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Owner / Driver: (, Tel:) Cover Type:	· · · · ·).
Policy No: (Period: (~1)
Confirmed by I (' . Date			
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Year of Registration!	01 /		
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SN0822910002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 01/09/2022 10:43 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (01/09/2022 10:43 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be completed 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 01/09/2022 10:43 (SGT) Reported by Owner Date of Accident 31/08/2022 10:10 (SGT) **Exact Location of Accident** Jln Bahagia, Singapore Additional Location Information **BEFORE JALAN TENTERAM** Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SGY2575E INSURED/POLICYHOLDER

Jaguar

Is company?	No
Name Of Registered Owner	YAP CHENG HOE SAM
NRIC No	SXXXX006H
Email Address	chakfoever17@gmail.com
Mobile Phone No	(Phone) +65-96678995
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer

Model

MOGCI I HOUSE COMPLETE COLOR C	VI .
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	1 10 33 33 33 33
your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1997

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210041995-01

DRIVER

Name of Driver	HO YEOK SIEW
NRIC No	SXXXX737A
Date Of Birth	
Occupation	Indoor

Date Of Driving Pass 30/08/1972 Driving experience 50 YEARS Gender Female Mobile Number (Phone) +65-96673995 Alt. Phone Number Email Address chakfoever17@gmail.com Address 103 RANGOON ROAD #04-02 Address complement Postcode 218386 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Parent 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 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 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) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 MS HO Name Female Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police (Phone) +65-65470000 Police Station Phone No Alt. Police Station Phone No (Fax) +65-65474900 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/20220831/7019 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	FBU1340C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	
1/1:10:	-
Name of Di	Motorcycle
Name of Driver	
Contact Number	2
Address	
A Later and the second	-
Address complement Postcode	
The state of the s	-
Insurance Company Name	2
Nature Of Damage	
Details of property damaged in accident	≅A
	20
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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)

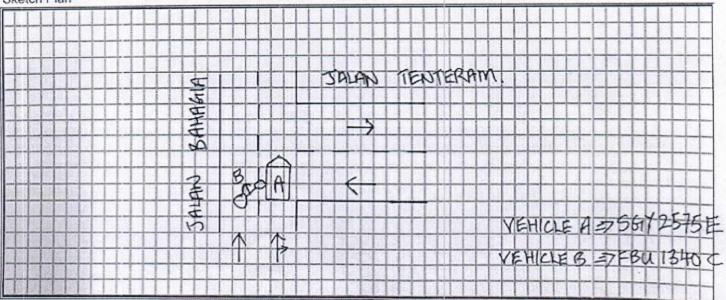
I understand, acknowledge, agree and consent that:

- (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 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.

Petcyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident	
As per Police Report T/2022083	17019.
	=
Declaration	

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Sagnature / Date & Time

Driver's Signature (4 ouver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



T/20220831/7019

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220831/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time 31/08/2022		ade:	Vide Report No.: E/20220831/0065	Station Diary No.:
Informant	s Particul	ars		
	Name of Informant: HO YEOK SIEW		Address: 103 RANGOON ROAD #04-0	02 SINGAPORE 218386
ID Type / II NRIC NO /		7A	Contact No.: Home/Office:	Mobile: 96673995
Nationality: SINGAPOR		N	Email: MARYHOSINGAPORE@MAIL.COM	
Sex: Female	Age: 69	Date of Birth: 09/01/1953	Type of Informant: Driver	
Race: Chinese			Language: Institution / School N English	
Occupation	1:		Driving Licence Information: Class: 3	Date of Expiry:

General Informati	ion of the Accident	Person to the same of		
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/08/2022 10:15	Type of Location: Straight Road
Location:				
JALAN BAHAGIA				
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving	Vehicles - Side Swipe	e - Same Direction		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBU1340C	Motorcycle			White	Slightly Damaged	1
SGY2575E	Car					0





2 of 3

Report No. T/20220831/7019

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

CONTINUATION OF REPORT

Details of Perso	n Involved				A BOOK AND A BOOK AND A SHAPE
Any Pedestrian II	nvolved: No				
No. of Pedestriar	ns Injured: NIL		Use of Peo	lestrian Cro	ossing: NA
Driver					
Name	HO YEOK SIEW			ID No.	S0211737A
Related Vehicle	SGY2575E (Car)		Contact N	lo. 96673995	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL		Date	NII	
No. of Days granted Medical Leave NIL De			Degree of	Sli	ght

Brief Details.

On the stated date and time I was travelling on the right lane of the two lane single way. Suddenly a motorbike (FBU1340C) cut into my lane trying to turn in to Jalan tenteram and bang my left portion of my vehicle causing damage. I wish to state that ambulance and traffic police will activated to the scene. My video footage was taken by the traffic police. Lastly the rider was sent to hospital.





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

3 of 3 Report No. T/20220831/7019

CONTINUATION OF REPORT

Sketch	Plan
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NP168

Informant is not able to provide sketch

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: 31/08/2022 12:41
Officer In Charge Of Case: TP / TPIB / ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	Classification Of Case:



Date of Accident	: 31 08 2022 Accident Time: 10 10 (24-HR-Format)
Accident Place	: JALAN BAHAGIA BEFORE JALAN TENTERAM
Vehicle. No. (Car Plate No.)	: SGY 2575 E Make/Model: JAGUAR
Insurace Company	: AIG Policy No: 7210041995-01
Owner or Company Name /IC No.	: YAP CHENG HOR SAM S7929006H
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: HO YEOK SIEW SOZITBY A
DRIVER'S Date Of Birth	: 09 01 1953 DRIVER'S License Pass Date 30 08 72
Relationship of Owner & Driver	: Spouse Children Sibling \ Employee\ Others:
DRIVER'S Address	: 103 RANGOON RD #04-02 S 218386
DRIVER'S Contact No J Alt No.	:1) 9667 8995 2)
DRIVER'S Occupation	INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: chakforever 17 of gmail . 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): 02
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	s being used at the time of accident, Private use) Work purpose
Other P	arty Driver's Particular (if any)
Vehicle, No: FBU 1340	C 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:
OM 2M O	Female.



CERTIFICATE OF INSURANC

WEARNES AUTO PROTECTOR (JAGUAR) PRIVATE VEHICLE Name of Policyholder

Period of Insurance

: YAP CHENG HOE SAM

Engine No. Chassis No.

: 22 Apr 2022 To 21 Apr 2023 : 190628Y0221PT204

: SAJBB4AX6LCY85542

Vehicle No. Policy No.

: SGY2575E 1 7210041995-01

Endorsement No.

Issued Date

: 21 Mar 2022

ABOUT THE COVER

Make/Model

: JAGUAR XF 2.0P Prestige (250PS)

Engine Capacity/Tonnage : 1,999.00 CC Driver Restriction : NA

Off Peak Car No

Sum Insured .: Market Value

First Year of Registration 2021

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

b) 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 meats the specified any 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 sinnersed) has less than 2 years' driving experience

: 30 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 him or reward, grining fullion, driving test, racing, pace-making, reliability trial or spend-testing, the certage of goods other than samples in connection with any trial business or use for any purpose in connection with Motor Trade.

Lass of Use 2000cc

* 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.

EXCESS

Fire - \$0 Own Damage - \$900 Theft - \$0 Flood Cover - \$900

Properly Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

YAP CHENG HOE SAM - \$900 (Own Damage), \$900 (Flood Cover)

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

1 Wearnes Automotive Pte Ltd. Add: 45 Leng Kee Road. Singapore 159103 53789333

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hothine at +65 6338 6200. Alternatively, you may refer to AIG website sww.aig.sq.or.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

Even hereby certify that the policy to which this Certificate of Insurance relates is assered in accordance with the previsions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 183), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503486678 WEARNES AUTOMOTIVE - TJK(JLR)

45 LENG KEE ROAD SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.

BSPALU