	e Services morning			
Dute In: 02/11/2022 17:41	Jeb description	Date & Time Com	eleted Done b	7.
V-8001 108C D/W 881/1001	SAS e-filing	. 1		
Veli No: SMC, 542H	E-moil (within Shre, ACC 2hts	. ,		. L
1957	1-Motor Claim Form	, , , ,	- 1	
Contract of the state of the st	1-Motor W/O (White: OD	Inta, TP (livs)		
OD (T) / Reporting Only	i-Photo Uploaded		- 1	
many distance and the state of	Assessment/Survey Repo	THE RESERVE OF THE PROPERTY OF	Annual of Control of C	
TP (asurer:	Ass't Report by Eax / Ha	nd to Owner/Whap		
referred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	-
P Panticulars: Veh No: 8	HA 2050S . IN) DM-401/(,)0)	The state of the s
Owner / Driver: (Tel:)	The State of the S
Policy No: () Po	eriod: () Cover Type: (<u> </u>	8 % marable programme or
Confirmed by : (Date:	Times	7	de de la companya de
	(Note-Bit Status (WO): No	White the state of	r: 30-17/0/21	-
Year of Registration: ()	Warranty: YES ()/ NO			
The same of the sa	000()/52,000()			
eneral Kembekan Kantanan Lamba.	后年(2)4年(3)4年(3)4年(3)	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Est Courted the a	
) Walk-In Customer : Customers in		& Strictly NO rater of r	e parier.	SAME SERVICE
) Total Loss Case : to e-mail Insu	The state of the s			
); Towing Co: (The second
emarks: P. AUSG holline: 6788(6616)		Burk Draw Time Con	ple di l'aggi l'ilone	by
) Apply for Transport Allowance ()/	Courtesy Car ()			Name and Address of the
QC Check / Post Repair Inspection	()		Andrew of the Property of the Parket of the	AND THE STREET, THE LAND
	the the gradual distribution the party of the second of th			
	53000] ()	1		************
) Upload Resurvey Photo [Repair Cost > !	53000] ()		and the same of th	
) Upload Resurvey Photo (Repair Cost > ! Injury :		SECURITY STATES OF		
Upload Resurvey Photo [Repair Cost > ! Injury : at: Tunk (Actions) (1987)		DECEMBER SON LAND TO		
) Upload Resurvey Photo (Repair Cost > ! Injury :		SECURE SPANISH SEC.		
Upload Resurvey Photo (Repair Cost > ! Injury :			The second secon	
Upload Resurvey Photo [Repair Cost > ! Injury : att Tunit (Actions) (1977)				
Upload Resurvey Photo [Repair Cost > ! Injury : att Tunit (Actions) (1977)			The second secon	123.23
Upload Resurvey Photo [Repair Cost > ! Injury : nis/Tunk (Actions)				
Upload Resurvey Photo [Repair Cost > ! Injury : NA2203049	Invest	e Proparation Check		
Upload Resurvey Photo (Repair Cost > ! Injury : Actions (Actions)	Investigation (in) AR.	e Proparation Check technology (330); Comage Assassment (3100);		
Upload Resurvey Photo (Repair Cost > ! Injury : All Tunal Actions WADDOS 19	Inveic 1) AR: / 2) DA: 3) TF: I	6 Propagation Check section Experting (330); Demography (3100); Swing Fra	18/C (1580) 510/545 5130	
Upload Resurvey Photo (Repair Cost > ! Injury : ACTIONS ACTIONS ACTIONS ! West/Owner:	INVECTOR 1) AR (2) DA (3) TF (7) (4) FT (7)	e Recouration Check lecident Reporting (330); Damage Assistment (3100); owing Fis officer Through Survey	10 (359) 540/559 5120 (C10 (32/282))	
MADOSOF9 Windows Resurvey Photo (Repair Cost > ! MADOSOF9 Wer/Owner: Intent No:	INVEC I) AR: // I) DA: // I) TF: // I) FT: // III // II //	e Proparation Chrick teckini Reporting (330); Demographic (3100); ewing Fee ellow Through Survey office Through Survey (Reserve)	1NC (350) 530/555 5120 105/7	
MADOSOF9 Windows Resurvey Photo (Repair Cost > ! MADOSOF9 Wer/Owner: Intent No:	Invoic I) AR. / I) DA: / I) TF: I I) FT: I I FT: I I FT: I I T N 1: I	e Proparation Check- ecident Reporting (330); Demage Assistment (3100); owing Fis owing Fis oliow Through Survey (Residue); ollow Through Survey (Residue);	110 (250) 540/555 5100 1200	
Upload Resurvey Photo (Repair Cost > ! Injury : MADDOSOF9 Historian Actions (Actions of the cost > ! MADDOSOF9 Historian Resurvey Photo (Repair Cost) MADDOSOF9 Historian Resurvey Photo (Repair Cost)	Invoic 1) AR / 2) DA 3) Tr : 4) FT : 5) Tr : 6) TR : 7) N11 8) NTU	e Proparation Check teckini Reporting (330); Demage Assistment (3100); owing Fee ellow Thomash Survey (Reservices Inc. Chilly (w. Resignment In Conty, (w. Resignment In Co	1NC (450) 510/515 510/515 5100 110 (410 2000) 571) 571	
NADOSOGO White Barticuling Costs Wer/Owner: Ontact No:	INVIC 1) AR: / 2) DA: / 3) DA: / 4) FT: / 4) FT: / 5) FT: / 6) TR: / 7) NT: / 9) IZ: / NS:	e Proparation Check teckint Reporting (330); Demoge Assistment (3100); owing Fit ellow Thomash Survey (Resolutions assault 132 Cally (2); Re-lames don Re-lames don C Additional Fetricals: Coursey Carl Tot Allowetta Report Condidination	10 (550) 510/549 510/549 5120 Frey) 530 Frey) 530 Frey) 530 Frey) 530 Frey) 530 Frey) 530	
MADDOSOGO Minutery: Minutery: MADDOSOGO Minutery:	INVECTOR 1) AR	S. Ricoparation Gheck Lection Reporting (330); Demage Assistment (3100); owing Fis ellow Through Survey (Residence of the Control of the Cont	100 (550) 510/549 510/549 5100 FVEY) 510 510 510 510 510 510 510 51	
NADAOSOG9 Milmanus Barticullus Elver/Owner: Sintaged Fortion: 1006	INVIC 1) AR : A 2) DA : A 3) FT : 3 5) FT : 3 6) TR: T) N11: 6) NTU 90': NS: NS: NS: NS: NS: NS: NS: NS: NS: NS	6 Recoparation Check- ecident Experting (330); Demage Assistment (3100); owing Fis owing Fis oliow Through Survey (Resident Experting Elevation Survey Color Day SMET Survey Contast Control Experion States Chartesy Care Tpt Allowed Repair Contidention Fost Repair Expertion DN / Color Cares Section No. 1): TP (Non INC) spains	100 (550) 510/549 510/549 5100 510 (510/549) 510 (510/549) 510 (510/549) 510 (510/549) 510 (510/549) 510 (510/549)	
MADDOS Particulars: Injury: MADDOS 949 Minante Resultations Inver/Owner: Inter No. Checked by (Engr-In-Chargo):	INVIC 1) AR : A 2) DA : A 3) FT : 3 5) FT : 3 6) TR: T) N11: 6) NTU 90': NS: NS: NS: NS: NS: NS: NS: NS: NS: NS	6 Proparation Check section Parenting (330); Demage Assistment (5100); wing Fit will be the section of the sect	100 (550) 510/549 510/549 5100 FVEY) 510 510 510 510 510 510 510 51	The state of the s

SN0822B30001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 03/11/2022 17:41 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (03/11/2022 17:41 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. 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

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

A. 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

03/11/2022 17:41 (SGT) 02/11/2022 19:57 (SGT) Tampines Street 23, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMC542H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No Alternative Phone No No LOO LAY SOON SXXXX692D alexloo33@hotmail.com (Phone) +65-96573050

VEHICLE PARTICULARS

Manufacturer Model Variant

Nissan Sylphy

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

Private use

No - Claiming third party Private car

Auto 1598

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 1800074136-04

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LOO LAY SOON SXXXX692D 03/03/1971 Outdoor

Date Of Driving Pass 16/11/1998 Driving experience 24 YEARS Gender Male Mobile Number (Phone) +65-96573050 Alt. Phone Number **Email Address** alexloo33@hotmail.com Address BLK 254 TAMPINES STREET 21 #09-476 Address complement Postcode 521254 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) 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 P	ROPERTY 1
---------	----------	-----------	-----------

Vehicle Registration Number	SHA2050S
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	_
Vehicle Category	Taxi
Name of Driver	LEONG YUEN FOOK
NRIC No	SXXXX685D



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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SMT1891D
Vehicle Model	-
Vehicle Variant	- II-
Vehicle Colour	-
Vehicle Category	- Duit 1 -
Name of Driver	Private car
NRIC No	SABTU BIN MAJID
Contact Number	SXXXX628J
Address	-
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	•
3- (siag 2.1761)	-

SKETCH PLAN

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 <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.
- 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.
- 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' 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

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

03/1

Sketch Plan (1044 (1044 8))

A - 3MC 5 + 2 + 1

B - SH A 2050 S

C - SM 7 189 1 0

Describe Circumstance of the Accident
My vehicle A (SMC 542H) was travelling along Tampines 1723. When the traffic light turned red, I brake and came to a stop. Suddenly I felt a huge jerk and heard a loud bong from my rear. I came out of my rehicle A and found out that it was a chain Collusion involving 3 vehicles. Vehicle B (SHA 2050s front portion had cellided into the year of my vehicle A. Whicle ((SMT (8910)) front partion had collided into the year of vehicle B.
When the traffic light turned red, I brake and came to a stop.
Suddenly I felt a huge jerk and heard a loud bary from
my rear. I came out of my wehicle A and foundout that it
was a chain Collusion involin, 3 vehicles. Vehicle B(SHA2050s
thant portion had celleded into the year of my we hick A.
Which ([JM1(8910) front partion had collided into the rea of
vehicle B.

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

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

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.
Date of Accident: 02 / 11 /2021 (dd/mm/yy) Time of Accident: 19: 57. (24-HR-FORMAT)
Vehicle No.: Smc 542 H Vehicle Make & Model / Engine (cc): Hisson Sylpty 1598 Private Hire: (Y/N)
Exact location of Accident: Along Tampines st 23
Policyholder's Name / IC No.: LOO Lay Soon. S71726920 ROC/UEN (Company)
Driver's Name / IC No.: Loo Lay Soon 571726920. (As Above)
Driver's Contact No.: 96573050. Company Contact No / Owner Contact No: 96573050.
Driver's Address: BIK 254 Tampines st 21 # 09-476 5/521254).
Owner Email address: alex 00.33@hotmail.com. Insurance Company: AIG
Driver Email address: as above 3/3/1971
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):
*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 / V No Remarks:
Any Injuries: Yes / Ves / No (If YES) Injured Person' 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: Leong Yuen Fook S1198685D. Vehicle No: Stl A20505.
Driver's Contact No:Insurance Company :
2. Driver's Name / IC No (If Any): Sabtu Bin Majid. S1718628 J. Vehicle No: SMT 1891 D.
Driver's Contact No:Insurance Company :
*Independent Witness (If Any): Contact No:
Preferred Workshop Name: Contact No:



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Loo Lay Soon

Period of Insurance

: 25 Jun 2022 To 24 Jun 2023

Engine No.

: HR16926367C

Chassis No.

: MNTBBAB17Z0032007

Vehicle No.

: SMC542H

Policy No.

: 1800074136-04

Endorsement No. **Issued Date**

: 03 May 2022

ABOUT THE COVER

: NISSAN SYLPHY 1.6 PREMIUM

Engine Capacity/Tonnage: 1,598.00 CC Driver Restriction

: NA

Sum Insured : Market Value

First Year of Registration : 2018

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

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

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

* 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Loo Lay Soon - \$600 (Own Damage), \$600 (Flood Cover)

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

1.TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513 2.TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212 3.Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666 4.Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589823 64694091 64694092 64694093

5.Tan Chong Motor Sales Add: 19 Lorong 8 Toa Payoh Singapore 319255 63570753

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency holline 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: MayBank

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).

TAN CHONG CREDIT PTE LTD-YKM

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589623 ANSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIGSGMOBILEAPP