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SN0823380005 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 08/03/2023 17:22 (SGT)

SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (08/03/2023 17:22 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### 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 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.

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

08/03/2023 17:22 (SGT) Both Policyholder and Actual Driver 27/02/2023 18:02 (SGT) Rivervale St, Singapore SK8 MULTI STOREY CARPARK Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SFQ6633Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No

Alternative Phone No

No

CHIA KOK HENG SXXXX020F akbbnb@gmail.com

(Phone) +65-98562211

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 Premio

Private use

No - Reporting only Private car

Auto 1498

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AIG Asia Pacific Insurance Pte. Ltd. 2100220455-12

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

CHIA KOK HENG SXXXX020F 23/03/1949 Indoor

Date Of Driving Pass 02/09/1967 Driving experience 55 YEARS AND 5 MONTHS Gender Male (Phone) +65-98562211 Mobile Number Alt Phone Number Email Address akbbnb@gmail.com BLK 131 RIVERVALE STREET #17-858 Address Address complement 540131 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 Collided into Parked Vehicle Type of Accident Clear Weather Conditions Road Surface Dry OTHER INFORMATION No Was any foreign vehicle involved in the accident? 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) 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 No Was the accident reported to the police? No Was notice of intended Prosecution given? 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? No DETAILS OF OTHER VEHICLE PROPERTY 1 SKU7959Y Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Private car

(Phone) +65-91553991

MS TAN

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)	

#### SKETCH PLAN

### 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.
- 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 Traffic Police Department for investigation.
- 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.
- 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

2008

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

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

Sketch Plan

RNEWALL SIREM (SK&) M&CP.

A) SFQ 6633 Z

A D S KU 7 Q SQ Y

A D S R Q Person who wall

RATIOTAL A across the corporate

Describe Circumstance of the Accident
on 27/02/2003 at about 6pm 1 was drived
along Deck 2 A Kelf Sk& MSCP. I sow a person
walk across the corpore driveway, I swerve left
to avoid, and accidently graze against a  (veh B)  pork vehock i on the left. I got down from my
vehicle and check on the veh. is and try to fix
back the food number place. I wrote a note
to notify weh B and place it on the fort
glass. For the next few days I didn't
receive any call from anybody.
Until Someone call me that I hit and run for
this accordent. I manage to get veh B divers
Contact number and check for the account dobit
and fole that accident report

Declaration

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

Policyholder's Signature / Date & Time

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

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

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.
Date of Accident: 27,09,2021 (dd/mm/yy) Time of Accident: 18 : 02 (24-HR-FORMAT)
Vehicle No.: SFQ6633Z Vehicle Make & Model / Engine (cc): Tofol Premo Private Hire: (YN)
Exact location of Accident: SK& MSCP-
Policyholder's Name / IC No.: Chia Kok Heng ROC/UEN (Company) 5081 50207.
Driver's Name / IC No.:(As Above)
Driver's Contact No.: 98562211 Company Contact No / Owner Contact No:
Driver's Address: Blk 131 Rivervale St #17-858 S (540131)
Owner Email address: akbbabe quail-com Insurance Company: Alba
Owner Email address: akbbabe gnail-com Insurance Company: A161  Driver Email address: 23/03/1949 02/09/1967
Rolationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
Own Insurance / Other Vehicle (The one you want to claim against) Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?  Occupation (nature of job)  Indoor/  Outdoor
Private use / Work purpose *No. of Passengers (Including Driver):
*Passenger Name: Gender: Male / Female x( )  *Passenger Name: Gender: Male / Female x( )
Weather condition & Road conditions? (On the day of accident)
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Camera? Yes / No Remarks:
Any Injuries: Yes / No (If YES) Injured Person' Name:
Injuries Sustain:Injured Person in Which Vehicle:
Police Report filed: Yes / No (If YES) Which Police Station:
The Other Party(s) Details:
1. Driver's Name / IC No: Ms Tan Vehicle No: Sku79594.
Driver's Contact No: 91553991Insurance Company:
2. Driver's Name / IC No (If Any):
Driver's Contact No:Insurance Company :
*Independent Witness (If Any): Contact No:
Preferred Workshop Name: Contact No:



# **CERTIFICATE OF INSURANCE**

### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : CHIA KOK HENG

Period of Insurance

: 27 Jul 2022 To 26 Jul 2023

Engine No.

: 1NZD318251

Chassis No.

: NZT2603039514

Vehicle No.

: SFQ66337

Policy No.

: 2100220455-12

Endorsement No.

Issued Date

: 21 Jun 2022 15:17

# ABOUT THE COVER

Make/Model

TOYOTA PREMIO Engine Capacity/Tonnage : 1,498.00 CC

Sum Insured : Market Value

First Year of Registration : 2009

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF

Yes

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 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 fultion, 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

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

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

CHIA KOK HENG - \$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 holline 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: UOB LIMITED

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).

TEO YEW NGIAP MERVYN

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIG BUILDING 78 SHENTON WAY #09-16

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIGSGMOBILEAPP