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Assessment/Sury	ey Report .		
TP Insurer: Ass't Report by	Fax / Hand to Owner/Wks	<u>p</u>	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	.)
TP Particulars: Yeh No: SUF /3802.	. INC(,)/Non-Ti	10(), ,	
Owner / Driver: (. Tel:)
Policy No: (· · ·) Period: (·) Cover Typ		· · · · · · · · · · · · · · · · · · ·
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Insured/Driver Liability: (%) [Note-Est., Status (W		9%: F; \$0-100%]	
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General Remarks 18			1
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() Total Loss Case : to e-mail Insurer URGENTLY.			')
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Remarks: (I)(C) Horline: 6788 5616)	Date&T ₂	ne Completed.	VINGILOIO
1) Apply for Transfort Allowance ()/ Courtesy Car () '		,
2) OC Check/Post Repair Inspection (.)		7. W.
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	, , , , ,	77.76
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Date/Time Actions :			
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51 V/S	1) AR: Accident Reporting 2) DA: Damaga Assessmen	(3100);	
Plaument's Particulars	3) TF : Towing Fee	. 310/511	
) Liver/Owner:	4) FT: Follow-Through Su 5) PT: Follow-Through Su	rvey (Fasurvey)	
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amaged Portion:	7) N1 : Idao DA + SMRT	Survey	0
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C. Ondered by (2.1g) in our gry.	*No: Repair Co-ordina *N7: Post Repair Inspe	ion 31	
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t. 1:	TP (N11): TP (Nin II) 9) N12: Idao Mobile	C) adminoration	30
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SN08227S0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 28/07/2022 09:53 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (28/07/2022 09:53 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> by the Policyholder and/or the Actual 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 28/07/2022 09:53 (SGT) Reported by Both 27/07/2022 10:55 (SGT) Date of Accident 78 Redhill Ln, Block 78, Singapore 150078 **Exact Location of Accident** Additional Location Information MARKET CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SMG307A Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? WONG LIJIAN, ANDY Name Of Registered Owner NRIC No SXXXX612B andywong.realty@gmail.com **Email Address** Mobile Phone No (Phone) +65-93633775 Alternative Phone No

VEHICLE PARTICULARS

Audi Manufacturer Q2 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 CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AIG Asia Pacific Insurance Pte. Ltd. 1800142382-03

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

WONG LIJIAN, ANDY SXXXX612B 03/07/1983 Outdoor

Private use

Private car

Auto

1395

No - Claiming third party

Date Of Driving Pass 04/02/2003 Driving experience 19 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-93633775 Alt. Phone Number andywong.realty@gmail.com Email Address BLK 77A REDHILL ROAD #15-24 Address Address complement Postcode 151077 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 Side Swipe Type of Accident Clear Weather Conditions 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) 2 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 PASSENGER 1 UNKNOWN Name Male Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No No Was notice of intended Prosecution given? 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? Yes DETAILS OF OTHER VEHICLE PROPERTY 1 SNF1380Z Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	.=
Vehicle Category	Private car
Name of Driver	100
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.
- 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)

l 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.		\(\)	y		au 28 los posz
Policyholder's Signature Time		Driver's Signature (ff dr & Time			Witnessed by Reporting Centre Personnel
Sketch Plan	BIK 78	REOHILL	MARKET	CARPAR	
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I was traveling at the Carpark of 178 (Zedhill Murket)
I saw vehicle B Stop Stationary along the Carpark,
I then check to my right and proceed to overtake
From the right, while in already at the Side
08 vehicle Bisaddenly vehicle B did not check
before move 088 and Collider onto the side
08 m-1 car.
I wish to mention I did sound my car Horn
before the point of contact.

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

EHICLE NO: SMG 307 A	MAKE & MODEL: AUDI QZ 1	*0.0	
DATE OF ACCIDENT	27,07,2022	*C.C.	
TIME OF ACCIDENT	1055 AM / PM		
LOCATION OF ACCIDENT	BIK 78 REDAIL MAPKE		
XACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE // PRIVATE	HIRE	
AME OF OWNER	WONG LIJIAM, ANDY		
MAIL: and gwong. realty @ gmail.	Com Office.	MOBILE: 9363 377	
RIC	S 8319612B		
LAIM TYPE	OD / (THIRD PARTY) / REPORTING O	ONLY	
LEET POLICY:	YES INO ?		
NSURANCE CO.	AIG		
YPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
	1800142.382-03		
OLICY NO.	(AS ABOVE) / IF NO:		
IAME OF DRIVER	The factor of th		
OATE OF BIRTH	03 107 1 1983		
ANY PASSENGER	YES DNO:		
NAME OF PASSENGER	JUNKNOWN		
GENDER OF PASSENGER	MALE) FEMALE		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	04 17-1312003		
GENDER	(Male) / Female		
CONTACT NO.	Mobile. Office.	Home:	
EMAIL			
ADDRESS	BIK TTA REDHILL ROAD.	#15-24 515107	
DOES DRIVER OWN OTHER VEHICLES?	NO L If yes Reg No.	INSURER. OWNER	
RELATIONSHIP	Employee / If-No: OWNER		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	(Dry)/Wet / Other:		
	No / If yes : Who?		
ANY INJURIES			
ANY INJURIES CONVEYED BY AMBULANCE	No /Jf yes - Who?		
CONVEYED BY AMBULANCE	No /If yes : Where?		
CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIV	No /If yes : Where? No /-If yes : Where? EN? NO/IF-YES: WHO?-		
CONVEYED BY AMBULANCE POLICE REPORT	No /If yes : Where?		
CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIV VEHICLE B NO. NAME	No /If yes : Where? No /-If yes : Where? EN? NO/IF-YES: WHO?-		
CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIV VEHICLE B NO.	No /If yes : Where? No /If yes : Where? EN? NO/IF YES: WHO?- Any Passenger .		
CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIV VEHICLE B NO. NAME	No / If yes : Where? No / If yes : Where? EN? NO/IF YES: WHO?- Any Passenger : Any Passenger :		
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CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIV VEHICLE B NO. NAME CONTACT NO. VEHICLE C NO. VEHICLE D NO. VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED?	No / If yes : Where? EN? NO/IF-YES: WHO?- Any Passenger : YES/NO		
CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIV VEHICLE B NO. NAME CONTACT NO. VEHICLE C NO. VEHICLE D NO. VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED? SCENE ACCIDENT PHOTOS TAKEN?	No / If yes : Where? No / If yes : Where? NO/IF-YES: WHO?- Any Passenger : YES / NO YES / NO		
CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIV VEHICLE B NO. NAME CONTACT NO. VEHICLE C NO. VEHICLE D NO. VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED?	No / If yes : Where? EN? NO/IF-YES: WHO?- Any Passenger : YES/NO	10p.	
CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIV VEHICLE B NO. NAME CONTACT NO. VEHICLE C NO. VEHICLE D NO. VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED? SCENE ACCIDENT PHOTOS TAKEN?	No / If yes : Where? EN? NO/IF-YES: WHO?- EN! Any Passenger : YES/ NO YES/ NO YES/ NO YES/ NO	10p.	



CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: WONG LIJIAN, ANDY

Period of Insurance

: 30 Nov 2021 To 29 Nov 2022

Engine No.

: CZE844690

Chassis No.

: WAUZZZGA6KA007710

Vehicle No.

: SMG307A

Policy No.

: 1800142382-03

Endorsement No. Issued Date

: 21 Oct 2021

ABOUT THE COVER

Make/Model

: AUDI Q2/ Q2 Sport 1.4 TFSI COD S tronic

Engine Capacity/Tonnage: 1,395.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : Yes

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

a) The Policyholder

: 35 years old and above

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 1800cc - 2000cc 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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

WONG LIJIAN, ANDY - \$800 (Own Damage), \$800 (Flood Cover)

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

1.Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408699 63662323

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: DBS BANK 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).

0504125200

PREMIUM LEASING - AP

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP