

【例 1】求函数  $y = \frac{1}{x^2}$  的导数。

SMOA22A4000/

Date In: 04/09/2022 12:03	Job description	Date & Time Completed	Done By
Ref No: XBA/MG220097140	SAS e-filing		
Vol. No. SAB 48487	E-mail (include Veri, A/C Dist)		
D.O.A. 08/10/2022 14:15	i-Motor Claim Form		
② Reporting Only	i-Motor W/O (whats OD time of year)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP (attach)	Ass't Report by Fax / Hand to Owner/Whip		

Preferred Wksp / INC Assign Wksp / QW: (		Tel: (	Fax: (
TP Particulars: (	Veh No: GBC 453315	INC ( ) / Non-INC ( )	
Owner / Driver: (		Tel: (	
Policy No: (	Period: (	Cover Type: (	
Confirmed by: (	Date: (	Time: (	
Insured Driver Liability: (	1% (Note: 1st Status (WO) 10-0-2011, 2-21-79%, P 80-1103%)		
Year of Registration: (	Warranty: YES ( ) / NO ( )		
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )		

General Remarks: ( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repair.  
( ) Total Loss Case : to e-mail Insurer URGENTLY.  
Drive-In ( ) / Tow-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Cost:

Remit/Status	INC Ref/Inc#	6788-6616	Date/Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )				
2) QC Check / Post Repair Inspection ( )				
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )				

[illegible]

NA 200 T-20		Invoice Preparation Checklist		Amount	Actual Bill
Inmate's Particulars:		1) AR: Accident Reporting	(\$30)		
		2) DA: Damage Assessment	(\$100)	INC (\$50)	
		3) TP: Towing Fee		\$40/\$40	
		4) PT: Pallet Through Survey		\$100	
		5) PT: Pallet Through Survey (Recovery)		\$50	
		Base Insurance (\$1000000.00) (See Page 2 of 2)			
		6) TR: Transportation		\$75	
		7) NC: NC DA + DMPT Survey		\$140	
		8) NUC: Additional Services			
		DM			
		*No Courtesy Car / Toll Allowance		\$5	
		*No Repair Coordination		\$10	
		*No Post Repair Inspection		\$25	
		*No DV / Collision Survey Coordination		\$5	
		*No DV / TP / NC / INC / Against INC		\$100	
		*No DV / NC / INC		10	
Checked by (Engr-In-Charge):				Not Charged	
Notes/Comments:				Not Charged	

## 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 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. 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	04/10/2022 12:03 (SGT)
Reported by	Both
Date of Accident	03/10/2022 14:15 (SGT)
Exact Location of Accident	17 Woodlands Link, Singapore 738727
Additional Location Information	SOON HONG EATING HOUSE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB4848T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HO CHONG CHYE
NRIC No	SXXXX564H
Email Address	ho_darren@yahoo.com.sg
Mobile Phone No	(Phone) +65-84983977
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Gs300
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 your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2995

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210157217

### DRIVER

Name of Driver	HO CHONG CHYE
NRIC No	SXXXX564H
Date Of Birth	06/08/1981
Occupation	Indoor



Date Of Driving Pass	17/01/2001
Driving experience	21 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84983977
Alt. Phone Number	-
Email Address	ho_darren@yahoo.com.sg
Address	77 ANCHORVALE CRESCENT #14-16
Address complement	-
Postcode	544663
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
Road Surface	Wet

#### 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)	1
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

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	GBC4233D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-93831395

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

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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 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:

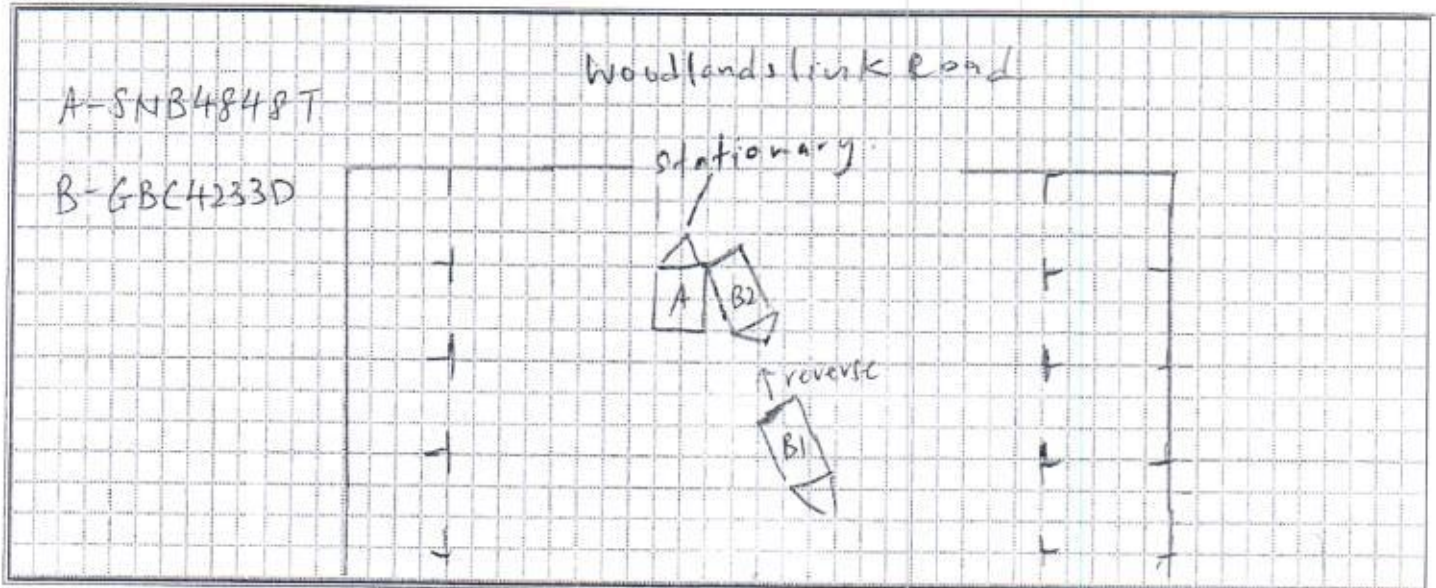
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (**collectively 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.

  
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



Soon Hong Eating House.




**Describe Circumstance of the Accident**


My vehicle A (SNB48487) was stationary at the open Air Carpark of Soon Hock Eating House along Woodlands Link Road for a few minutes as I was waiting for my colleague. Suddenly vehicle B (GB 4233D) reverse and vehicle B rear right hand side collided into my vehicle right hand front portion.

**Declaration**

I/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

 04/10/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

**\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

Date of Accident: 03/10/2021 (dd/mm/yy)

Time of Accident: 14:15 (24-HR-FORMAT)

Vehicle No.: SNB4848T Vehicle Make & Model / Engine (cc): Lexus GS300 2999cc Private Hire: (Y/N) ☒

Exact location of Accident: Soon Hong Eating House Open Air Carpark along Woodlands Link Road

Policyholder's Name / IC No.: Hochong Chye S812256411 ROC/UEN (Company): \_\_\_\_\_

Driver's Name / IC No.: As above (As Above) ☒

Driver's Contact No.: 84983977 Company Contact No / Owner Contact No: 84983977

Driver's Address: 77 Anchorvale Crescent #14-16 S(544663)

Owner Email address: ho-darren@yahoo.com Insurance Company: AIG

Driver Email address: ho-darren@yahoo.com 06/08/1981 17/01/2001

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim? (Please **TICK** one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle  
Was being used at time of accident?**

**Occupation (nature of job)** ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

**\*No. of Passengers (Including Driver):** 1

**\*Passenger Name:** \_\_\_\_\_

**Gender: Male / Female x( )**

**\*Passenger Name:** \_\_\_\_\_

**Gender: Male / Female x( )**

**Weather condition & Road conditions? (On the day of accident)**

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No Remarks: \_\_\_\_\_

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### **The Other Party(s) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: GBL4233D

Driver's Contact No: 93831395 Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

**\*Independent Witness (If Any):** \_\_\_\_\_ Contact No: \_\_\_\_\_

**Preferred Workshop Name:** \_\_\_\_\_ Contact No: \_\_\_\_\_





# CERTIFICATE OF INSURANCE

## PRIVATE AUTO THIRD PARTY ONLY PRIVATE VEHICLE

Name of Policyholder : HO CHONG CHYE  
Period of Insurance : 30 Dec 2021 To 29 Dec 2022  
Engine No. : 3GR0167761  
Chassis No. : JTHBG96S605039047

Vehicle No. : SNB4848T  
Policy No. : 7210157217  
Endorsement No. :  
Issued Date : 30 Dec 2021

### ABOUT THE COVER

Make/Model : LEXUS GS300

Engine Capacity/Tonnage : 2,995.00 CC

Driver Restriction : NA

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.

Sum Insured : NA

Off Peak Car : No

First Year of Registration : 2006

Insuring with COE/PAF : NA

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.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169), Section 95 of the Road Transport Act, 1967 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

Section 1

Section 2

Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

HO CHONG CHYE

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

For Approved Reporting Centres, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://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

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. 169), Part IV of the Road Transport Act, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502881000

TAN THIAM POH JOSEPH

BLK 425 BEDOK NORTH ROAD #07-543

SINGAPORE 460425

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

THIAM POH JOSEPH