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DaleIn 15/05/2023	Job description	Thre &Time Completed	Done hi.
REFNO NMAIG 23004918/Ad4	SAS c-filing	i	
VehNo SFG 1280T	E-mail (within Stee, APT 2h	15,	,
DOA 12/05/2023 15:00	i-Motor Claim Form		
OD/TP) Reporting Only	i-Notor W/O (Within: O)	D 2hrs, Ti' 4hrs)	
TP Insurer:	Assessment/Survey Repo		
Preferred Wksp / INC Assign Wksp / QW; (Ass't Report by Fax / Hs		****
TP Particulars: Veh No: GB	6 2/0/T n	Tol: Fax	<u>:</u>
Owner / Driver: (6 2494J . IN	C(,)/ Non-INC() Tel:	
	od: () Cover Type: (
Confirmed by : (Dates	Thine:	
		0-20%; P: 21-79%. P: \$0-100)
	arranty: YES ()/NO (1701
Excess: (\$) Loading: \$1,00			
General Remarks:		Bridger van van de	
() Walk-In Customer: Customer's inform	ention startly Confidential I	Chiefly NO enforced market	
() Total Loss Case : to e-mail Insurer		Strictly NO rater of repairer.	
		; Towing Co. (
Remarkis 42 : (INC-horline 6788 6616)		Date Time Completed	Done.by
	urtesy Car ()	337 200 333 333	
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()		
Injury:			
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NA2301427/NA2301428	Vn Voice	Preparation Glieditist	's lat Bill Ad
aiman('s Particulars	I) AR: Acc	ident Reporting (\$30);	
iver/Owner:	3) TF: Tow	nage Assessment (\$100); INC (\$30) ing Fee \$40/\$	
	The second secon	ow-Through Survey . 51	
intact No:		ow-Through Survey (Resurvey) 5 sing against INC Only (wef 10 Jan 2005)	30
amaged Portion:	6) TR: Re-	inspection . S	75
		DA + SMRT Survey . \$1	60
C Checked by (Engr-In-Charge):	One	*	
	* NG: 16cj	pair Co-ordination 3	510
uditors' Comments :-			\$25
_ l:	-): TP (Non INC) against INC	301
2/3;	Involca dat		177
	Invoice dat	ted Fun Charged	LE STATE OF THE ST

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
- o. This report will be not waited by the list and the constraint of the constraint o

ACCIDENT STATEMENT

15/05/2023 15:00 (SGT) Date of Submission Both Policyholder and Actual Driver Reported by 12/05/2023 13:52 (SGT) Date of Accident Exact Location of Accident Singapore AFTER BRADDELL ROAD SLIP ROAD TO PIE (CHANGI) Additional Location Information

Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

1498

Vehicle Registration Number SFG1280T

INSURED/POLICYHOLDER

Is company? No TANG SAI LEONG Name Of Registered Owner NRIC No SXXXX706A Email Address telytang@yahoo.com.sg Mobile Phone No (Phone) +65-96758618 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Volvo S60 Model 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

AIG Asia Pacific Insurance Pte. Ltd. Name of Insurance Company 1700090591-03 Policy Number / Cover Note Number

DRIVER

Name of Driver TANG SAI LEONG NRIC No SXXXX706A 31/12/1957 Date Of Birth Occupation Indoor

Date Of Driving Pass 01/11/1982 Driving experience 40 YEARS AND 6 MONTHS Male (Phone) +65-96758618 Mobile Number Alt. Phone Number Email Address telytang@yahoo.com.sg Address 267 TANAH MERAH KECHIL AVENUE Address complement Postcode 465761 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 Chain Collision Type of Accident Weather Conditions Clear Road Surface Dry 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? Yes Was any injured conveyed to hospital by ambulance? No 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 Was the accident reported to the police? Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230512/7063 ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? Yes WITH OWNER Reasons for not uploading a video of the accident **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBG2494J**

Nissan

Nv200

Vehicle Model

Vehicle Manufacturer

Vehicle Variant	•
Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	
Postcode	T.
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	SNK1572K
Vehicle Manufacturer	Toyota
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)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TANG SAI LEONG
Gender	Male
Phone No	(Phone) +65-96758618
Address	267 TANAH MERAH KECHIL AVENUE
Address Complement	•
Post Code	465761
Approximate Age Years Old	-
Injuries Sustained	LOWER BACK I NJURY- GIVEN 6 DAYS OF MC
Injured person in which vehicle?	SFG1280T
Were seat belts worn?	•
Was this injured conveyed to hospital by ambulance?	No
was this injured conveyed to hospital by ambulance:	INO

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 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.
- 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)

l 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 Sketch Plan After Bruddel	Driver's Signature (if driver is not the polloyholder) / Date 8. Time Slip Road to PIE (Changi) Witnessed by Reporting Centre Personnel (Name as in NRICXID card)			
	Veh B: SFG 1280 T Veh C SHK 1572k I X X X X X X X X X			

lease	refer	to	police	report	T/20230512/7063	
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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 & Time

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





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20230512/7063

REPORT C	F A TRAFFIC	ACCIDENT			
Date/Time Report Made: 12/05/2023 17:23			Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars		(图)	
Name of Informant: TANG SAI LEONG		Address: 267 TANAH MERAH KECHIL AVENUE SINGAPORE 465761			
ID Type / ID No.: NRIC NO / S1226706A		Contact No.: Home/Office:	Mobile: 96758618		
Nationality: SINGAPORE CITIZEN		Email: RELYTANG@YAHOO	D.COM.SG		
Sex: Age: Date of Birth: Male 65 31/12/1957		Type of Informant: Driver			
Race: Chinese			Language: English		
Occupation: engineering		Driving Licence Inform Class:	nation: Date of Expiry:		

	29 ML 472 ML	dent	Date/Time of	Type of Location
Type of Accident:	Injury Others	Drink Drive: No	Accident: 12/05/2023 13:55	Straight Road
Location:		St.		
BRADDELL F	ROAD			
Weather: Clear		Road Surface: Dry		
Weather: Clear Traffic Flow; One Way		The state of the s		Traffic Volume: Heavy

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBG2494J			The second secon			0
SFG1280T	Car	VOLVO	S60 T2	Silver		0
SNK1572K	Car					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20230512/7063

CONTINUATION OF REPORT

Details of V	ehicle insurance	the contract of the second	na-dualità (a-festi	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFG1280T	AIG ASIA PACIFIC INSURANCE PTE.	1700090591-03	29/11/2022	28/11/2023

Details of Perso Any Pedestrian In					AR CAN A COURT OF STATE
No. of Pedestrians Injured: NIL			Use of Ped	destrian Cros	sing: NA
Driver	THE REPORT OF THE PARTY OF THE		1757215		Charles and the Control of the Contr
Name	TANG SAI LEONG			ID No.	S1226706A
Related Vehicle	SFG1280T (Car)			Contact No	. 96758618
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL Date		Date	NIL	
	ted Medical Leave	06	Degree of	Sligi	nt

Brief Details.

On the stated date and time, i was traveling along braddell road slip road twds pie(changi), as the traffic was heavy we move slowly, Suddenly there was an impact to my rear of the car, afterwards, i found out Veh B(GBG2494J) collided into my rear portion of my vehicle, I would like to highlight there were 3 vehicles involved. Veh C: SNK1572K.
After the accident, i was feeling unwell and consult the doctor and was given 6days MC.

There is a video footage of the accident.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230512/7063

CONTINUATION OF REPORT

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 12/05/2023 17:23
Classification Of Case:

ccident Information	
1 Date of Accident	- Bradell road Stip Kood to PIE (Chay?)
2 Location: After	- Bradell road slip Road to PIE (Charge)
3 Weather condition	Clear Rain Road Surface : Ory Wet
4 Claiming under	: Own Damage Third Party Reporting Only
5 Injuries	Yes No Type Of Collision: FRONT TO REAR
6 Witness Name / Hp	
7 Police Report	: Yel/No Which Station: Traffic Police
VEHICLE A	SFG1280T Model: Volvo S60
Vehicle No	Model:
Policy Holder Name	Tang Sai Leony 91758618
Policy I/C No. : S	226706A Contact: 9(758618
Policy Address	37 Tanah Merch Kechil Ave (9)465761
Policy No.: 1700	Cover: Comp/3rd pty/Fire n Theft
Insurance Company:	AlG No Of Pax Ø (including Driver)
1)	Sex(Male / Female)
2)	Sex(Male / Female)
Driver Particulars	*
Tan)	Das Leas NIRC NIRC DOB: 31.12.195
Address 267	Tench Merch Kechil Are (1)(465761)
Address	
Page Data: 61.11.6	182 Gender: Male / Female Occupation: Indoor / Outdoor
	758618 Office - Home 64413570
Email lely lang	Relationship: Spouse/Children/Friend/Relative Employee/ Hirer/Parent/Sibling
fix	
VEHICLE B : 61	3G2494 3 Model: NISSAN NV 200 Insurance:
Driver Name	SNKISTAK MULL: TOYOTA VC NO.:_
Contact No. :	



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder : TANG SAI LEONG

Period of Insurance

: 29 Nov 2022 To 28 Nov 2023

Engine No.

: B4154T52294911

Chassis No.

: YV1FS28L0J2457223

Vehicle No.

: SEG1280T : 1700090591-03

Policy No. Endorsement No.

Issued Date

: 27 Oct 2022 11:38

ABOUT THE COVER

Make/Model

: VOLVO S60 T2

Engine Capacity/Tonnage: 1,498.00 CC Driver Restriction

: NA

Sum insured : Market Value Off Peak Car : No

First Year of Registration : 2017

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\$\$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-lesting, 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 1960, 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

TANG SAI LEONG - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Wearnes Automotive Pte Ltd Add: 249 Alexandra Road Singapore 159935 64304890 63789350

For other Approved Reporting Centres/AIG Authorised Repeirers, please contact our 24-hour excident emergency holline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.ag.or AIG SG Mobile App. Simply search and download "AIG SG" from Apple App Store or Google Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

In the 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 1960, Part IV of the Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Maleysia).

WEARNES AUTOMOTIVE - FFL (V)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pts. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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