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Polley No: () Period: (. Cover Type: (
Confirmed by 1 (Date: Time:
	YO): N: 0-304, F: 21-72%, P: 30-1404)
Year of Registration: () Warranty: YES (Excess: (S) Loading: \$1,000 () / \$2,000)/80()
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SN0823310001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 01/03/2023 11:02 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (01/03/2023 11:02 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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

- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudia 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	01/03/2023 11:02 (SGT) Both Policyholder and Actual Driver 28/02/2023 17:30 (SGT) Corporation Rd, Singapore - Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SNH2564T
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No GOH SWEE LEONG SXXXX515I tslgoh2001@yahoo.com.sg (Phone) +65-96886143
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	Toyota Sienta - Private use No - Reporting only Private car Auto 1490
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	AIG Asia Pacific Insurance Pte. Ltd. 7220116518
DRIVER	
Name of Driver NRIC No Date Of Birth Occupation	GOH SWEE LEONG SXXXX515I 11/12/1959

Date Of Driving Pass	17/11/1981
Driving experience	41 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96886143
Alt. Phone Number	- Specialist Section Sections to Section
Email Address	tslgoh2001@yahoo.com.sg
Address	BLK 470 JURONG WEST STREET 41 #04-425
Address complement	DER 470 JONONA WEST STREET 41 #04-425
Postcode	640470
Is the driver the policyholder?	
If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	5.
	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
insulance company of other vehicle owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Raining
Road Surface	Wet
OTHER INFORMATION	
OTHER IN ORINATION	
Wasanifestania	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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	
DETAILS OF POLICE ACTION	
Was the socident constitution in the	
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)	
AT THE MILE TO SEE THE SECOND	
Ave assident whater are its Late for the Late 10	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLQ2457X
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	- Private cor
Name of Driver	Private car
	YAP CHIN SOON
NRIC No	SXXXX911.I

SXXXX911J

Contact Number	(Phone) +65-97621131
Address	-
Address complement	-7
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 Actual Driver.
- 3. Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy</u> 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

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

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Sketch Plan

COR JORNAL HORD

A) Suld MSelf

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Winne

Describe Circumstance of the Accident	
On 28.02.2033 at 17:30hr. While driving all	7
Corporation Road. During raining day wh	ile
Corporation Road. During raining day who switch lane, Accident with SLO 2457x.	
	04

Declaration

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

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel / Date & Time (Name as in NRIC/ID card)

ACCIDENT'STATEMENT.

ACCIDENT DATE: (28/02/2023) (DD/MM/YYY), TIME; (17. 30) (HH:MM)
LOCATION: Corporation Road
DETAILS OF VEHICLE
alvehicle NUMBERI SNH 3564T
MINISTER ANDE COMPANY!
CIPOLIOY HUMBER: 722016518 CIPOLIOY HUMBER: 722016518 CIPOLIOY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
B)MAKE & MODELL TOTOLS SYNTE Hybrid
B)MAKE & MODEL! F)TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE, / OTHERS) B)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REMONTANCE OF THE
AINIANAEL I CION SINCE THE CONTRACTOR OF THE CON
DINKICHIAN DOSTONIA
#04-42 3199224
* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER
Who of parson go DRIVER . (MALE / FEMALE)
(Including driver.) GINAME: CONTACT: CONTACT:
(L) GIADDRESS!
d) DATE OF DIRTH: (11 /12 / 39)(DD/MM/YYYY)
A COCCUPATION! INDOOR! OULOWN
1) DATE OF DRIVING PAISS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES Y NO)
4. WAS DRIVER AN EMPLOYEE OF THE DRIVER WITH INSURED: IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. C) WEATHER CONDITION: (CLEAR / RAINING / OTHERS 5. C) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
5. GIWEATHER CONDITION OTHERS
WAS ANYRODY INJURED (1837 DOT).
7. a) REPORTED TO POLICE (TEST NOT
TOUTH DANGE TO THE TOUTH OF THE
Who of passinger a) VEHICLE NUMBER: 3889
NRC/FIN/PASSPORI
() 9. THIRO PARTY VEHICLE MODEL!
WIND BY PRIVER'S NAME:
(Induding deliver) [] NRIC/FIN/PASSPORT!CONTACT
68.400. coulse all all all all all all all all all al
+ slqoh >0010 yahoo. com. sg
email.=
, JIDAD

TA AUTO PROTECTOR PRIVATE VEHICLE

me of Policyholder

: GOH SWEE LEONG

eriod of Insurance

: 11 Oct 2022 To 10 Oct 2023

Engine No.

: M15AY459028

Chassis No.

: JTDBBBA370L000180

Vehicle No.

: SNH2564T

Policy No.

: 7220116518

Endorsement No.

Issued Date

: 07 Oct 2022 14:02

ABOUT THE COVER

Make/Model

: TOYOTA Sienta Hybrid

Engine Capacity/Tonnage : 1,490.00 CC

Sum Insured : Market Value

First Year of Registration : 2022

Driver Restriction

: NA

Off Peak Car : No

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 SSS3.000 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.

Loss of Use 1500cc - 1600cc

* 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 - S0 Own Damage - S600 Theft - S0 Flood Cover - S600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

GOH SWEE LEONG - \$600 (Own Damage). \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188 2. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

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: HONG LEONG FINANCE LTD

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 Road Transport Act. 1987 (Malaysia).

504667229

NCHCAPE AUTO TOYOTA - BSTL064

3 LENG KEE ROAD INGAPORE 159102

nderwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Hwee Jun Jeannie Ang