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SN08236K0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 20/06/2023 12:50 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (20/06/2023 12:50 (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

This report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for alchiving 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.

ACCIDENT STATEMENT

Date of Submission Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

20/06/2023 12:50 (SGT) Both Policyholder and Actual Driver 07/02/2023 07:15 (SGT) Jln. Ahmad Ibrahim, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLL9376B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No

CHO SWEE KONG SXXXX586I

att in the special property

chosweekong@yahoo.com.sg (Phone) +65-97911061

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

Private use No - Claiming third party

Private car Auto 1590

Mitsubishi

Lancer

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 2100503588-05

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHO SWEE KONG SXXXX5861 12/04/1974 Indoor

08/10/1999 Date Of Driving Pass 23 YEARS AND 4 MONTHS Driving experience Male Gender (Phone) +65-97911061 Mobile Number Alt. Phone Number chosweekong@yahoo.com.sg Email Address BLK 160 BUKIT BATOK STREET 11 #10-66 Address Address complement Postcode 650160 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? 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

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

DETAILS OF POLICE ACTION

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBT9872L

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Motorcycle

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC5264S
Vehicle Manufacturer	2
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	

- DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, the traffic light
was red. All vehicle stopped. Suddenly, I
felt an impact from my rear. I come
down and see. I realise is a chain
Collision. A motor bearing the nos FBT 9872L
had hit on my rear and the bile was
hit by another van bearing PC 5264s.

DECLARATION

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

X Oluek

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

I mail: sm a idac.com.sg Tel no: 6555 6888

If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 07/03/2023 (dd/mm/yy)	
Vehicle No.: SLL 9376B Vehicle Make &	Model: Mit 84bishi
Exact location of Accident: Jalan Ahmae	d IBrahim
Policyholder's Name: Cho Swee Kono	JUCTUEN: S 7471586 I
Driver's Name / IC No. :	(As Above)
Driver's Contact No.: 97911061 Company	Contact No (Company Veh Only):
Driver's Address:	The year of the same of the sa
Email address : CHOSWER KONG @ YAHOO.	Com · SG Insurance Company: A IG
Relationship between Owner & Driver: (Please CIRCL Owner Spouse Children Friend Parents Sibling Relationship between Owner & Driver: (Please CIRCL)	E one only) nive / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)	
Own Insurance Other Vehicle (The one you wan	n to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle	upation (nature of job) Indoor/ Outdoor
Private use / Work purpose *No.	of Passengers (Including Driver):
Passanger Name:	Gender: Male / Female *Passanger
Name:	Gender: Male / Female
Weather condition & Road conditions? (On the day of acc	cident)
Clear & Dry / Raining & Wet / After-Rain	1 & Wet / Drizzling & Wet / Others:
	pinnen,
Was there any video captured by your Car Camera?	Yes No
Was there any video captured by your Car Camera? Any Injuries: Yes / No (If YES) Injured Pers	Yes No
Was there any video captured by your Car Camera? Any Injuries: Yes / No (If YES) Injured Pers Injuries Sustain:	On' Name:
Was there any video captured by your Car Camera? Any Injuries: Yes / No (If YES) Injured Pers Injuries Sustain: Police Report filed: Yes No (If YES) Whith The Other Party(s) Details:	Yes No on' Name: Injured Person in Which Vehicle: ch Police Station:
Was there any video captured by your Car Camera? Any Injuries: Yes / No (If YES) Injured Pers Injuries Sustain: Police Report filed: Yes No (If YES) White Other Party(s) Details: 1. Driver's Name / IC No: Driver's Contact No: Insurance Camera? No (If YES) Injured Pers No (If YES) White Other Party(s) Details:	Yes No on' Name:
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e e 1 Pouloy noticer

: Cho Swee Kong

. : Taurance

: 16 Mar 2022 To 15 Mar 2023

: 4A92CL9601

: JMYSRCY1AGU006226

Vehicle No.

Policy No.

: SLL9376B : 2100503586-05

Endorsement No.

Issued Date

: 09 Feb 2022

THE COVER

: MITSUBISHI LANGER EX 1.8L

Separate/Tonnage : 1,590.00 CC

Sum insured : Warket Value

First Year of Registration : 2011

. □ or Classes of Persons Entitled to Drive* :

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

increases who is driving on the Policyholder's order or with his/her permission.

If the Policyholder or any authorised driver only if ne/she meets the specified age condition.

is to pay an additional sum of SS\$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience

: 40 years old and above

Wileage Condition : Unlimited Mileage

- Ellor as to user :

Figure Sectial, domestic and pleasure purposes and for the Policyholder's business.
Figure does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carnage of goods other than samples in connection with Motor Trade.

umbilions rendered moperative 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 Act, 1987 (Malaysia) and Road

DOESS.

- Damage - 8800 Theft - 80 Flood Cover - 8900

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

Demaga Bdo, & Paint Danta (Add: 205 Pandan Garcans & ngapora 608359 86884601

DETIRES SEC. IN FERRI DETIRE ALC: 203 FERGER GETCERS OF TEXTS AUSCOSS SOCIALUM.

DETIRES FUTCERSED Sen. DE Centre. For applicant reporting & windspreen detir only. Acc: 330 Upi Rd 3 Singapore 408650 67461000

DETIRES Authorised Sen. De Centre. For applicant reporting & windspreen detir only. Acc: 320 Upi Rd 3 Singapore 155094 64708588

DETIRES FUTCERSED Sen. De Centre. For applicant reporting & windspreen detir only. Acc: 320 Sin Wing Ave Singapore 575733 69328000

A DOTE AS ASSOCIATED DEPOTES A GLACIFORM RESPECT TRANSPORT OF THE SOCIAL PROPERTY AND SOCIAL SOCIALI

PERTANT NOTES

ains Purchase Company/Employers Loan; MayBank

en in the insure that Certificate of Insurance relates is issued in apportance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 185), Party 185 (Insurance Rose Transform Amendment Act 2018 and Motor Mendes Third Party Risks) Rules, 1859 (Malaysia).

DYCLE & CARRIAGE - BEVERW(MIT)

S A GAPORE 159930 ANSP-MOTOR

and and his ton by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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