A.S.S. REC.BY: TaulM REF. 435/CT12	FIGNMENT	OE 2 629 March
	Ven Nc: SJU 8792.	CrE 2 029 March. Yr Regn: 2009 April
From: Date: Estimated()ost:	Type: NC ar / M. Cycle / Bus / Van / Lorry	
OD I US / TP RES / OD RES / EVA / INV / MV	Truck / Traller or	¥
To Inspect/ehicle No:		C200 c.c 1796
at Workship m/s	Colour Biege	A/C: Insured / Std / NI / NA
**	Sp.Reading 61540	T/Radio; Insured Std MI NA
01		,
Insured:	Eng/No: WOD 2040	4174745281
Policy No.	C/No: WDV 2040 Gen. Cond: G60d) Fair / Poor / Burnt	1101 241201
Claims No.	Steering: Injorder / Jammed / Leaked /	Burnt or
Sum insted: Excess:	Brake: Injorder / Jammed / Leaked /	
(Client's Record) Make of Veh:	Modi: Nil /SiRim / STD AJRim or	
INIGKE OF CIT.	- 275	451817
(Disting (Condition)	Tyre Size: F:	7.17
(Policy Condition) Remark: The veh had commenced its N/S O/	BS DUN EXNOVA GY FS LIZA	MIC I OHTSU PIR SUMI I
repair at the time of inspection.	TOYO / YOKO DT	
Ball or Warket Value:	Froni	Rear
IDAC Accident Roort Consistent? : Yes or No	R/Bal, C mm	, R/Bal mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal 6 mm .	L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A.	D.O.I. 2////27
Lum Sum: % 3 Val.: Yes or No	/	lesse neve.
CA / REV / REP. / 24 HRS W/ '- P/	Des. of Damages : Frt / Rean / 0/5	NIS I UIC I Rooftop or
Vehicle: IN /		- West
Date: Person Contacted:	The U/C / Chassis frame / Bo	ody Structure affected due to collisi
Date/Time Action/Instruction Neper Neuge: \$ 3500 - \$1	4500 5 days.	
19/00 (denge : 4 2)	3	
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	Name of the second	a
Date/Tine, File Pass 10? : Prell. Report	Days Of Repair:	
1) : Final Report	· · · · · · · · · · · · · · · · · · ·	Survey Fee:
Date/Time, File Return to?	Resurvey No. of Trip:	Transportation:
Ade	Fee: : Site Insp (\$)S÷RSSI_
	: Interview (\$	Photos
Report ormer:	Tech, mys (\$) Offisia
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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- 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

- 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation of multioling 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.

17/CGIDEN	T STATEMENT SHARE A STATE OF S
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	02/11/2022 16:49 (SGT) Both 01/11/2022 16:10 (SGT) Kallang Rd & Padang Jeringau, Singapore - Singapore
West Target and Education Factor Section Details of	FOWN VEHICLET PROBEST TO THE SERVICE STATES OF THE SERVICE STATES
Vehicle Registration Number	SJQ879Z
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No Ng Chu Teck S0036708G ctng_sg@yahoo.com.sg (Phone) +65-98345534
VEHICLE PARTICULARS	
Manufacturer Model Variant 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	Mercedes C200k - Private use No - Claiming third party Private car Auto 1796
INSURANCE COMPANY	
Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd. 2100133423-13
DRIVER	
Name of Driver NRIC No Date Of Birth Occupation	Ng Chu Teck S0036708G 15/08/1948

Dubling comparisons	50 VEADS AND 5 MONTHS
Driving experience	53 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98345534
Alt. Phone Number	<u>.</u>
Email Address	ctng_sg@yahoo.com.sg
Address	38 Gilstead Road #01-04
Address complement	35 Gillstodd (1848 ii 5)
	7
Postcode	309080
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	110
22. 22. 22. 22. 22. 22. 22. 22. 22. 23. 23	_
Insurance Company of Other Vehicle Owned by Driver	
insulance company of other vehicle owned by briver	-
GENERAL INFORMATION OF THE ACCIDENT	
Control in the War and the Control of the Control o	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
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OTHER INFORMATION	
We the state of th	
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 injured conveyed to nospital by ambulance?	₩
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	7
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
Translator's name	
	ল
Translator's ID	•
Translator's phone number	e ^c
Translator's email	·
Original language used in the statement	
anglish sangaaga acca in the action of the management of the sangar	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
f yes, against whom?	-
, <u>,</u> - , ,-	
CIRCUMSTANCES OF ACCIDENT	
Please refer to the sketch plan.	
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ATTACHMENT(S)	
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re accident photos available for attachment?	Yes
/as there any video captured by Car Camera?	No
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● 1.000 中 2.55 (Capabase 2.000 Page DETAILS OF OTHER	AVEH (ORESPROBE NAVA
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ehicle Registration Number	GBL8824A
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ehicle Model	. 9,000
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ehicle Variant	N −
ehicle Colour	-
chicle Category	Commercial vehicle
ame of Driver	Commercial vehicle
ame of Driver	+
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Postcode . * * * * * * * * * * * * * * * * * *	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

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SKETCH PLAN

IMPORTANT NOTICE

- t. 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 Drixer.
- Information provided must be as <u>intitiful and accurate as possible</u>. Any wittet 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 Contro 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 cursent that:

- (e) 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 "Rersonal Information") and disclose and transfer such Rersonal 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 illms, 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.

Policyhalder's Signature / Date & Time

Driver's Signature (if driver is not the policyhalder / Date

A Time

Driver's Signature (if driver is not the policyhalder / Date

(Name as in NRIC/ID card) SOH JIT HOON

Sketch Plan

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CRIVITY R

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Accident report SL0M22B20004

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-	- Physical Section (1994)				sandture		

Declaration

IMa declare the loragoing particulars are true in every respect.

Policynokler's Signature / Date & Time

2/11/2022

Oriver's Signature (if diliver is not the policyholder) / Date

Witnessed by Reporting Gentre Personnel (Name as in NRIGAD card) SOH JIT HOON

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