NATIONAL Assessment Centre Se	rvices w					
DateIn 20/02/2023 1.1d	description		Date &Time Completed	<u> </u>	one by	
REFNO NA/A1923001883/d4 S	AS e-filing			1		
	l-mail (within Slirs.	APC 2hrs,		!		
	-Motor Claim F	orm	1	: 		
	-Motor W/O (w	ithin: OD 2hrs.	TP 4hrs)			
OD/(TP)/ Reporting Only	-Photo Uploade	d		ļ		
	ssessment/Surve		1	ļ	***************************************	
TP Insurer:	ss't Report by F	ax / Hand to		<u>:</u>	:	
Preferred Wksp / INC Assign Wksp / QW: (101.	Fax:		
TP Particulars: Vch No: SMN 1	6685	, INC (
Owner / Driver: (Tel:	. 14 10 1975		
Policy No: () Period: (()	Cover Type: (
Confirmed by: ()ate:	Time:	1000/1)	
			%; P: 21-79%. F: 80	-100%		
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Excess: (\$) Loading: \$1,000 ()/\$2,000()				
General Remarks:-			Alv. NO rafor of repaire	<u> </u>		
() Walk-In Customer: Customer's information		ential & Sti	ictly NO Talet di Tepano			
() Total Loss Case : to e-mail Insurer UF	The second secon		· C. ()
Drive-In () / Towed-In (); Invoice: YE	S()/NO	(); T	owing Co. (
Remarks:- (INC horline: 6788 6616)			Date&Time Completed		Done b	<u>у</u>
1) Apply for Transport Allowance ()/ Court	esy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$3000]	()		j.		74	
Injury:						
	(S. 1980) (S.	4 W 11 11 11 11 11 11 11 11 11 11 11 11 1				
Date/Time Actions		(3) 80 2 2 2 2 2 2	***			
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NIA2200542		nvoice Pro	paration Checklist		anit (\$)	
NA2300540) AR : Acciden	t Reporting (\$30);	. 1		
	1 2) AR : Acciden	t Reporting (\$30); Assessment (\$100); INC			
Claimant's Particulars :-	1 2 3 4) AR : Accident) DA : Damage) TF : Towing) FT : Follow-	t Reporting (\$30); Assessment (\$100); INC Fee Chrough Survey	\$120		
Claimant's Particulars:- Driver/Owner:	1 2 3 4) AR : Accident) DA : Damage) TF : Towing) FT : Follow-	t Reporting (\$30); Assessment (\$100); INC Fee Chrough Survey Chrough Survey (Resurvey)	\$120 \$30 \$2005)		
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Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1 2 3 4 5 5 6 7 7 8) AR : Acciden) DA : Damage) TF : Towing) FT : Follow- For claiming) TR : Re-insp) NT : Idae DA) NTUC Addit OD * *N5: Courter *N6: Repair *N7: Post Re *N8: DV / O	t Reporting (\$30); Assessment (\$100); INC Fee Phrough Survey Phrough Survey (Resurvey) Against INC Only (wef 10 Jan Bection + SMRT Survey Bection For Tpt Allowance Co-ordination Pair Inspection Ollect Excess Coordination P (Non INC) Against INC	\$100 \$2005) \$160 \$2005) \$5160 \$525 \$520 \$30	st Bill	

SINGAPORE ACCIDENT STATEMENT

IMPUNIANT NUTICE

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

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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

Information provided must be as truthful and accurate as possible.
 Information provided must be as truthful and accurate as possible.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 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.
 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 of 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 be forwarded by the insurers of the given paper of the report being made available aforesaid.
 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	Driver 18/02/2023 15:45 (SGT) Singapore TPE
Date of Accident Exact Location of Accident	Singapore TPE

DETAILS OF OWN VEHICLE

Volkswagen

Vehicle Registration Number		SJV9936G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FOONG YEW KAI LAWRENCE SXXXX333D
NRIC No	jmartauto@gmail.com
Email Address	(Phone) +65-96513391
Mobile Phone No	(Phone) +65-965 1559 1
Alternative Phone No	•

VEHICLE PARTICULARS

Manufacturer	VOIKSWagen
Manufacturer	Passat
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	
vour vehicle?	No - Claiming third party
your vehicle?	Private car
Vehicle Category	City Colors
Transmission	Auto
	1798
CC	

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number	AIG Asia Pacific Insurance Pte. Ltd. 7220050876
Policy Number / Cover Note Number	

DRIVER

Name of Driver	FOONG KAH MENG SCOTT
NRIC No	SXXXX643B 16/05/1998
Date Of Birth	Outdoor
Occupation	

11/10/2017 Date Of Driving Pass 5 YEARS AND 4 MONTHS Driving experience Male Gender (Phone) +65-96717661 Mobile Number Alt. Phone Number jmartauto@gmail.com Email Address 7 FLORA DRIVE Address # 02-31 Address complement 507012 Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Child No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Chain Collision Type of Accident Clear Weather Conditions Dry Road Surface 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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 **UNKNOWN** Name **Female** Gender DETAILS OF POLICE ACTION Yes Was the accident reported to the police? Pasir Ris Neighbourhood Police Centre Police Station Name (Phone) +65-18005852999 Police Station Phone No (Fax) +65-65855261 Alt. Police Station Phone No 1 Pasir Ris Drive 4 #01-01 Singapore 519457 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED STATEMENT 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 Vehicle Manufacturer	SMN1668P BMW
	-
VCINCIO INCLO	-
Vehicle Variant	202
Vehicle Colour	Private car
Vehicle Category	1111010
Name of Driver	•
Contact Number	-
Addross	•
Address complement	-
Poctondo	(-
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	SJZ4069X
Vehicle Registration Number	-
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
	Private car
Vehicle Category	-
Name of Driver	
Contact Number	-
	-
Address	_
Address complement	_
Postcode	-
Insurance Company Name	-
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	SKX4108R
Vehicle Manufacturer	_
Vehicle Model	
Vehicle Variant	-
	-
Vehicle Colour	Private car
Vehicle Category	• • • • • • • • • • • • • • • • • • • •
Name of Driver	-
A CONTRACTOR OF THE CONTRACTOR	-
Contact Names	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
	_
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	ē.

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	UNKNOWN
Venicle Registration Hames	-
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	-
VCITICIO VETTE	-
Vehicle Colour	Private car
Vehicle Category	
Name of Driver	-
Contact Number	-
CONTROL .	-
Address	_
Address complement	M T
Postcode	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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.

	4 2 4	
¥ &4	8	Witnessed by Reporting Centre Personnel
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	(Name as in NRIE/ID card)
Sketch Plan		
		THE XAF 18[2]2
		A: 55 V 9936 G.
		11 1 1 1 1 5 E SMN [668 ()
		C: 537 4969 X
		11 1 1 1 0 : SKX 4108R
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CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that <u>Foong Kah Meng Scott / HP 96717661</u> NRIC/FIN <u>S9816643B</u>, has reported to the Police a non-injury traffic accident which occurred at <u>Along TPE(PIE) Punggol West Flyover on 18/02/2023</u> at <u>1545hrs</u> involving the following vehicles:

- SJV9936G (Complainant's Car) Dark Grey/Black Volkswagen Passat
- 2. SMN1668P White Color BMW (Car)
- 3. SJZ4069X Red Color Chevolet (Car)
- 4. SKX4108R White Color Hondal Vezel (Car)
- 5. Unknown Registration Plate Number Motorcycle

On 18/02/2023 at about 1545hrs, I was driving my car (SJV9936G) along TPE (PIE) after Punggol West Flyover at the acceleration lane to merge into TPE. There was 2 car infront of me.

The first car had braked hard at the end of the acceleration lane followed by the second car brake hard. I then brake hard to avoid any collision. However, as I was slowing down, I felt an impact coming from the rear of my car.

I then alighted from my car and noticed it was a chain collision. The White BMW (SMN1668P) that had rear-ended me informed me that he was able to stop in time. However, he was rear-ended by the Red Chevolet (SJZ4069X) causing him to rear-end my car.

The White Hondal Vezel (SKX4108R) which is behind the Red Chevolet managed to stop in time. However, he was rear-ended by an unknown registration plate number motorcycle causing the rider to fell onto the floor. Subsequently, the rider had left the scene and I am not sure whether did he exchange any particulars with the Hondal Vezel Driver or requires any medical attention.

After enquiring on everybody's wellbeing, they informed that they are not hurt and does not require any medical attention. Hence, we did not contact for the ambulance or traffic police. We then took photos of the damages and went our separate ways.

I wish to state that I did not suffer any injuries from the accident. The BMW Driver and I has agreed to go for an insurance claim.

If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT 2 Mcleo Ho

Date: 18/02/2023

Time: <u>1656 hrs</u>

S/D Ref: 86

Police Post/Unit: Pasir Ris NPC

Original – to be issued to informant Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Pte Car / Commercial Vehicle / Pte Hire

ate of Accident: 18 2 23 Til	me of Accident :	3.45 pm	
TO E		,	
urpose Of Reporting: OWN DAMAGE CLAIM /	3RD PARTY CLAIM /	JUST REPORTING ONLY	
()	Dry / We	110 000	
Veather Condition: Clear / Raining Dwner's Name: Foong Yew Kon	ND	0.016042222	HP: 96513391
Driver's Name: Foong Yew Kan Driver's Name: Foong Kan Meng	Call NR	ic: C9816431	2 HP: 96717661
river's Name: T	20011	1 9	on : Indoor Outdoor
Driving Licence Passing	Date. 11 UCT 3		
Relationship Of Driver with Insured:	<u>n</u>	nail: janartauto (a olkswagen PAS	Cat
Vehicle Number: 53 V 9936 G	Nake & Model:	ilkswagen 195	Coverage:
Insurance Company: A\C	Policy No: 7220	0 208 16	Coverage.
Any passengers inside vehicle involved (YES / N	IO) If yes, Vehicle Nu	imber & How many pax	
A: 1+1 B: 1+) C:	D:	
Vehicle A Passenger Name :			Male / Female
D. AI-	ulance: Yes / No		
Allvina	RIC / Which Vehicle :		
Was The Accident Reported To The Police ?	D	asir Pis	
o NO YES Which Po	olice Station : 70	ASIK PIS	
Does The Driver Own Any Other Vehicle ?		Ins	urer:
O NO O YES Vehicle N	Number:		
Was Any Foreign Vehicle Involved ? O NO O YES Vehicle	Number & Category :		
Was There Any Video Captured By Car Camera		ø NO	o YES
Third Party's Particular		BMN	
Vehicle B's Number: SMN 1668 P	Make & Model :		HP:
Driver's Name :		NRIC:	111.
Vehicle C's Number :	Make & Model :		· · ·
Driver's Name :		NRIC:	HP:
Witness 's Particular		NDIC.	HP:
Name:		NRIC:	



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: FOONG YEW KAI LAWRENCE

Period of Insurance

: 29 Jun 2022 To 28 Jun 2023

Engine No.

: CJS280448

Chassis No.

: WVWZZZ3CZJE198980

Vehicle No.

: S.IV9936G

Policy No.

: 7220050876

Endorsement No.

Issued Date

: 03 Jun 2022 18:21

ABOUT THE COVER

Make/Model

: VOLKSWAGEN PASSAT 1.8 TFSI

Engine Capacity/Tonnage: 1,798.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF

Person or Classes of Persons Entitled to Drive*:

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 \$\$\$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 - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

FOONG YEW KAI LAWRENCE - \$1000 (Own Damage), \$1000 (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: DBS 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 (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).

ALL INS AGENCY PTE LTD