NATIONAL, Assessment Centr.	e services ()		
Date in 12/1/23	Job description Date & Time Completed	Done	by
Ref NA/AIG23000396/5	SAS e-filing		
Veli-No SLA 7183L	E-mail (w.efen Shrs. Alt. Phrs)		
DO 4 11/1/23 1430	i-Motor Claim Form		
OD Peporing Only	i-Motor W/O (Within DE 2hrs. TP 4hrs)		
Ob Verolling Only	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp	321	-
Preferred Wksp / INC Assign Wksp / QW: (Tet: Fax:		
	Q4920L INC()/Non-INC()		
Owner / Driver (Tel:)	-
	iod () Cover Type: ()	
Confirmed by : (Date: Time:)	
The second secon	Note-Est Status (WO): N: 0-20%; P: 21-79%. F: 80-1009	%o]	
Excess: (\$) Loading: \$1,00	Varranty: YES () / NO ()	The second second	
General Remarks:-	77.32,000 ()		-
	mation strictly Confidential & Strictly NO rafer of repairer.		
Remarks:- (INC horline: 6788 6616)	Date&Time Completed	n	
	THE RESIDENCE OF THE PROPERTY	Done	by
Apply for Transport Allowance ()/C	ourtesy Car ()	Pone	by
Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	ourtesy Car ()	Done	by
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	ourtesy Car () () () ()	Done	by
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1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NA-2800120 Claimant's Particulars:-	Invoice Preparation Checklist	Anit (\$) Ist Bill	Am
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30), 2) DA: Damage Assessment (\$100), INC (\$80) 3) TF: Towing Fee \$40/\$4; 4) FT: Follow-Through Survey \$120	Anit (\$) lst Bill	Am
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NA-2800120 Claimant's Particulars:-	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30) 3) TF: Towing Fee \$40/\$4; 4) FT: Follow-Through Survey \$126 5) FT: Follow-Through Survey (Resurvey) \$36 For Claiming against INC Only (wef 10 Jan 2005)	Ant (\$) lst Bill	Ami
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30), 2) DA: Damage Assessment (\$100), INC (\$30) 3) TF: Towing Fee \$40/\$4: 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30	Anit (\$) Ist Bill	Ami
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1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40,84; 4) FT: Follow-Through Survey (\$12; 5) FT: Follow-Through Survey (Resurvey) \$36; For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$77; 7) NI: idae DA + SMRT Survey \$166; 8) NTUC Additional Services. OIT: *N5: Courtesy Car / Tpt Allowance \$1.	Anit (\$) lst Bill	Ami
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	Invoice Preparation Checklist	Ant (\$) lst Bill	Amt Add
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Invoice Preparation Checklist	Ant (S) lst Bill	Amt
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:-	Invoice Preparation Checklist	Anit (\$) Ist Bill	Amt

VERSION: 1 (12/01/2023 10:43 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.

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 12/01/2023 10:43 (SGT) Reported by Both 11/01/2023 14:30 (SGT) Date of Accident **Exact Location of Accident** Singapore TOWNSHEND ROAD CAR PARK T0022 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA7183L

INSURED/POLICYHOLDER

Is company? TAN ENG WAH Name Of Registered Owner SXXXX984I NRIC No JELLYTILLY@HOTMAIL.COM **Email Address** (Phone) +65-97988524 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Corolla Model Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission 1598 CC

INSURANCE COMPANY

AIG Asia Pacific Insurance Pte. Ltd. Name of Insurance Company Policy Number / Cover Note Number 7210042930-01

DRIVER

TAN ENG WAH Name of Driver NRIC No SXXXX984I Date Of Birth 26/02/1970 Indoor Occupation

Date Of Driving Pass 05/09/1990 Driving experience 32 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-97988524 Alt. Phone Number **Email Address** JELLYTILLY@HOTMAIL.COM Address 25B JALAN MEMBINA #18-116 Address complement 164025 Postcode 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry 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? Yes Number of Passengers (Including Driver) 0 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? Police Cantonment Complex Police Station Name 391 New Bridge Road Singapore 088762 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT (A/20230111/7043) 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 SLQ4920L Vehicle Manufacturer

Private car

(alf	Accident report	CNICOSS	100001
170	Accident report	SN0923	100001

Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMY797A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	=
Vehicle Colour	=
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-8
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SNH5594L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	_

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 <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 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)

Lunderstand, 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' 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 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
- $(v) \ complying \ w \ ith \ applicable \ law \ \ in \ administering, \ processing, \ handling \ and/or \ dealing \ w \ ith \ my \ claims.$

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/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

Sketch Plan

A = SLA 7183L

B = SLQ 4920L

C = SMT 797A

D = SNH 5594L

Please	Refer -	to the	police	report	10.:	A/20230111
						2011
III.				***************************************		

	The second state of the se					
			1000			

Declaration

IWe 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





1 of 3

Report No. A/20230111/7043

POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Date/Time Report Made	Vide Report No.			Station Diary No		
11/01/2023 16:55						
Name Of Informant	Address			Control of the Contro		
TAN ENG WAH	25B JALAN MEMBINA #18-116 SINGAPORE 164025			SAPORE 164025		
ID Type / ID No.	Contact	No.				
NRIC NO / S7006984I	Home/O	office:	Mobile:	Mobile:		
		97988524				
Nationality	Email Address					
SINGAPORE CITIZEN	JELLYTILLY@HOTMAIL.COM					
Occupation	Sex	Age	Date of Birth	Race		
Community, partnership and relations	Male	52	26/02/1970	Chinese		
manager						
Institution/School Name	Language					
	English					
Date/Time Of Incident	Location Of Incident					
11/01/2023 14:35	TOWNSHEND ROAD					
Drief details						

Brief details.

Tel:65476224

Traffic Accident Report-Report No. A/20230111/0054 Involve vehicles- 4 cars IO: Farhan

My vehicle SLA7183L was parked along Townshend Roadside car park (T0022), lor 11 at about 2:15pm.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2023 16:55
Officer In-Charge Of Case:	Classification Of Case:





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20230111/7043

Another car SLQ4920L drove from the opposite direction along the same road (Townshend Road) and knocked into front right corner of my stationary car and breaking the front right headlights and damaging the front right corner of my car (SLA7183L).

My stationary car move back due to the impact of hit by SLQ4920L and hit another stationary car (SNH5594L) parked in lot 12.

I saw the commotion at the scene from my office nearby and walk over to take a look and realised my car was hit.

When I reached the scene, paramedic was helping the injured driver of SLQ4920L out of his car.

2 Police officers and 1 Traffic Police came to the scene of the accident to investigate at around 2.30pm and took down the details of the accident scene and particulars of the affected car owners.

The Police officers then advised me to lodge a Traffic Accident Report for record.

Subjects Involve	d	ALE CANADA STATE	是是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Victim			
Person Name	TAN ENG WAH		
ID Type	NRIC NO	ID No	S7006984I
Gender	Male	Age	52
Race	Chinese	Language	English

Signature Of Officer Recording The Report:	Signature Of Informant:		
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2023 16:55		
Officer In-Charge Of Case:	Classification Of Case:		

Fastech Awto

Date of Accident	: 11.01 - 202 3 Accident Time : 14 30 hrs (24-HR-Format)
Who reported the accident?	: Owner / Driver / Both
Accident Place	:_ townshend Road
Vehicle No (Car Plate No)	: SLA 7183L Make/Model: Toyota Corolla Altis
Insurance Company	: AIG Policy No: 7210042930-01
Fleet Policy	: YES / NO
Type of Coverage	: Comprehensive / Third Party / Third Party Fire & Theft
Name of Owner / IC No	: Tan Eng Wah (S7006984I)
Owner Contact No	: 97 98 85)4 Owner's Hp Company Tel
Driver Name / IC No	: As above
Driver's Date of Birth	: 26.69.1976Driver's License Pass Date: 05.09.1990
Relationship of Driver	: Spouse / Parents / Children / Sibling / Employee / Other:
Driver's Address	: Apt Blk 258 Jalan Membina #18-116 S 16402
Driver's Contact No	:1)2)
Driver's Occupation	: NDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address	: JELLYTILLY @ Hotmail. com
Weather & Road Surface	: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type	: Reporting Only / Claim Third Party / Claim Own Insurance
Number of Passenger(include Driver)	: O person
Was ther any video footage? Exact purpose used at time of accident Any injury (If Yes, Pls State)	: YES / NO : Private Use / Private Hire / Work Purpose
Other Pa VEH B: SLQ4920 L VEH C: SMT 297 A VEH D: SNH 5594 L VEH E:	Name & Contact No:
*NEW - Passenger's Name & Gender:	



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: TAN ENG WAH

Period of Insurance

: 14 Sep 2022 To 13 Sep 2023

Engine No.

: 1ZRY230697

Chassis No.

: MR053REH104542177

Vehicle No.

: SLA7183L

Policy No.

Issued Date

: 7210042930-01

Endorsement No.

: 26 Jul 2022 9:20

ABOUT THE COVER

Make/Model

: TOYOTA COROLLA ALTIS 1.6

Engine Capacity/Tonnage : 1,598.00 CC

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction

: NA

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 than 2 years' driving experience.

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 Optional

* 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)

Tan Eng Wah - \$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 hottine 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

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).

0000064000

DIRECT CLIENTS 01.4.95

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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