List of Jumpour and Cartiers	erpicus minamin	F1.35 1400S	Done by
ONAL Assassment Centre	Ich description Drue	Millio Completed	1/2/16 1/3
1810512025	SAS e-IIIling		And the second of the second of the second of
10 X MAN IN CO 1800 SUN 1/7	l management of the second of	, , ,	1harper
101 SUD (000X	E-incli patida sau, sic san)	11	
1M0X/0012 12:24	1-Diover Cloten Louin		
	PACOTOL ALLO CALINISTOS SULLAN TON		
Propering Only	1. Photo Uplouded		III or in the second product and a second
- Value - and other processor as to have a superior as the second of the	Vascitimentigneres freshirt	-(17/1)10	Marrier makes MCS # 197 1 E- mr
asurer:	Ass' Report by Fax (Hand to Own		1
TWEE WROP INC Assign WKN p / CIW!	Tol		
in the later to th	1.0010	Mon-IMC()";	
- 11 to reason the second transfer of the sec	The state of the s	Application of Michigan Co.)
ener / Drivers (ied: () Cov	er Type: (,
linu liot ((1010)	Times 8, 31,79%. Fr 30.1	11014
Conflorated by C'C	Hote-Bac Status (NO): 11: 0: 3014.	1.3 53 1 1 2 400	The same of the sa
12 11 2 11 m2 1 1 m1 m2 m	NALLAUMI JEZ () 1/201		
12: valled 1 10 160		TO STATE OF THE ST	The state of the s
No cash (S		15.17.00021VING 14.155191	1
Nerth Kentellion K. Somer I Customers Inf	struction strictly Confidential & Strictly	7110 13:01 01 10 12	NV 1
) Total Loss Cost 1 to c-mail fast	CET URGENTLY.	with the same and the same and)
) Total Loss Cost 1 to carrier to	el YES () / NO () 1 Tow	ing Corl	When I want to the same of the
TAMES TO SECOND	the same of the sa	To Manager Charles	11/2/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/
		M 4 111 4 11 11 1 1 1 1 1 1 1 1 1 1 1 1	
The second section of the contact	Strategy of the Strategy of th		while the same and
	Courtesy Car (and an analysis and a second s
Apply to: Transport Allowance ().			The state of the s
Apply to: Transport Allowance ().			
Hobbit to: Library brom the polit Cost > CC Check Less Behave [Dehooties]		Name of the second seco	
(Vital) (2) Library Loss (Prehot. Cost > CC Chasyl Lean Kebuit (Dehootion)	() 55000] ()		
Think to the Medical State of the State of t			
(Vital) (2) Library Loss (Prehot. Cost > CC Chasyl Lean Kebuit (Dehootion)	() 55000] ()		
Think to the Medical State of the State of t	() 55000] ()		
Think to the Medical State of the State of t	() 55000] ()		
Think to the Medical State of the State of t	\$3000) ()		
Think to the Medical State of the State of t	\$3000] ()		77.85.19.4 Nov. 2001. 1957.
Think to the Medical State of the State of t	\$3000) ()	Comme division in the	2007 (15 c) 1 c)
Apply (or Francisch Allowance () CC Check / Peri Reputs Inspection Julius / Julius	53000] () () () () () () () () () (1 August (\$1690)	3107515 3107515 3107515 3107515
MA 2301479	S3000) S3000) SALVANIANIANIANIANIANIANIANIANIANIANIANIANIA	+ Antinured (1169); Fit	AV (200 - 10
MA 2301479	SSOCOI () SALVACIA INVECTION INVESTIGATION INV	+ Antimore (ALCO); File 15 5 1917 This 15 5 1917 (Bellet) to the control of the	\$150 \$1574 \$1574 \$156
Apply (or Fransport Allowance () CC Check / Peri Repute Inspection District / District Application (Resport Cost > INTRO) MA 2301479 Macronica Application (Resport Cost > MA 2301479 Macronica Application (Resport Cost > Macronica Application (Resport > Macroni	53000) () [Dyysos Property	+ Antiport (\$160); Fill	3NC (350) \$19/5 12 11/5 2020) 21/1
MA 2301479		t Antimoret (21602); File - 15 S. 1917 Trining S. 1919 (Example Control Cont	\$1075 516 515
MA 2301479 MA 2301479 Marian No. Marian No. Marian Portion Repair Costs Marian No. Marian No.		+ Antimoret (ALCON) File -This - S S - NY Y This - S S - NY Y S - NY S S S - NY Y S - NY S S S - NY Y S - NY S S S - NY Y S - NY S S S - NY Y S - NY S S S - NY Y S - NY S S S - NY Y S - NY S S S S - NY Y S - NY S S S S - NY Y S - NY S S S S S S S S S S S S S S S S S S	\$10.75 5.50
MA 2301479 MA 2301479 Marian No. Marian No. Marian Portion Repair Costs Marian No. Marian No.	SSOCO () SSOCO () INVESCO (TANGEMENT (ALCON) FILE THE SESSIVE COMMENTS OF THE COMMENT OF TH	3151 5111 5111 5111 5111 5111 5111
Apply (or Francisch Allowance () CC Check / Peri Repute Inspection Diving Remove Photo Repote Cost > Outline () Linear No:	\$3000) \$3000) \$100000000000000000000000000000000	+ Antennes (ALCO); Fit -fet - fe s . 144 / Elevary Trins-fe s . 144 / Elevary Trin	315 315 315 315 315 315 315 315
Apply (or Francisch Allowance () CC Check / Peri Repute Inspection Diving Remove Photo Repote Cost > Outline () Linear No:	\$3000) () () () () () () () () ()	+ Antennes (ALCON) Fit - This - S S - NY Y - Thi	ANC (756) 519/51 10. 1115 11. 5114 511 511 511 511 511 511 511
MA 2301479 MA 2301479 Marian No. Marian No. Marian Portion Repair Costs Marian No. Marian No.	\$3000) \$3000) \$100000000000000000000000000000000	TANGEMENT (STON) THE STON STONY THE STONY CONTROL THE STON STONY THE STON	315 315 315 315 315 315 315 315

•

SN08235I0003-01 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 18/05/2023 17:15 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 2 (22/05/2023 11:09 (SGT))



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 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

18/05/2023 17:15 (SGT) Both Policyholder and Actual Driver 18/05/2023 12:24 (SGT) 505 Bishan Street 11, Block 505, Singapore 570505 MSCP LEVEL 2B Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLD5020X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No.

No

WEE LIANG HWEE SXXXX257H

liang_hwee@hotmail.com (Phone) +65-98570237

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 Corolla

Private use

No - Claiming third party

Private car Auto

1598

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 2100471101-05

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

WEE LIANG HWEE SXXXX257H 05/11/1957 Indoor



Date Of Driving Pass	14/02/1979
Driving experience	44 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	
Alt, Phone Number	(Phone) +65-98570237
Email Address	liang_hwee@hotmail.com
Address	BLK 303 SHUN FU ROAD #09-47
Address complement	
Postcode	570303
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	
Type of Accident	Sido Swino
	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
OTUED MECHATION	
OTHER INFORMATION	
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 accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	
ii yoo, againot wiloiii.	
CIRCUMSTANCES OF ACCIDENT	
DI FACE DEFED TO SVETCH DI ANI/TYDE CE ACCIDENTIS H	EAD TO SIDE)
PLEASE REFER TO SKETCH PLAN (TYPE OF ACCIDENT IS H	EAD TO SIDE)
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	SLF2661E
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEW WEN JIANG
NRIC No	SXXXX457C



Contact Number	(Phone) +65-91689335
Address	
Address complement	-
Postcode	_
Insurance Company Name	12
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

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 Policyhold 11 and/or the Authorised 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>.
- 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. The 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.
- 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 law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Time		Driver's Signature (if driver is not the policyholder) / Date & Time		Pe	Witnessed by Reporting Centre Personnel				
Sketch Plan	BIK	505	BISHON	37	//	MECP	LEVEL	28	and the state of t
									Lv
A) SLD 502	0.×			>		L A	Δ		
B) SLF >661	E					7	?		
		1 1 1 1 1 1 1				1		1111	V
		1-1-1-			+				1 woa

			THE UP ACCIDENT:	**
- was dr	Volca de Ala		* , *	4,
	hope in the m	culti Stones (Der park	
and was n	were to the 1	of I		
	0 10 IBC 1.	XT OS IWI	11 be, 9810	Q
out and the	S FREE D	1		1
1	to roug was	oa my rgh	+	
As (was no	215-55/1-1/			
1 de	proaching the	-ramp or N	Of One	
Campa cen =	21			
1 1 J	the range of	ax from le	el 74 c	tool
up and La			7 -1 0	un
9 000 00	eng onto my	coop on A	0 12/20	260
Othor oliver		0	= 1 7 1	TIOR
Chronic Chronic	of alighbol and	& Sould Soon	1 T d 20 14	
your car	-		7 1 aiant	706
1 cay				
		35 V		
16.3				
Maril Comment				
The state of the s				Code of the Code o
666				
The same of the sa			-	*
REPORTING ONLY ()	OWN DAMAGE ()	THIRD DADTO		
	11	THIRD PARTY ()	OWN WORKS	NOD (

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION

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

NOTE IF ACCIDENT REPORT SUBMITTED AFTER 24 HOURS NCD WILL BE AFFECTED

ACC	IDENT DETAILS		
DATE OF REPORT: 18 5 23 A ACCIDENT LOCATION: BLK 505	CCIDENT DATE	B TIME: 185 23	1224pm.
ACCIDENT LOCATION: BLK 505	BISTAN S) II MACE	LEVE ZB
COUNTRY: SINGAPORE		MALAYSIA	
	LE DETAILS/OWNE		- 2/00/17/10/ 02
VEHICLE NO: SLL 5020X	MEE	POLICY NUME	BER: 2/0047/10/-05
OWNER'S NAME: WEE LIANG &	NEC		8570237
BIDICAID 0/22/176/1-		COVERAGE: 0	OM/TPFT/TP
EMAIL: liang-hweelahotmail	, ()		AIG
INSURANCE: NTUC DIRECT ASIA	AXA		BUDGET ECICS
	VEHICLE PARTIC	CULARS	
MAKE & MODEL: YOYOTA AL	715		
VEHICLE CATEGORY, PRIVATE OR PRIV		MMERCIAL	
-PURPOSE DURING ACCIDENT: PRIVI	A7E	130.50	
CLAIM: OWN DAMAGE	REPORTIN	NG ONLY	THIRD PARTY
DRIVER DETAILS		0	THER PARTY'S DETAILS
NAME: Wee Liang Hyos			:SLF 266/E
NRIC NO: S1234257H		NAME: LE	N WEX JIANG
DATE OF BIRTH: 5/11/57		NRIC NO:	38040457C
OCCUPATION, INDOOR OF OUTDOOR	3	9.737	91689335
PASSED DATE: 14/2/1977		INSURANCE	
GENDER: FEMALE OR MALE		ADDRESS:	LONAL VEZEL
ADDRESS: B303 SHUNFUR RA	s A09-47		
ADDRESS 25505 Sq 54		VEH CALEG	ORY: PRIVATE.
POSTCODE \$70303		PASSGENGI	R: NIL
EWAIL			
WEATHER CONDITION DRY CLEAR V	VET / RAIN		
WIURY:	many manual		
DOES DRIVER OWN OTHER VEH?			
. 6 6 6	RANCE CO:		
	-		
VIDEO FOOTAGE OR VOICE RECORD:	YES (REAR		
OFFER BY OTHER WORKSHOP:			
NO OF VEHICLE INVOLVED:	NA		***
WITNESS: IF YES - NAME&HP:			
NO PPL IN CAR:			
PASSENGER NAME (NAME AND GEND	ER):		
1)			
Z)			3.8 %
3)			



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Wee Liang Hwee

Period of Insurance

: 20 Jun 2022 To 19 Jun 2023

Engine No.

: 1ZRY291759

Chassis No.

: MR053REH104550937

Vehicle No.

: SLD5020X

Policy No.

: 2100471101-05

Endorsement No.

Issued Date

: 23 May 2022 14:57

ABOUT THE COVER

Make/Model

: TOYOTA COROLLA ALTIS 1.6 DUAL

Engine Capacity/Tonnage: 1,598.00 CC

: NA

Off Peak Car : No

Sum Insured : Market Value

First Year of Registration : 2016

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

Driver Restriction

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-testing, the carriage of goods other than samples 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 - \$3000 Theft - \$0 Flood Cover - \$3000

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Wee Liang Hwee - \$3000 (Own Damage), \$3000 (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 Any according repairs on the vertice mass be carried out by one out Authorised Repairers. Within the first 3 years of the first registration of the vertice in Singapore, not 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).

0030210000

AIG ASIA PACIFIC INSURANCE PL

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.



YMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

whom you submitted the Original Report.	
ADDENDUM	
Original Report No: Such 35 10003 vo	ehicle Registration No: SUD 5020X
(*Vahisla Driver/Policyholder) (*) Please delete as appropri	riate
Address:	Mobile No.:
Date of Accident: BIK TOT RUB HOW & II	
Insurance Company: B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident a make the following amendments:	
EMPIL ADDRAST TO LIPTUR - HU	
	an 22/00/2023
Policyholder / Actual Driver's Signature Date:	Reporting Centre Personnel's Signature Name (as in NRIC/ID card): Date: