

NATION 11 Assessment Centre Services

| | | | |
|-------------------------|--|-----------------------|---------|
| Date In 09/01/2023 | Job description | Date & Time Completed | Done by |
| Ref No NA/AIG23000282/W | SAS e-filing | | |
| Veh No SLJ 7701 U | E-mail (within 2hrs. APT 2hrs) | | |
| DOA 06/01/2023 | i-Motor Claim Form | | |
| OD/TP/Reporting Only | i-Motor W/O (Within: OD 2hrs. TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: YQ 6287.P

INC () / Non-INC ()

Tel: ()

Owner / Driver: ()

Policy No: ()

Period: ()

Cover Type: ()

Confirmed by: ()

Date: ()

Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

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 repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

| Remarks:- | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616) | | |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: ()

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |

| Claimant's Particulars | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
|---------------------------------|---|-------------|----------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | 1st Bill | Add Bill |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments :- | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON: | | |
| | * N5: Courtesy Car / Tpt Allowance \$5 | | |
| | * N6: Repair Co-ordination \$10 | | |
| | * N7: Post Repair Inspection \$25 | | |
| | * N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee 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 | 09/01/2023 18:14 (SGT) |
| Reported by | Both |
| Date of Accident | 06/01/2023 17:45 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | Along slip road of Ang Mo Kio Avenue 5 (Towards CTE SLE/TPE) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLJ7701U |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | Chew Siau Hwa |
| NRIC No | SXXXX682H |
| Email Address | ladangcafe@yahoo.com |
| Mobile Phone No | (Phone) +65-98560173 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Wish |
| 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 | 1798 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | 1800004992-04 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | Chew Siau Hwa |
| NRIC No | SXXXX682H |
| Date Of Birth | 26/11/1951 |
| Occupation | Indoor |

| | |
|--|-----------------------|
| Date Of Driving Pass | 18/10/1969 |
| Driving experience | 53 YEARS AND 3 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-98560173 |
| Alt. Phone Number | - |
| Email Address | ladangcafe@yahoo.com |
| Address | 53 Sunrise Avenue |
| Address complement | #03-15 |
| Postcode | 806746 |
| 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 | Collision - Head to Rear |
| Weather Conditions | Clear |
| Road Surface | Dry |

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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| 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? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

Refer to Police report No. T/20230109/7041

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 | YQ6287P |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|--------------------|
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------|
| Name of injured person | Chew Siau Hwa |
| Gender | Female |
| Phone No | (Phone) +65-98560173 |
| Address | 53 Sunrise Avenue |
| Address Complement | #03-15 |
| Post Code | 806746 |
| Approximate Age Years Old | 71 |
| Injuries Sustained | Back and Neck |
| Injured person in which vehicle? | SLJ7701U |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SINGAPORE ACCIDENT STATEMENT

| | | | | |
|---|---|----------------|--------------|----------------------|
| Accident Date: | 6/1/2023 | Time: | 17.45 | (hh:mm) 24 hr format |
| Location along slip road of Ang Mo Kio Avenue 5 towards CTE (SLE/TPE). | | | | |
| Vehicle Number | SLJ 7701M | | | |
| Insured Name | CHEW SIAU HWA | | | |
| NRIC /FIN | S2018682H | Contact Number | 9856 0173 | |
| Make | TOYOTA | Model | WISH 1.8 A | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | |
| () Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting | | | | |
| Insurance Company | AIG | | | |
| Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only | | | | |
| Policy Number | 1800004992 - 04 | | | |
| Name of Driver | (<input checked="" type="checkbox"/>) Same as Insured | | | |
| NRIC /FIN | S 2018682 H | Contact Number | 9856 0173 | |
| Date of Birth | 26-11-1951 | | | |
| Driving Pass Date | 18-OCT-1969 | | | |
| Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor | | | | |
| Gender () Male (<input checked="" type="checkbox"/>) Female | | | | |
| Email Address | LADANGCAFE@YAHOO.COM | | () NO EMAIL | |
| Address of Driver | 53 SUNRISE AVENUE #03-15 S (806746) | | | |
| Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| If No, Relationship of the Driver with the Insured | | | | |
| (<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling | | | | |
| Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | | | |
| Insurance Company of Driver's Own Vehicle | | | | |
| Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others | | | | |
| Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others | | | | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No | | | | |
| If yes, injured detail Back & neck | | | | |
| Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| Was the Accident reported to the Police? (<input checked="" type="checkbox"/>) Yes () No If yes attach police report | | | | |
| DETAILS OF 3 rd party | | Name / Nric | | Contact |
| Veh B | YR 0287P | | | |
| Veh C | | | | |
| Veh D | | | | |
| Veh E | | | | |
| Veh F | | | | |

1 person 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 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. The 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.

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

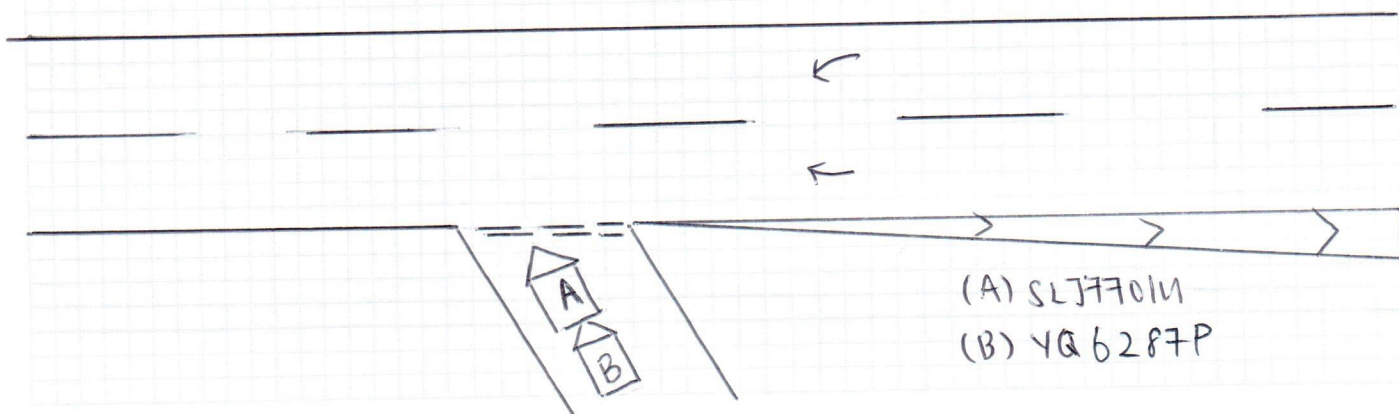
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

0910112023

Sketch Plan

Slip Road of Ang Mo Kio Ave 5 towards CTE (SLE/TPE)





Refer to traffic police report

T/20230109/7041

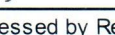
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration


Policyholder's Signature / Date &
Time



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

 0910112023

Witnessed by Reporting Centre
Personnel



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 09/01/2023 14:10 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: CHEW SIAU HWA | | | Address: 53 SUNRISE AVENUE #03-15 SINGAPORE 806746 | | |
| ID Type / ID No.: NRIC NO / S2018682H | | | Contact No.: Home/Office: Mobile: 98560173 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: LADANGCAFE@YAHOO.COM | | |
| Sex: Female | Age: 71 | Date of Birth: 26/11/1951 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: CHEF | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 06/01/2023 17:45 | Type of Location: SLIP ROAD |
| Location: ANG MO KIO AVENUE 5 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|-------|------|-------|-------|----------|-------|
| SLJ7701U | Car | | | | | 0 |
| YQ6287P | Lorry | | | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230109/7041

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-----------------------------|-----------------------------------|-----------------------------------|
| Name | CHEW SIAU HWA | ID No. | S2018682H |
| Related Vehicle | SLJ7701U (Car) | Contact No. | 98560173 |
| Hospital/Clinic | FRONTIER MEDICAL ASSOCIATES | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 07/01/2023 | Date | NIL |
| No. of Days granted Medical Leave | 04 | Degree of | Serious |

Brief Details.

ON 06/01/2023 AT ABOUT 1745HRS AT ALONG SLIP ROAD OF ANG MO KIO AVENUE 5 TOWARDS CTE (SLE/TPE). I WAS TRAVELLING AT THE ABOVE MENTIONED SLIP ROAD AND CAME TO A COMPLETE STOP WHILE WAITING FOR THE CLEARANCE OF THE MAIN TRAFFIC. SUDDENLY, I HEARD A LOUD BANG FROM THE REAR AND WHEN I ALIGHTED, I REALIZED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AND WAS GIVEN 4 DAYS OF MY MC FOR MY INJURY.

VEHICLE A: SLU7701U
VEHICLE B: YQ6287P



**SINGAPORE
POLICE FORCE**



T/20230109/7041

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230109/7041

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
09/01/2023 14:10

Classification Of Case:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : CHEW SIAU HWA
Period of Insurance : 30 Jan 2022 To 29 Jan 2023
Engine No. : 1ZZ2815975
Chassis No. : ZNE100349831

Vehicle No. : SLJ7701U
Policy No. : 1800004992-04
Endorsement No. :
Issued Date : 26 Jan 2022

ABOUT THE COVER

Make/Model : TOYOTA WISH 1.8
Engine Capacity/Tonnage : 1.798.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2007
Insuring with COE/PAF : Yes

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above
Limitation as to use* :
Mileage Condition : Unlimited Mileage

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 Optional

* 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, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$1100 Theft - \$0 Flood Cover - \$1100

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CHEW SIAU HWA - \$1100 (Own Damage) - \$1100 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (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 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, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1958 (Malaysia).

0503940000

LNC INSURANCE AGENCY

BLK 264 YISHUN STREET 22 #04-157

SINGAPORE 760264

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Mu Lang Soh