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SN0822C20005 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 02/12/2022 11:41 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (02/12/2022 11:41 (SGT))



### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 Please report <u>correctly</u> the details of the accident to speed up the claims process.

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 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 6. This report will, for a fee, be made available upon application by interested parties.
and that copies of this report will, for a fee, be made available upon application of this report at the centre and to copies of the report being made available aforesaid.
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

### ACCIDENT STATEMENT

Date of Submission Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

02/12/2022 11:41 (SGT) 01/12/2022 18:00 (SGT) PIE, Singapore TOWARDS CHANGI BEFORE THOMSON EXIT Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLU3793Y

INSURED/POLICYHOLDER

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

LAU KIM SENG SXXXX151B benny.lau.ks@gmail.com (Phone) +65-92980778

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

Mitsubishi Attrage

Private use

No - Claiming third party Private car Auto 1193

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AIG Asia Pacific Insurance Pte. Ltd. 1700083384-04

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LAU KIM SENG SXXXX151B 15/08/1957 Indoor



	25/11/1981
Date Of Driving Pass	41 YEARS AND 1 MONTH
Driving experience	Male
C-4dor	(Phone) +65-92980778
Mobile Number	(Hone)
Alt. Phone Number	benny.lau.ks@gmail.com
= 1 Address	7 FOWLIE ROAD
Address	
Address Address complement	428481
De la cala	Yes
Is the driver the policyholder?	-
Deletionship of the Driver with the insuled	No
- · Other //ohicles/	110
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Exercise	
GENERAL INFORMATION OF THE ACCIDENT	
	Lland to Poor
Type of Accident	Collision - Head to Rear
O - ditions	Raining
Road Surface	Wet
Noad Guildes	
NECHMATION	
OTHER INFORMATION	
to d in the accident?	No
Was any foreign vehicle involved in the accident?	2
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	-
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	1
Number of Passengers (Including Driver)	
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
soliciting/offering accident claims assistance	i i
i in	
- I - Land number	
Original language used in the statement	
Offiginal language dood in the	
TO LOS ACTION	
DETAILS OF POLICE ACTION	
· · · · · · · · · · · · · · · · · · ·	No
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	100
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 OT	HER VEHICLE PROPERTY 1
DETAILS OF O	

Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour  Vehicle Category  Name of Driver  NRIC No	ercial vehicle MMAD NAJWAN BIN MOHAMED NOOR (268E
--	---

Contact Number	(Phone) +65-8449422/
Address	-
Address complement	-
Postcode	-
Insurance Company Name	÷
Nature Of Damage	-
Details of property damaged in accident	- 1
No. Of Passanger (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 Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful merepresentation or withholding of material leads may allow insurance companies to repudiate policy liability.
- 4. The Issua and scoeptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General heurance 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
- 8. Consent under the Personal Data Protection Act (POPA)

Tunderstand, solution ledge, 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 date/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Porsonal Information") and disclose and transfer such Personal Information to all insurer(a) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shell be collectively referred to as the "Insurers"), the Insurers' law yers/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 cleans 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 ma;
- (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) all insurer(a) who have insured vahicle(s) involved in this additional and the insurers' law yers/law firms, may/are permitted to collect use, displace and/or process my Personal Information for one or more of the above Purposes; and
- (a) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service provide

thickening their law yers/law firm	S). Which may be alled a series	ers and/or GIA to their third be	fly service providers or agents
1	s), which may be slied outside of Sing	gapore, for one or more of the	above Purposes.
Wa 1		1	*
	W		/
V			Walaka
Policyholder's Signature / Date & Time	Driver's Signature (If driver is no & Time	If the policyholder) / Date	07/1/2025
Sketch Plan DIK	1		Virtnessed by Reporting Centre Personnel
	LOWBEDS CHANG	BEFORE 7Hon	19KI EVIT
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		Len	CISB-68057875
台州工等。	5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
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	HAR	R	
		211	
12 0000			

Describe Circumstances of the Accident behicle ahead me slow down and I slow down my tehide. Suddenly I felt an impact on my year portion. Leticle B fail to stop and hit conto my Declaration IWe declare the foregoing particulars are true to every respect.

Driver's Signature (if driver is not the policyholder) / Data

Policyholder's Signature / Date &

& Time

VEHICLE	NIO.	S11137934
VEHICLE	NO.	31113792Y

MAKE & MODEL : M. ATTRAGE



VEIII0EE 110. 3103+934	MINITE & MODEL . W. HILLKUGE	Q.O.T.O.T.O.T.O.T.O.T.O.T.O.T.O.T.O.T.O.	
DATE OF ACCIDENT	01/19/3033	°C.C: 1193	
TIME OF ACCIDENT	1800 AM /PM	Thomson	
LOCATION OF ACCIDENT	PIE TOWARD CHANGI BEFORE	11101	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT (PRIVATE USE)   PRIVATE HIRE		
NAME OF OWNER	LAU KIM SENG		
EMAIL BENNY . LAU . KS @	EMAIL com Office.	BFF08PCP:AJIBOM	
NRIC	S1345151B	,,,,,,,,	
CLAIM TYPE	OD / TATEO PARTY) / REPORTING ONLY		
FLEET POLICY.	YES / NO)?	OTABI	
INSURANCE CO.			
TYPE OF COVERAGE	Comprehensive > Third Party / Third Party Fire & Theft		
POLICY NO.	1700083384 -OA	J III W III II	
	**************************************		
NAME OF DRIVER NRIC	AS ABOVE / IF NO:		
DATE OF BIRTH	15 100 11 -		
ANY PASSENGER	15 108 11957		
NAME OF PASSENGER	YES/NO: O		
GENDER OF PASSENGER	MALE / FEMALE -		
OCCUPATION	Outdoor / Indoor,		
DATE OF DRIVING PASS			
GENDER	25 / 11 / 1981 (Male / Female		
CONTACT NO.	Mobile: Office:	77	
EMAIL:	Mobile: Office:	Home:	
ADDRESS	7 FDWLIE ROAD S(4)8481		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes : Reg No.	INSURER.	
RELATIONSHIP	Employee / If No:		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry (Wet) Other:		
ANY INJURIES	No If yes : Who?		
CONTACT NO.			
POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVE	No If yes : Where?		
VEHICLE B NO.			
NAME	GBD57627 Any Passenger. O MUHAMMAD MAJWAM BIN MO	HAMED NEAD (SC	
CONTACT NO.	8HH 6H757	1 00 1 00K (246 115 P.	
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger :		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger :		
ANY WITNESS	, , , , , , , , , , , , , , , , , , , ,		
WAS THERE ANY VIDEO CAPTURE?	YES / NO		
WITNESS CONTACT NO.  WAS THERE ANY VIDEO CAPTURE?  WAS THERE ANY AUDIO RECORDED?  SCENE ACCIDENT PHOTOS TAKEN?	YES / NO		
WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED? SCENE ACCIDENT PHOTOS TAKEN?			
WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED?	YES / NO		
WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED? SCENE ACCIDENT PHOTOS TAKEN?	YES / NO		



# CERTIFICATE OF INSURANCE

## CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: LAU KIM SENG

Period of Insurance

: 30 Nov 2022 To 29 Nov 2023

Engine No. Chassis No.

: 3A92UGM2590

: MMBSTA13AJH000672

Vehicle No. Policy No.

: SLU3793Y : 1700083384-04

Endorsement No.

Issued Date

: 28 Oct 2022 12:31

### ABOUT THE COVER

Make/Model

: MITSUBISHI ATTRAGE 1.2 CVT

Engine Capacity/Tonnage: 1,193.00 CC Driver Restriction

: NA

Sum insured : Market Value Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PARF : Yes

a) The Policyholder

Person or Classes of Persons Entitled to Drive\*:

a) The Pulcyholodi 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.

- 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)

LAU KIM SENG

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

1.Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

1.Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 009339 b5064501 2.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000 3.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688 4.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

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 Apple App Store or Google Play Store.

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

006163128/AC

0504620203

C&CMICP2 - BEVERW

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Swee Hao Kee

enton Way #09-16 AIG Building \$079120 | T:+65 6419 3000 | www.aig.sg