NATIONAL A	ssessment Centre	Services		Company and the control of the contr	the special approximation of		None (Message control of the control
Date In 1/12/2	ore	Job descripti	The state of the s	Date & Tone Compl	atomic .		
Reine NA/AI	The state of the s	SAS e-filin	the rate of the state of the st	4 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CICA.	1201	ie by
Veh No SMQ	223811		Commence of the commence of th				
DOA 21/11/20	- Control - A - Control -	The state of the second of the	an Shas, AJC Zhra,				and the second s
Third contains		i-Motor Ci	CONTRACTOR OF THE PROPERTY OF			Wallington and 1 ag	
OD IP Peport	(G) Only	The second secon	O (Within OE 2hrs	. TP 4hrs)		and Marketine and State	
		i-Photo Up	The state of the s				Walk lake in the control of the cont
TP Insurer		The special of the control of the co	Survey Report			MANUFACTURE OF MANUFACTURE AND ADDRESS.	
Preferred Wksp / INC	Assign When I DWI	ASS'T Report	by Fax / Hand to				
TP Particulars:	Veh No: SN	+ 022110		Tel:	Fax:		4.14.2
Owner / Driver: (D en 1805 218	E 9704B	INC ()/Non-INC ()		ggaran = 4101 manomanagana
Policy No. (The same of the sa		The state of the s	Tel	-)	the state of the s
Confirmed b) Perio			Cover Type: (Man reserve a management)	
Insured/Driver Liab	And the second s	ta Ent Cont	Date:	Time:)	
Year of Registration	The real residence of the control of			%; P. 21-79%. F:	80-1009	%]	SOURCE STOCK SERVICE STOCK CONTRACTOR OF CON
Excess: (\$		arranty: YES ()/NO()	William Transaction		
General Remarks:-) Loading: \$1,000	()/\$2,00	0()				
	omer: Customer's inform	A company of the comp	twitte english				
2) QC Check / Post Re 3) Upload Resurvey P	ep≉ir Inspection hoto [Repair Cost > \$300	0] ()				
Injury:			/			£	
Date/Time Actions	Mark Coll States and		Andrew Andrews	The second secon			
	VA 2203355		Invoice Prepa	ration Checklist		Anit (\$)	Amt (
laimant's Particulars	* Programme Color of the Color		1) AR : Accident Ra			Ist Bill	Add Bi
river/Owner:			2) DA : Damage As 3) TF : Towing Fee		\$40/\$45		The second se
ontact No:			4) FT : Follow-Targ	ough Survey ough Survey (Resurvey)	\$120 \$30		
	THE STATE OF THE S		For claiming agai	pst INC Only (wef 10 Jan.)			
imaged Portion:	Commence and the commence of t		6) TR: Re-inspection 7) N1: Idac DA + S		\$73 \$160		
C Charles I be see	And the second s		8) NTUC Additions OD:				
Checked by (Engr-	In-Charge):		* N5: Courtesy Co	r / Tpt Allowage	\$3		and the same same same same same same same sam
uditors' Comments :-	72.43	7	*No: Repeir Co-c *N7: Fost Repair	rdination	\$40 \$25		
L. Comments :-			*N8: DV / Collec	Excess Coordination	\$5	The second secon	
	Re-		<u>TP</u> (N11) : TP (N 9) N12: Idae Mobile	n INC) against INC	\$20		
2/3:	And the second s	or a manufacturary construction of the state	Invoice dated	Fee Charg			
			Involve dated	Page Charan		NEW TOWN	

SN0922C10006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 01/12/2022 14:23 (SGT) SUBMITTED BY: AZRIL VERSION: 1 (01/12/2022 14:23 (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
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

01/12/2022 14:23 (SGT)

Both

21/11/2022 07:30 (SGT)

Singapore

HOUGANG AVENUE 6 CARPARK

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMQ7335U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

HONG KIAN PENG (FANG JIANPING)

SXXXX816C

g-max_scoot@hotmail.com

(Phone) +65-96457667

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Honda

Fit

Private use

No - Reporting only

Private car

Auto

1317

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.

7220036253

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report SN0922C10006

HONG KIAN PENG (FANG JIANPING)

SXXXX816C

27/10/1980

Indoor

Date Of Driving Pass 16/07/1999 Driving experience 23 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96457667 Alt. Phone Number **Email Address** g-max_scoot@hotmail.com Address BLK 529 HOUGANG AVENUE 6 #12-257 Address complement Postcode 530529 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 No Collision Weather Conditions Clear Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? No 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 PASSENGER 1 Name **PASSENGER** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Hougang Neighbourhood Police Centre Police Station Phone No. (Phone) +65-18004890999 Alt. Police Station Phone No (Fax) +65-63128989 Police Station Address 60 Hougang Ave 9 Singapore 538775 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED REPORT ATTACHMENT(S)

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

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.
- 3. Information provided must be as <u>truthful</u> and <u>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.
- 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.

Policy holder's Signature (Date 6 a

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

Please	of the Accident refer to Pal	ice Report/	T/20221121/21	20
	/			

Declaration

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

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel / Date & Time

(Name as in NRIC/ID card)





1 of 3

Report No. T/20221121/2120

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 21/11/202		ade:	Vide Report No.:	Station Diary No.: 152	
Informant	's Particu	lars		Reference Theorem Blanch Charles	
Name of Ir			Address:		
HONG KIA	AN PENG		530529	S AVENUE 6 #12-257 SINGAPORE	
ID Type / I	D No.:		Contact No.:		
NRIC NO	/ S803381	6C	Home/Office:	Mobile: 96457667	
Nationality			Email:		
SINGAPO	RE CITIZE	EN	g-max_scoot@hotmail.co	m	
Sex:	Age:	Date of Birth:	Type of Informant:		
Male	42	27/10/1980	Vehicle Owner		
Race:		·	Language:	Institution / School Name:	
Chinese			English		
Occupation	n:		Driving Licence Information	on:	
TECHNICI	AN		Class: 2B,2A,2,3	Date of Expiry:	

General Inform	mation of the Accider	t and the later than				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/11/2022 07:30		Type of Location: Car Park	
Location:						
HOUGANG A	VENUE 6					
Weather:		Road Surface:	Road Surface:		Road Speed Limit:	
Clear		Wet				
Traffic Flow:		Traffic Control:		Traffic Volume:		
Type of Collisi UNKNOWN	ion:				ne conveyed by ulance:	

Details of V	ehicle Invo	lved			Control of the Park Control	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMQ7335U	Car	HONDA		White	No Damage	0
SNE9704B		BMW		Silver	Slightly	0
					Damaged	

Details of Person Involved	Ser Sugal transportation of the state of the state of
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20221121/2120

2 of 3

Report No. T/20221121/2120

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Vehicle Owner						
Name	HONG KIAN PENG			ID No	•	S8033816C
Related Vehicle	SMQ7335U (Car)			Conta	ct No.	96457667
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 20/11/2022 at about 1130hrs, I parked my vehicle bearing SMQ7335U at my house Blk 529 Hougang Avenue 6 carpark (HG 37, 38, 39), lot 871. Since then, I did not drove my vehicle.

On 21/11/2022 at about 0730hrs, I drove my vehicle out to head to work. On the same day at about 2000hrs, I came back home and parked at a different lot. A female subject (Yvonne hp:93216574) approached me and claimed that I had hit and run her vehicle (SNE9704B) this morning at about 0730hrs. She informed that she had already lodged a police report about the matter. She also claimed that her in car camera had captured that there were 3 black patches on different parts on my left side vehicle and she insisted that we had collided on to her vehicle within 0725hrs to 0730hrs. There were damages to her right front side bumper.

I wish to inform that I did not felt any collision when I drove out of from the lot earlier this morning. There were also no damages to my vehicle.

There is in car camera installed in my vehicle however there was no footages captured regarding the incident.





3 of 3

Report No. T/20221121/2120

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

CONTINUATION OF REPORT

Signature of Officer Recording The Report: F /	Signature Of Informant:
SGT 3 LEE JIA YI	
Signature Of Interpreter:	Date/Time:
Not applicable	21/11/2022 23:28
Officer In Charge Of Case:	Classification Of Case:
TP / HRT / STAFF SGT SUFIYAN BIN KHAIRI	
Contact No.: 65476148	
NP168	

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 11 / 2022 UDD 1111)
ACCIDENT DATE: (21/11/2022) (DD/MM/YYYY), TIME: (07.30) (HH:MM)
1. DETAILS OF VEHICLE
O'VEHICLE NUMBER SMA 722 1
· · · · · · · · · · · · · · · · · · ·
CIPO I ICY MULLIPED
e) MAKE & MODEL: THIRD PARTY / THIRD PARTY FIRE &THEFT)
THE COALOON / COLUMN
WILL TOO CLAIMING UNDER YOUR ON
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: Hong kian Peng D) NRIC/FIN/PASSBORY
MALE / FEMALE
CIADDRESS: BIK 529 Hougang Avenue 6 #12-187
The of persongs DRIVER DRIVER ALSO POLICY HOLDER
() including change al NAME: AC. Above
ONRIC/FIN/PASSPORT: (MALE / FEMALE)
female "diDATE DE BIRTHI (32) 10 Mars
e)OCCUPATION: (INDOOR 10 MM/YYYY)
G)OCCUPATION: (INDOOR / OUTDOOR) F)YEARS OF DRIVING EXPRERIENCE: 16/7/1999 4. WAS DRIVER AN EMPLOYER
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 16/7/1999 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/ NO)
E)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 16/7/1999 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D)ROAD SURFACE: (DD) (OCEAR / RAINING / OTHERS
E)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 16/7/1999 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO)
E)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 16/7/1999 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. D)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: HOUGANG NOC.
E)OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: (6/7/1999) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. D) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: HOUGANG NOC. 8. THIRD PARTY VEHICLE D) VEHICLE NUMBER: SNG 9704 B MODEL:
E)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 16/7/1999 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: HOUGANG NOC. 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SNG 9704 B MODEL: C) NRIC/FIN/PASSPORT
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 16/7/1999 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D)ROAD SURFACE: (DRY / WEJ / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: HOUGANG NPC B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SNG 9704 B MODEL: O) NRIC/FIN/PASSPORT: CONTACT: 95216174 d) VEHICLE NUMBER:
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 16/2/1999 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: HOUGANG NPC IF YES, PLEASE STATE WHICH POLICE STATION: HOUGANG NPC Including driver: 5) DRIVER'S NAME: () VEHICLE NUMBER: SNG 9704 B MODEL: D) DRIVER'S NAME: (1) OF PRESENGER (2) VEHICLE NUMBER: MODEL: D) DRIVER'S NAME: (3) VEHICLE NUMBER: MODEL: D) DRIVER'S NAME: (4) VEHICLE NUMBER: MODEL: D) DRIVER'S NAME: (5) DRIVER'S NAME: (6) DRIVER'S NAME: (7) DRIVER'S NAME: (8) DRIVER'S NAME: (9) DRIVER'S NAME: (9) DRIVER'S NAME: (10) DRIVER'S NAME: (11) DRIVER'S NAME: (12) DRIVER'S NAME: (13) DRIVER'S NAME: (4) DRIVER'S NAME: (5) DRIVER'S NAME: (6) DRIVER'S NAME: (7) DRIVER'S NAME: (8) DRIVER'S NAME: (9) DRIVER'S NAME: (10) DRIVER'S NAME: (11) DRIVER'S NAME: (12) DRIVER'S NAME: (13) DRIVER'S NAME: (14) DRIVER'S NAME: (15) DRIVER'S NAME: (15) DRIVER'S NAME: (16) DRIVER'S NAME: (17) DRIVER'S NAME: (18)
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 16/7/1999 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D)ROAD SURFACE: (DRY / WEJ / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: HOUGANG NPC B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SNG 9704 B MODEL: O) NRIC/FIN/PASSPORT: CONTACT: 95216174 d) VEHICLE NUMBER:
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 16/2/1999 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: HOUGANG NPC IF YES, PLEASE STATE WHICH POLICE STATION: HOUGANG NPC Including driver: 5) DRIVER'S NAME: () VEHICLE NUMBER: SNG 9704 B MODEL: D) DRIVER'S NAME: (1) OF PRESENGER (2) VEHICLE NUMBER: MODEL: D) DRIVER'S NAME: (3) VEHICLE NUMBER: MODEL: D) DRIVER'S NAME: (4) VEHICLE NUMBER: MODEL: D) DRIVER'S NAME: (5) DRIVER'S NAME: (6) DRIVER'S NAME: (7) DRIVER'S NAME: (8) DRIVER'S NAME: (9) DRIVER'S NAME: (9) DRIVER'S NAME: (10) DRIVER'S NAME: (11) DRIVER'S NAME: (12) DRIVER'S NAME: (13) DRIVER'S NAME: (4) DRIVER'S NAME: (5) DRIVER'S NAME: (6) DRIVER'S NAME: (7) DRIVER'S NAME: (8) DRIVER'S NAME: (9) DRIVER'S NAME: (10) DRIVER'S NAME: (11) DRIVER'S NAME: (12) DRIVER'S NAME: (13) DRIVER'S NAME: (14) DRIVER'S NAME: (15) DRIVER'S NAME: (15) DRIVER'S NAME: (16) DRIVER'S NAME: (17) DRIVER'S NAME: (18)
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 16/2/1999 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: HOUGANG NPC IF YES, PLEASE STATE WHICH POLICE STATION: HOUGANG NPC Including driver: 5) DRIVER'S NAME: () VEHICLE NUMBER: SNG 9704 B MODEL: D) DRIVER'S NAME: (1) OF PRESENGER (2) VEHICLE NUMBER: MODEL: D) DRIVER'S NAME: (3) VEHICLE NUMBER: MODEL: D) DRIVER'S NAME: (4) VEHICLE NUMBER: MODEL: D) DRIVER'S NAME: (5) DRIVER'S NAME: (6) DRIVER'S NAME: (7) DRIVER'S NAME: (8) DRIVER'S NAME: (9) DRIVER'S NAME: (9) DRIVER'S NAME: (10) DRIVER'S NAME: (11) DRIVER'S NAME: (12) DRIVER'S NAME: (13) DRIVER'S NAME: (4) DRIVER'S NAME: (5) DRIVER'S NAME: (6) DRIVER'S NAME: (7) DRIVER'S NAME: (8) DRIVER'S NAME: (9) DRIVER'S NAME: (10) DRIVER'S NAME: (11) DRIVER'S NAME: (12) DRIVER'S NAME: (13) DRIVER'S NAME: (14) DRIVER'S NAME: (15) DRIVER'S NAME: (15) DRIVER'S NAME: (16) DRIVER'S NAME: (17) DRIVER'S NAME: (18)



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: HONG KIAN PENG (FANG JIANPING)

Period of Insurance

: 07 Apr 2022 To 28 May 2023

Engine No. Chassis No.

: L13B3940225

: GK33425735

Vehicle No.

: SMQ7335U

Policy No.

: 7220036253

Endorsement No. **Issued Date**

: 000000000470381 : 07 Nov 2022 12:04

ABOUT THE COVER

Make/Model

: HONDA Fit 1.3A

Engine Capacity/Tonnage: 1,317.00 CC

Sum Insured : Market Value

First Year of Registration : 2019

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF

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

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, 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)

HONG KIAN PENG (FANG JIANPING) - \$600 (Own Damage), \$600 (Flood Cover), LAI CHEE MEI - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRES (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

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

006192155/AC

0504259000

HENLY ENTERPRISES CO PTE LTD

18 UBI ROAD 4 #02-07 UBI CAR MALL

SINGAPORE 408616

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

SSCZSS