'ATTONAL Apsessment Centre	Services: [well sano		18228/8	002		
Date 1in: 0/08/2022 11/03	Job description .	Date	&Time Com	pleted .	·Doue pi.	
Res No XBA AUG 220072634	SAS e-filing .	.				
Veh No: SNQ 2612.6	E-mail (within Shrs, AlC 2	urs)			***	
D.O.A: 29 07 2022 18:30	I-Motor Claim Form	•				
OD / TP / Reporting Only .	i-Motor TY/O (Within: 0	D. 2hrs, TP 4lu	5)	, ,		
OD : IF / Reporting Only	i-Photo Uploaded.			• 1		
No.	Assessment/Survey Rej					
TP Insurer:	Ass't Report by Fax / F	11		Fax)
Preferred Wksp/INC Assign Wksp/QW:(· · · · · · · · · · · · · · · · · · ·	Tel	Non-INC ()		
TP Panticulars: Yeh No:	962616	NC(,)/			,	
Owner / Driver: (er Type: ().	
Policy No: (· ·) Pe	eriod: (Date		· Timu:)	
. Confirmed by : ([Note-Bst., Status (WO):	N: 0-20%:		·F; 80-10	0%]	
THOU COURS TO THE	Warranty: YES ()/N	0(,)				
Year of Registration: () Hycess: (S) Loading: \$1,	17 2114271				·	
Dicoco. (*			MORONUS CUCACHAIS			<u> </u>
General Remarks () Walk-In Customer: Customer's in	formation strictly Confiden	tial & Strictly	NO refer of	repairer.		
() Walk-in Chistomer: Customer Cym	rich Orcomina			<u>-i</u> -)
/ \	ice: YES () / NO (); Tow	ing Co: (manage water YNC!"	
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Remarks (It/C horline 6788 5646	/ Courtesy Car ()	•			. ,!	
1) Apply for Transport Allowance () 2) QC Check/ Post Reprir Inspection .	(, ')	,			3.3.	
3) Upload Resurvey Photo [Repair Cost:	>\$3000];,; ()		· · · · · · · · · · · · · · · · · · ·	., ., .,	TO WE	
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)river/Ov/ner:			Through Survey	(Fisurvey) v (wef 10 Jan	2005)	1
!ontactifio:		6) TR : Ro-ins	ection		\$160	1
amaged Portion:		7) N1 : 1020 D.	A + SMRT Surve tional Services:-			-
		OD*			\$5 .	+
C Checked by (Engr-In-Charge):	•	*NS: Court	sy Car/Tpt Allo Co-ordination	NAU SENDAN	310	-
The state of the s		N7: Post	conir Inspection	oordination	\$23 \$5	-
arditors Comments		TP (N11):	Collect Excess C T? (Non INC) a	gainst INC	250	
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<u>), 61 J,</u>		Tunging agin				



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

01/08/2022 11:03 (SGT)

Driver

29/07/2022 18:30 (SGT) Loyang Way, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SND2613G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

BRENDON LEE KEN YI

SXXXX444Z

pauline.harvest@gmail.com (Phone) +65-83880076

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

BMW

X5

Private use

No - Reporting only

Private car Auto

2979

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 7220060516

DRIVER

Name of Driver

NRIC No Date Of Birth

Occupation

PAULINE CHAN POH YEE SXXXX588Z 15/08/1974

Indoor

Accident report SN0822810003

Date Of Driving Pass 27/09/1997 Driving experience 24 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-98784522 Alt. Phone Number Email Address pauline.harvest@gmail.com Address BLK 126 PASIR RIS STREET 11 #05-375 Address complement Postcode 510126 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Friend Does Driver Own Other Vehicles? 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 Side Swipe 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? No Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Number of Passengers (Including Driver) 4 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 WANG YAN YAN Name Female Gender PASSENGER 2 **OLIVIA CHAN** Name Female Gender PASSENGER 3 ASHER CHAN Name Male Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No. (Phone) +65-65470000 (Fax) +65-65474900 Alt. Police Station Phone No. 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/2022079/7046

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes Yes WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG6261L
Vehicle Manufacturer	=
Vehicle Model	-
Vehicle Variant	- 2
Vehicle Colour	=
Vehicle Category	Bus
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.
- 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
- $\hbox{(v) complying with applicable law in administering, processing, handling and/or dealing with } \ my \ claims.$

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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(09 m)

A : SND 26136

B : SG 6261 L

Wet CI	to the	DOLICE remmt	(T) 10220220 / 304	(6)
	- IV	Perior report	(T) 20220729 /704	C).
		(4.5		
			711	
160				
claration				
declare the	foregoing p	articulars are true in ev	very respect.	
			/ \X \	

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220729/7046

REPORT OF A TRAFFIC ACCIDENT

Any Pedestrian Involved: No No. of Pedestrians Injured: NIL

Date/Time Report Made: 29/07/2022 19:46			Vid	Vide Report No.:				Station Diary No.:			
Informant's	The second secon	lars									
Name of Informant: PAULINE CHAN POH YEE			(C) 15525.CE	Address:							
ID Type / ID		II IEE			126 PASIR RIS STREET 11 #05-375 SINGAPORE 510126						
NRIC NO /		BZ			Contact No.: Home/Office:			M	Mobile: 98784522		
Nationality: SINGAPORE CITIZEN				Email: pauline.riway@gmail.com							
Sex: Female	1 5			Typ Driv	e of Informa	nt:					
Race: Chinese				Lan Eng	guage: Ilish			In	Institution / School Name:		
Occupation					Driving Licence Information: Class:				Date of Expiry:		
Type of Accident:	No	of the on-Injur olice Ve	у		Drink Drive: No	Ad	ccide	ime of nt: 2022 1		Type of Location: Straight Road	
Location: LOYANG W	/AY		. Tu								
Weather: Drizzling				Roa	Road Surface: Dry				nd Speed Limit: Km/h		
Traffic Flow: One Way				Traf	Traffic Control: Not Controlled			Traf	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Side Swipe				e - Sar	- Same Direction				Any	Anyone conveyed by ambulance:	
Details of V	ehicle In	volved	1 2 70	18 15			E THE	S. 18 S			
Vehicle No.	Туре		Make		Model	Cold	or		Conditio	No of	
SND2613G	Car									0	

Use of Pedestrian Crossing: NA





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

2 of 3 Report No. T/20220729/7046

CONTINUATION OF REPORT

Driver					THE PARTY OF THE P
Name	PAULINE CHAN POH YEE			ID No.	S7426588Z
Related Vehicle	SND2613G (Car)			Contact No.	98784522
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL Date			NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

Brief Details.

The accident happened around 6:30pm along loyang way, near bus stop, with bus 21. I was trying to filter out to the next lane, accidentally hit the side back of the stationary bus. As the traffic was super heavy, and at the entertance of the expressway, PIE, i didn't mange to stop immediately.





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

3 of 3 Report No. T/20220729/7046

CONTINUATION OF REPORT

Sketch Plan		
Informant is	not able to provide ske	etch

Signature Of Officer Recording The Report: 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: Not applicable	Date/Time: 29/07/2022 19:46
Officer In Charge Of Case: TP / TPIB / MUHAMMAD FARHAN BIN SAIRI Contact No.: 65476350	Classification Of Case:

Date of Accident	: 29. 07. 2022 Accident Time : 18 - 30 pm (24-HR-Format)
Who reported the accident?	: Owner / Driver / Both
Accident Place	: Loyang Way
Vehicle No (Car Plate No)	: SND 2613 G Make/Model: BMW X5
Insurance Company	: AIG Policy No: 72 200 60516
Fleet Policy	: YES/XO
Type of Coverage	: Comprehensive / Third Party / Third Party Fire & Theft
Name of Owner / IC No	: Brendon Lee Ken Yi (57639444Z)
Owner Contact No	: <u>8388 0076</u> Owner's Hp Company Tel
Driver Name / IC No	: Pauline Chan Poh Yee (574265088Z)
Driver's Date of Birth	: 15. 08. 1974 Driver's License Pass Date: 27. 09. 1997
Relationship of Driver	: Spouse / Parents / Children / Sibling / Employee / Other: Friend
Driver's Address	: Blk 126 Pasir Ris Street 11 # 05-375 \$ (510126)
Driver's Contact No	:1) 9878 4522 2)
Driver's Occupation	: INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address	: Pauline. hurvest @ gmail. com
Weather & Road Surface	: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type	: Reporting Only / Claim Third Party / Claim Own Insurance
Number of Passenger(include Driver)	: 4 (Driver , 3 Passenger)
	: YES / NO : Private Use / Private Hire / Work Purpose
Any injury (If Yes, Pls State)	: NO
	arty Driver's Particular (if any)
VEH B: SG 6261L VEH C:	Name & Contact No:
VEH C:	Name & Contact No: Name & Contact No:
VEH E :	Name & Contact No:
*NEW - Passenger's Name & Gender	
Female : Wang Yan	$\langle an \rangle$
Female : Olivia Chan	

Mala-Asher Chan



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : BRENDON LEE KEN YI (LI JIANYI)

Period of Insurance : 30 May 2022 To 29 May 2023

Engine No.

: 04349625N55B30A : WBAKR020100S46208 Vehicle No.

: SND2613G

Policy No.

7220060516

Endorsement No. Issued Date

: 30 May 2022 14:08

ABOUT THE COVER

Make/Model

Chassis No.

BMW X5 XDRIVE 3.51

Engine Capacity/Tonnage : 2,979.00 CC

Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration Insuring with COE/PARF

2016

Person or Classes of Persons Entitled to Drive*:

You have to pay an additional aum of \$5\$3,000 as "Young and/or hisoperionced Driver Excess" ("YIDR") if You are or Your Author than 2 years' driving experience.

: All Age Condition

Mileage Condition : Unlimited Mileage

Age Condition

Use only for signs, donestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover usit for live or reward, driving test, racing, pace-making, reliability that or speed-liesting, the carriage of goods other than samples in connection with any bade or business or use for any purpose in connection with Motor Trace.

* Universions rendered Inoperative by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysis) and Road Transport (Armendment) Act (Cap. 189), section 95 of the Road Transport Act, 1987 (Malaysis) and 198

EXCESS

Section 1 Fire - \$0 Own Damage - \$2000 Theft - \$0 Flood Cover - \$2000

Property Damage - 50

Windscreen : \$100

Named Driver and Excess (where applicable)

BRENDON LEE KEN YI (LI JIANYI) - \$2000 (Own Damage), \$2000 (Fixed Cover)

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

strated Reporting Centrest AIG Authorised Repairers (For claims related receivs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of 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 Centras/AIG Authorised salers, please contect our 24-hour accident emergency hottle at +65 6338 5200, Alternatively, You may refer to AIG website www.aig.ag or AIG SG Mobile App. Simply search and download AIG from Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

tive tensity certify that the porcy to which this Certificate of Incorance relates is leased in accordance with the provisions of the Motor Venicles(Third Party Risks and Compensation) Act (Cap. 169). Part IV of the Road Transport Act. 1987 (Malaysia). Hoad Transport (Amendment) Act 2012 and Motor Venicles (Third Party Risks) Rules. 1950 (Malaysia).

COWELL INSURANCE (AGENCY) P.L.

8 BURN ROAD #09-09 TRIVEX SINGAPORE 369977 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature,

Cowat Preutance (Agency) Pre-