary, I felt a very great	largard from my
	hat with 8 had
hit onto my will rear portion who	1 1 got down
my with, I traded that I was more	led it a 3-
cat collision	

Declaration

INVe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date 2 Time

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

Date of Accident	Accident Time: 12.40 (24-HR-Format)
Accident Place	: Ske towards City before lenter exit
Vehicle No. (Car Plate No.)	SLA 2140 T Make/Model: Man E200
Insurance Company	916 Policy No: 7210121436
Owner or Company Name / IC No.	: Soo Siew Leng S1518836 G
Owner or Company Contact No.	Owner's Hp 9632 f381 Company Tel
DRIVER'S Name/IC No.	: As above
DRIVER'S Date of Birth	: 11 / 11 / 1962 DRIVER'S License Pass Date: 3 Sep / 1990
Relationship of Owner & Driver	: Spouse / Parents / Children / Sibling / Employee / Others:
DRIVER'S Address	81K 327, Hoygang Aus 5 #08-176 (530827)
DRIVER'S Contact No./ Alt No.	: 81K 327, Hoygang ALR 5 #08-176 (530827) :1) 9632 8381 2)
DRIVER'S Occupation	INDOOR (e.g. working inside or outside office)
Email Address	: slsoo@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 D	river):/
Was there any video Captured by c	
Exact purpose for which vehicle wa	s being used at the time of accident. Private Use / Work Purpose
Any injury (If YES, Pleas state):	es neck and lower back. hadge
/	
	Other Party Driver's Particular (if any)
Vehicle No : SLN	S250 X Vehicle No : SHB 9000K
Vehicle Make/Model : To/c	7a. Vehicle Make/Model : Taxi
Name Driver :	Name Driver
IC No. Driver/Contact: :	IC No. Driver/Contact:

Passenger's name & gender:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Soo Siew Leng

Period of Insurance

: 02 Nov 2021 To 01 Nov 2022

Engine No.

: 27186030482866

Chassis No.

: WDD2120482A654424

Vehicle No.

: SLA2140T

Policy No.

Issued Date

: 7210121436

Endorsement No.

: 14 Oct 2021

ABOUT THE COVER

Make/Model

: MERCEDES BENZ E200 CGI BE

Engine Capacity/Tonnage: 1,796.00 CC

Sum Insured : Market Value

First Year of Registration : 2012

Insuring with COE/PARF : Yes

Driver Restriction

: NA

Off Peak Car: No

Person or Classes of Persons Entitled to Drive*:

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 Optional

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 - \$800 Theft - \$0 Flood Cover - \$800

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Soo Siew Leng - \$800 (Own Damage), \$800 (Flood Cover), Soh Kwok Wah - \$800 (Own Damage), \$800 (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 must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. For other Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AlG website www.aig.sg or AlG SG Mobile App. Simply search and download "AlG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Speedo Capital 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)

0502263000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207 SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPNOS