NATIONAL Assessment Centre	. Services (	e " .g			
Date In 06/09/22	Job description	Date & Lu	ne Completed	Done	; p.i.
RECENO MA/41622008765/13	SAS e-filing	!	mar it or convenient in the convenient delicate in page or great and	and the second s	Processes de sur montre en engantes ( ) e v. in en
VehNo SUD 9703 9	E-mail (within 8hrs. Al	Cahrs,			
DOA 17/08/22 1600	i-Motor Claim For	m ;			
The second secon	i-Motor W/O (Within	i-Motor W/O (Within; OE 2hrs. TP 4hrs)			:
OD/(TP) Reporting Only	i-Photo Uploaded				
TO L	Assessment/Survey R	eport	*	athere in high subscribes a so to subscribe	
TP Insurer:	Ass't Report by Fax /	Hand to Owner/WI	<u>(Sp</u>		F
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax	The second secon	had become a second day of conjugate a solid fire-of-
TP Particulars: Veh No: S	mu54941C.	INC( )/Non-l	NC()		
Owner / Driver: (		Tel:		)	
Policy No. ( ) Peri	od: (	) Cover Typ	e: (	)	
Confirmed by : (	Date	: 7	`ime:	)	
Insured/Driver Liability: ( %) [N	ote-Est. Status (WO):	N: 0-20%; P: 21-	79%. F: \$0-100	%]	
THE CONTRACT OF THE PROPERTY O	arranty: YES ( ) / N	0()		we want to be seen that the see 1711	
Excess: (\$ ) Loading: \$1,00	0 ( ) / \$2,000 ( )				
General Remarks:-				***************************************	
( ) Walk-In Customer: Customer's inform		al & Strictly NO refe	er of repairer.	Fire barrier and accommon common ( ) . With a	
( ) Total Loss Case : to e-mail Insurer				******************	
Drive-In ( ) / Towed-In ( ); Invoice:	YES ( ) / NO (	); Towing Co. (			)
Remarks:- (INC hotline: 6788 6616)		Date&Tim	e Completed	Done	by
1) Apply for Transport Allowance ( )/ Co	ourtesy Car ( )				
2) QC Check / Post Repair Inspection	( )				
3) Üpload Resurvey Photo [Repair Cost > \$30	000] ( )				
Injury:					
Date/Time Actions					
Actions Actions					
	The second secon		the shall be commanded to the specific of a specific of a specific of the spec		
		,	WAY OF THE STREET OF THE STREE		and the state of t
			in annual class of the control to the control of th		
2/2 2/2 0	Inyoi	ce Preparation Ch	ecklist	Amt (\$)	Amt (3) Add Bill
N92202439			30);	IST DITT	Add Bill
laimant's Particulars :-		Damage Assessment (\$1 Towing Fee	100); INC (\$80) \$40/\$45	5	
Driver/Owner:	4) FT:	Follow-Through Survey	\$120 Resurvey) \$30		
Contact No:	5) FT: 1 For c	Follow-Through Survey ( niming against INC Only			
Damaged Portion:		Re-inspection Idae DA + SMRT Survey	\$75		
	8) NTU	C Additional Services:-			
C Checked by (Engr-In-Charge):	OD* *N5:	Courtesy Car / Tpt Allow			
	*N6;	Repair Co-ordination  Post Repair Inspection	\$2.5	1	
Auditors' Comments :-	- +N8:	DV / Collect Excess Coo			
at. 1;	7 <u>P</u> ()	M11) : TP (Non INC) agai Idae Mobile	nst INC S20		<b>日本の日本の日本へ日本</b>
at 2./3:	Invoice	date:1	Fee Charged	14.14	Niews Trans
and an installation of	Invoice	dated	Fee Charged	BOKER, KANDE	1

SN0922960009 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 06/09/2022 18:58 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (06/09/2022 18:58 (SGT))



# 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 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.

- 4. The issue and acceptance of this Form by instrance companies is not an admission of policy liability of the part of the instrance 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 06/09/2022 18:58 (SGT) Reported by Both Date of Accident 17/08/2022 16:00 (SGT) Exact Location of Accident Singapore Additional Location Information MSCP LVL 3 ARC @ M TOWER Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SJD9703G INSURED/POLICYHOLDER Is company? Name Of Registered Owner WONG SIEW CHEONG NRIC No SXXXX261D **Email Address** sylvesterw@gmail.com Mobile Phone No (Phone) +65-81110770 Alternative Phone No VEHICLE PARTICULARS Manufacturer Lexus Model Is 250 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 2500 INSURANCE COMPANY AIG Asia Pacific Insurance Pte. Ltd. Name of Insurance Company Policy Number / Cover Note Number 7220028466 DRIVER WONG SIEW CHEONG Name of Driver SXXXX261D NRIC No 05/08/1970

Indoor

Date Of Birth

Occupation

Date Of Driving Pass	27/06/1991
Driving experience	31 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81110770
Alt. Phone Number	•
Email Address	sylvesterw@gmail.com
Address	BLK 221 YISHUN ST 21
Address complement	#05-421
Postcode	760221
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	•
insurance company of other vehicle owned by briver	-
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL IN CHINATION OF THE ACCIDENT	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry
	Diy
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)	0
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	•
DETAILS OF POLICE ACTION	
	No
Was the accident reported to the police?	No No
Was the accident reported to the police? Was notice of intended Prosecution given?	No No
Was the accident reported to the police?	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	
Was the accident reported to the police? Was notice of intended Prosecution given?	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  PLS REFER TO THE ATTACHED STATEMENT	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  PLS REFER TO THE ATTACHED STATEMENT  ATTACHMENT(S)	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  PLS REFER TO THE ATTACHED STATEMENT	No -
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  PLS REFER TO THE ATTACHED STATEMENT  ATTACHMENT(S)  Are accident photos available for attachment?	Yes
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  PLS REFER TO THE ATTACHED STATEMENT  ATTACHMENT(S)  Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  PLS REFER TO THE ATTACHED STATEMENT  ATTACHMENT(S)  Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  PLS REFER TO THE ATTACHED STATEMENT  ATTACHMENT(S)  Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  PLS REFER TO THE ATTACHED STATEMENT  ATTACHMENT(S)  Are accident photos available for attachment? Was there any video captured by Car Camera?  DETAILS OF OTHER	Yes No VEHICLE PROPERTY 1
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  PLS REFER TO THE ATTACHED STATEMENT  ATTACHMENT(S)  Are accident photos available for attachment? Was there any video captured by Car Camera?  DETAILS OF OTHER  Vehicle Registration Number	Yes No VEHICLE PROPERTY 1
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  PLS REFER TO THE ATTACHED STATEMENT  ATTACHMENT(S)  Are accident photos available for attachment? Was there any video captured by Car Camera?  DETAILS OF OTHER  Vehicle Registration Number Vehicle Manufacturer	Yes No VEHICLE PROPERTY 1
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  PLS REFER TO THE ATTACHED STATEMENT  ATTACHMENT(S)  Are accident photos available for attachment? Was there any video captured by Car Camera?  DETAILS OF OTHER  Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour	Yes No VEHICLE PROPERTY 1
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  PLS REFER TO THE ATTACHED STATEMENT  ATTACHMENT(S)  Are accident photos available for attachment? Was there any video captured by Car Camera?  Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour  Vehicle Category	Yes No VEHICLE PROPERTY 1
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  PLS REFER TO THE ATTACHED STATEMENT  ATTACHMENT(S)  Are accident photos available for attachment? Was there any video captured by Car Camera?  DETAILS OF OTHER  Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour	Yes No  VEHICLE PROPERTY 1  SMU5494K

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 Actual Driver.
- 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 Traffic Police Department for investigation.

- 6. 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.
- 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' 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.

×.		Auna 06/09/22-
Policyholder'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		(Name as in WRICHD card)

Describe Circumstance of the Accident
ON THE STATED DATE AROUND 1600HRS, I PARKED MY
VEHICLE AND LEFT.
to Die sand
ON THE STATED PATE AROUND ISOUHRS, I WENT
RACK AND SAW A NOTE PAM VEH R'S PRIVER STATING
THAT HE APOLOGISED FOR HITTING MY VEMICLE.
I SAL DAMAGES TO MY VEHIC PRONT MND RIGHT
PORTION-

Declaration

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

X

Witnessed by Reporting Centre Personnel

*			
VEHICLE NO: SJOGTOSG.	MAKE & MODEL: LOWS 18250 AUTO / MANUAL		
DATE OF ACCIDENT	17 / 08 / 21. C.C. 2.5.		
TIME OF ACCIDENT	(600 AM /PM		
LOCATION OF ACCIDENT	MSCP ARCEMTOWER.		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE PARKED.		
NAME OF OWNER			
EMAIL SYLVESTERWE GMAL. Con	OFFICE: MORILE & BUL 0239		
NRIC NRIC	Modelle. Officer		
CLAIM TYPE	S702(261).		
FLEET POLICY	OD / THIRTY PARTY / REPORTING ONLY		
INCURENCE CO.	YES / NO?		
TYPE OF COVERAGE	416.		
POLICY NO.	Comprehensive / Third Party / Third Party Fire & Theft		
NAME OF DRIVER	7220028466.		
	AS ABOVE / IF NO: "		
NRIC PATE OF PURPLY	4		
DATE OF BIRTH	05 / 08 / 20.		
ANY PASSENGER	YES / NO: NOBODY IN VEHICLE.		
NAME OF PASSENGER			
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION DATE OF DRIVING PAGE	Outdoor / Indoor		
DATE OF DRIVING PASS GENDER	27/06/91.		
	MALÈ / FEMALE		
CONTACT NO.	Mobile: 8111 0770 Office: Home:		
EMAIL	SYLVESTER WO GMAIL: GOM		
ADDRESS	221 YISHUN ST 21 \$05-421 5 (760221)		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE:		
RELATIONSHIP	Employee / If No: SELF.		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE ANY INJURIES	Ory / Wet / Other:		
CONTACT NO.	No'/ If yes, Who?		
ROLICE REPORT			
	No / If yes, Where?		
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?		
VEHICLE B NO. NAME	Smu 5494 K. Any Passenger: UNSURE.		
CONTACT NO.			
VEHICLE C NO.			
VEHICLE C NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS	Any Passenger:		
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?			
WAS THERE ANY AUDIO RECORDED?	YES (NO		
SCENE ACCIDENT PHOTOS TAKEN?	YES (NO		
	YES NO DRIVER/OWNER/BOTH		
Original Language Head	ZZZ. ZZZ GWINDIG BOILI		
Original Language Used	English/ Mandarin/ Others:		
Have you been approach by unknown person			
soliciting (s) / offering accident claims	YES NO		
assistance?			



# **CERTIFICATE OF INSURANCE**

### **AUTOPLUS PRIVATE VEHICLE**

Name of Policyholder

: WONG SIEW CHEONG

Period of Insurance

: 19 Mar 2022 To 10 Apr 2023

Engine No.

: 4GR0423686

Chassis No.

: JTHBK262X02068400

Vehicle No.

: SJD9703G

Policy No.

: 7220028466

Endorsement No.

**Issued Date** : 18 Mar 2022

### ABOUT THE COVER

Make/Model

: LEXUS IS250

Engine Capacity/Tonnage : 2,500.00 CC

Sum Insured : Market Value

First Year of Registration : 2008

Driver Restriction

: NA

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 S\$\$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

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

WONG SIEW CHEONG

### 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/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: NA

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).

Insure Link Pte Ltd 2 Kallang Avenue #06-16 CT Hub S(339407) Off: 6444 4644

Fax: 6444 0040

0501295000

INSURE LINK PTE LTD

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

2 KALLANG AVE #08-16 CT HUB

SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Yan Leng Lau

78 Shanton Way #09-16 AIG Building \$079120 [ T +65 6419 3000 ] www.aig.

No.201009404M | Copyright © 2019 A4G Asia Pacific 8