

N42300237		Invoice Preparation Checklist	
Inventory Particulars:		1) AR: Accident Reporting (\$300)	
Driver/Owner:		2) DA: Damage Assessment (\$1000) INC (\$50)	
Contact No:		3) TP: Towing Fee \$100/\$25	
Damaged Portion:		4) PT: Follow-Through Survey \$120	
		5) PT: Follow-Through Survey (Repair) \$50	
		6) TR: Roadside Repair (NOC Only, Max 15 hrs 2023)	
		7) NI: New DA + DMRT Survey \$25	
		8) NIUC Additional Services	
		9) NIUC	
		*NIUC: Courtesy Car / Trip Allowance \$5	
		*NIUC: Repair Coordination \$10	
		*NIUC: Post Repair Inspection \$25	
		*NIUC: DV / Collect Success Coordination \$5	
		TP (NIUC) / TP (NOC INC) / Trip Mile \$10	
		9) NIUC Mileage	
		Invoice Total	Fee Charged
		Invoice Date	Due Date

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	25/01/2023 17:31 (SGT)
Reported by	Both
Date of Accident	20/01/2023 18:00 (SGT)
Exact Location of Accident	Keppel Rd, Singapore
Additional Location Information	TOWARDS WEST COAST HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML1668A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH HAN XIONG
NRIC No	SXXXX286G
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-90660978
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
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	2487

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070068840-02

DRIVER

Name of Driver	GOH HAN XIONG
NRIC No	SXXXX286G
Date Of Birth	14/10/1986
Occupation	Indoor

Date Of Driving Pass	09/03/2006
Driving experience	16 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90660978
Alt. Phone Number	-
Email Address	winson_tingwei@hotmail.com
Address	BLK 296A BUKIT BATOK STREET 22 #16-60
Address complement	-
Postcode	651296
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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?	No
Was notice of intended Prosecution given?	No
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX8842R
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LENG CHEE MENG

NRIC No	SXXXX683Z
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	YQ8466B
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PALANIAPPAN SURIYA PHAKASH
Passport No/FIN	GXXXX160Q
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.
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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 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.

Policyholder's Signature / Date & Time

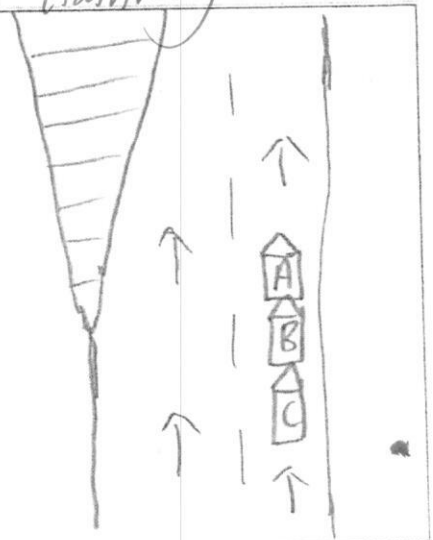
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

KEPPEL ROAD TOWARDS WEST COAST HIGHWAY

Vehicle A SML 1668A
Vehicle B SLX 8842R
Vehicle C YQ 8466B



Describe Circumstance of the Accident

On 20/01/2023 about 18.00pm. I was driving along lane 1 and traffic was slow. In front vehicle slow down and stop so I follow slow down and stop, suddenly vehicle B "SLX 8842R" collided onto my rear car portion with impact very heavy and badly. I came down and notice is chain collision accident. vehicle C "YR 8466B" collided onto vehicle B "SLX 8842R" Rear and vehicle B "SLX 8842R" collided onto my rear car portion. I have video footage recorded the accident. There is no one injured during the accident.

Declaration

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

Cash.

Policyholder's Signature / Date & Time

Cash.

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

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

20/01/2023

ACCIDENT DATE & LOCATION

Date & Time of Accident * Date: 20/01/2023 Time: 18.00 pm (24 hr format)

Exact Location of Accident * Keppel Road towards west coast Highway

INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE

Vehicle Registration Number * SML 1668A Make & Type *: Lexus ES 250

Name of Registered Owner * Goh HAN Xiong

NRIC / FIN / Passport / Co Regn No. * S86 31286G

Contact Number * 9066 0978 Email/Fax No: Winsen_tinswei@hotmail.com

Exact Purpose for which vehicle was being used at Time of Accident ☒ Private Usage / ☐ Commercial or Company's Usage

Are you claiming under your own ☐ Yes / ☒ No If No, Please state action to be taken

Insurance policy for repair to your vehicle? ☒ Third Party Claim (SYH / Other workshop?) / ☐ Reporting Only

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * China / EQ / Etiqa / MSIG / Tokio Marine / Great American / AIG

Type of Policy * Comprehensive / Third Party / Third Party Fire & Theft

Policy No. (Certificate No.) / Cover Note No. 2070068840-02

DRIVER

Name of Driver * Goh HAN Xiong Gender: Male / Female

NRIC / FIN / Passport Number * S86 31286G

Date of Birth * 14/10/1986 (dd/mm/yyyy)

Occupation * ☒ Indoor / ☐ Outdoor

Date of Driving Pass (Pass Date) * 09/03/2006

Contact Number * 9066 0978

Address * B1K 296A Bukit Batok street 22 #16-60 S(651296)

Email Address / Fax Number * Email: Winsen_tinswei@hotmail.com Fax: -

Relationship of the Driver with the Insured * Owner / Employee / Spouse / Friend / Others:

Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company * Veh No: 1) _____ 2) _____ 3) _____
Ins Co: 1) _____ 2) _____ 3) _____

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision ☒ Chain Collision / ☐ Side-Swipe / ☐ Front to Rear / Others:

Weather Conditions * Clear / ☒ Raining / Others:

Road Surface * Wet / Dry / Others:

OTHER INFORMATION

Was anybody injured in the accident? * ☒ No / ☐ Yes (Police Report required)

Was any injured conveyed to hospital by ambulance? ☒ No / ☐ Yes

Was any foreign vehicle involved in this accident? * ☐ No / ☐ Yes Veh No: _____ Veh Category: _____

Number of vehicles involved in the accident (03)

Was there any witness? ☒ No / ☐ Yes

Was any other VEHICLE / Property involve / damage? * ☐ No / ☒ Yes

Was there any video captured by Car Camera? ☐ No / ☒ Yes

DETAILS OF POLICE ACTION

Was the Accident Reported to the Police? * ☒ No / ☐ Yes If Yes, Please state which Police Station

Was Notice of Intended Prosecution given? * ☒ No / ☐ Yes If Yes, against whom?

Number of Passengers (Including DRIVER)? (02)

Passengers Name: Venus Chua Name: _____
Gender: Male / ☒ Female Gender: Male / Female

Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes ☒ No

DETAILS OF OTHER VEHICLE(S) / PROPERTIES

Vehicle Registration Number *	1) SLX SLX 8842 R	2) YQ 8466 B
Vehicle Make / Model / Colour	Mazda 3 Hatch Back / Grey Mitsubishi Fuso canter	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	Leah chee meng	PALANIAPPAN SURIYA PHAKASH
NRIC/Passport Number	S1798683 Z	G 2613160 Q
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Goh Han Xiong
Period of Insurance : 29 Apr 2022 To 28 Apr 2023
Engine No. : A25A5137796
Chassis No. : JTHB11B1602007944

Vehicle No. : SML1668A
Policy No. : 2070068840-02
Endorsement No. :
Issued Date : 18 Apr 2022

ABOUT THE COVER

Make/Model : LEXUS ES250 2.5

Engine Capacity/Tonnage : 2,487.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2019

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

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\$53,000 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.

* 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)

Goh Han Xiong - \$600 (Own Damage), \$800 (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: TOKYO CENTURY LEASING (SINGAPORE) PTE 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 (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).

0502263000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPHAW