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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 witholding of material facts may allow insurance companies to repudiate

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

25/04/2023 17:38 (SGT) Both Policyholder and Actual Driver 22/04/2023 08:00 (SGT) Holland Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMF8583X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No

Alternative Phone No

No

KOH POH CHYE SXXXX747A

finofzp@gmail.com (Phone) +65-98298108

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 vour vehicle?

Vehicle Category Transmission

CC

Toyota Camry

Private use

No - Claiming third party

Private car Auto

2494

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 7220103788

DRIVER

Name of Driver

NRIC No Date Of Birth Occupation

LIM LEE LEE SXXXX585F 14/05/1965 Outdoor

Accident report SN08234P0006

Page 1 of 15

Date Of Driving Pass	12/08/1992
Driving experience	30 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98298108
Alt. Phone Number	-
Email Address	finofzp@gmail.com
Address	29 MOUNT SINAI RISE #11-02
Address complement	±
Postcode	276952
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Does Driver Own Other Vehicle Owned by Driver	NO
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
	Cido Swino
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Number of venicles involved in the accident	No
Was anybody injured in the Accident?	-
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	3
Number of Passengers (Including Driver)	3
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	
Name	KOH POH CHYE
	Male
Gender	
PASSENGER 2	
	ADEN KOH JIA RONG
Name	Male
Gender	Wale
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	
If yes, against whom?	-
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
CINCOMOTATORS S. 1991	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
	Var
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

Vehicle Registration Number	SBJ5775M
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 Actual Driver.
- 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.
- 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 Signatue / Date & Time

Holland

Drive Signature (if driver is not the policyholder) / Date

(Name as in NRIC/ID card)

Sketch Plan

Veh A - SM + 8583X

Wilnessed by Reporting Centre Personne

Describe Circumstance of the Accident
ON THE STATED PATE AND TIME, I, VEH A, WAS TRAVELLING
STRAIGHT ALONG LANE 1.
VEH B ALONG LANE 2 ABRYPTLY SWERVED INTO MY LANE AND COLLIDED INTO MY VEHICLE'S LEFT PORTION.
claration

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

Witnessed by Reporting Centre Personnel

MAKE & MODEL: Toyota VEHICLE NO: SMF 8583X Carry His ACTO/MANUAL DATE OF ACCIDENT 22/4/2023 C.C. 2500 TIME OF ACCIDENT 0800 (AM)/ PM LOCATION OF ACCIDENT Holland Road EXACT PURPOSE USED AT TIME OF ACCIDENT EMPLOYMENT / PRIVATE USE / PRIVATE HIRE NAME OF OWNER Koh Poh Chije FINOF ZP/Q quail-com EMAIL OFFICE: MOBILE: 9829 8108 NRIC S1243747A CLAIM TYPE OD / THIRTY PARTY / REPORTING ONLY FLEET POLICY YES / MOD INCURENCE CO. AI 4 TYPE OF COVERAGE Comprehensive / Third Party / Third Party Fire & Theft POLICY NO. 7220103788 NAME OF DRIVER MFND: LIM LEE LEE NRIC 31698585F DATE OF BIRTH 14/05/1965 ANY PASSENGER XES/ NO: NAME OF PASSENGER MADE/FEMALE (M) Aden KOL Dia Rong (M) GENDER OF PASSENGER OCCUPATION Outdoo / Indoor DATE OF DRIVING PASS 12/08/1993 GENDER (MALE) / FEMALE CONTACT NO. Mobile: 98298108 Office: Home: EMAIL FINOFZP (W gmail. com ADDRESS 29 MOUNT SINAI RISF #11+02 (S)276952 DOES DRIVER OWN OTHER VEHICLES? NO / If yes, Reg No: INSURE: RELATIONSHIP Employee / If No: WEATHER CONDITION Clear / Raining / Other: ROAD SURFACE Dry Wet / Other: ANY INJURIES (No) If yes, Who? CONTACT NO. ROLICE REPORT (No)/ If yes, Where? NOTICE OF INTENDED PROSECUTION? 1 If yes, Who? VEHICLE B NO. SBJ 5775 M Any Passenger: NAME CONTACT NO. VEHICLE C NO. Any Passenger: VEHICLE D NO. Any Passenger: VEHICLE E NO. Any Passenger: VEHICLE F NO. Any Passenger: ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? YES / NO WAS THERE ANY AUDIO RECORDED? YES / NO SCENE ACCIDENT PHOTOS TAKEN? YES / NO DRIVER/ OWNER/ BOTH WHO IS REPORTING Original Language Used English Mandarin Others: Have you been approach by unknown person soliciting (s) / offering accident claims YES / NO assistance?



AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: KOH POH CHYE

: 27 Nov 2022 To 26 Nov 2023

Period of Insurance Engine No.

: 2AR2000889 : MR053AK5004012853

Chassis No.

Make/Model

Vehicle No. Policy No. : SMF8583X

: 7220103788

Endorsement No.

Issued Date

: 04 Oct 2022 15:10

ABOUT THE COVER

: TOYOTA CAMRY 2.5 HYBRID

Sum Insured : Market Value

First Year of Registration : 2018

Off Peak Car : No

Engine Capacity/Tonnago : 2,494.00 CC Driver Restriction

: NA

Insuring with COE/PARF

Person or Classes of Persons Entitled to Drive*:

PERSON OF CHISOUS OF CISCHIS CHARGE IN the Policyholder's order or with Nather permission.

Any parson other than the Policyholder who is driving on the Policyholder's order or with Nather meets she specified ago condition that Policy will indeed a meet she specified ago condition. think to pay an additional sum of \$\$\$3,000 as "Young and/or inaxperienced Oriver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less 2 years driving experience

: All Age Condition

Mileage Condition

Age Condition

Use only for social domestic and pleasure purposes and for the Policyholder's trushess.
This hatry does not cown use for hire or reward, driving tuson, driving lest, racing, pade-making, reliability Inial or speed-lesting, the carriage of goods other than Samples in connection with any trade or trushess of use for any purpose in connection with Molor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitabors rendered insperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1887 (Molaysia) and Road Transport (Art 2019, see not to be included under these headings.

EXCESS

Section 1

Fire - 50 Own Damage - \$600 Theft - 50 Flood Cover - \$600

Section 2

Property Damage - 30

Windscreen: \$100

Named Driver and Excess (where applicable)

LIM LEE LEE - \$800 (Oan 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 jackteent repairs carried out at the Sele Agent's workshop For other Approved Reporting Centres! AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at 465 6338 6200, Alternatively, You may refer to AIG websits www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG from Tunes or Google Play."

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

We hereby certify that the policy to which this Certificate of Insurance relates is lasted in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV the Road Transport (Analysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Majaysia).

0504576010 ARK - PT(A)

3 HOY FATT ROAD SINGAPORE 159504

Underwritten by AIG Asia Pacific Insurance Pte: Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

AVGSGMOBI

thenten Way #19-16 AIG Building S07-120 | T:+85 6419 3900 | WAW al-