NATIONAL Assessment Centre	Services (wef Jan	œ] ·	. 1
Date in: 4 07/07/2023	Jeb description	Date & Time Complete	d Done by
Ref No: NA/A/G23006882/04	SAS e-filing		
Yeh No: 8MA 389219	E-mail (within shrs, AIC	2hts)	İ
D.O.A: 07/07/2023 07:30	i-Motor Claim Form	1	
10.	i-Motor W/O (Within:	OD 2hrs. TP 4hrs)	
OD (TP)/ Reporting Only	i-Photo Uploaded	!	
	Assessment/Survey Re	port	-
TP Insurer:	Ass't Report by Fax /	• !	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
	9998A . I	NC()/Non-INC()	rax.
Owner / Driver: (9/9/9/8/1	Tel:	
Policy No: () Perio	d: () Cover Type: (
Confirmed by : (Date)
Insured/Driver Liability: (%) [No	te-Est. Status (WO):	N: 0-20%; P: 21-79%. F: 8	0-100%]
	arranty: YES ()/NO		
Excess: (\$) Loading: \$1,000	()/\$2,000()		
General Remarks;-			
() Walk-In Customer: Customer's inform			
() Total Loss Case : to e-mail Insurer	URGENTLY.	1	
Drive-In ()/ Powed-In (); Invoice:	YES (.) / NO (); Towing Co: (* 3
Remarks: (INC horline: 6788 6616)		Date&Time Complete	1 Done b
	artesy Car ()		
2) QC Check / Post Repair Inspection	. ()		
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()		
Injury:			
Date/Time. Actions		· · · · · · · · · · · · · · · · · · ·	**************************************
Date/Lime. Actions			
	• • • • • • • • • • • • • • • • • • • •		
NA2302049	Invo	ce Preparation Checklist	Amt (\$)
1.5 Co. C. C. C. Co. Co. Co. Co. Co. Co. Co	3000000	Accident Reporting (\$30);	TstBill
Claimant's Particulars :-	2) DA :	Damage Assessment (\$100); IN	C (\$80)
Oriver/Owner:		Towing Fee Follow-Through Survey	\$40/\$45
Contact No:		Follow-Through Survey (Resurvey)	\$30
Damaged Portion:	6) TR:	laiming against INC Only (wef 10 Jan Re-inspection	\$75
		Idae DA + SMRT Survey C Additional Services:-	\$160
QC Checked by (Engr-In-Charge):	OD.		
**************************************	*N6:	Courtesy Car / Tpt Allowance Repair Co-ordination	\$5 \$10
Auditors Comments:-		Post Repair Inspection DV / Collect Excess Coordination	\$25 \$5
at. 1:	TP(N11): TP (Non INC) against INC	\$20 .
at. 2 / 3:	lnvoice	dated Fee Char	ged -
	Invoice	dated Fee Char	ged Control

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
- 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.
- 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 07/07/2023 13:41 (SGT) Reported by **Actual Driver** Date of Accident 07/07/2023 07:30 (SGT) Exact Location of Accident Singapore Additional Location Information PREMISES OF SENGKANG ACTIVE SG SPORT CENTRE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA3892M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YIEW KIM YEONG (RAO JINYONG) NRIC No SXXXX743G Email Address dolceing@yahoo.com Mobile Phone No (Phone) +65-92324268 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Freed Variant 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 your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto 1496

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7210052675-02

DRIVER

Name of Driver GLORIA ING NGAH FUEN (GLORIA WU YAFEN) SXXXX139E Date Of Birth 03/09/1977 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	30/07/1999 24 YEARS Female (Phone) +65-98796240 - dolceing@yahoo.com 29 FERNVALE CLOSE # 13-19 797464 No Spouse No -
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number	SKF9998A Private car -

Address	- 0
Address complement Postcode	-
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident No. Of Passenger (Including Driver)	-
PASSENGER 1	2
Name	UNKNOWN
Gender	Female

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 Authorised Driver.
- 3. 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 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 ye	ers/law firms),	w hich may be site	d outside of Singapo	ore, for one or more	of the abov	Purposes.	74/2023
Policyholder's Signat Time Sketch Plan		& Time	senakang		Pers	essed by Reporting (connel Centre	Centre
+ + T T T	[P] - T					SMA3892 SKF 99981	

Describe Circumstances of the Accident inside premises 2023 about 0730am Centre From 2 Straight at Was arvina above and 0 VPhil revensed Without out outont onto and the portion vehille to right mi Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your your own comprehensive policy. Please check your policy for more information.

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

SINGAPORE ACCIDENT STATEMENT

Accident Date: 07/07/2023 Time: 0730 hv (hh:mm) 24 hr format
Location premises of fengkang Active sg sport: centre
Vehicle Number SMA 3892M
Insured Name Yiew kim yeong
NRIC/FIN \$ 77 34 7436 Contact Number 9232 4268
Make Honda Model Freed
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: (/) Third Party () Reporting
Insurance Company Al&
Type of Policy (/) Comphensive () Third Party Fire & Theft () TP Only
Policy Number 7210052675-02
Name of Driver Glong Ing Ngan Fuen ()Same as Insured
NRIC/FIN S7777139E Contact Number 9879 6240
Date of Birth 03/09/1977
Driving Pass Date 30107/1999
Occupation (/) Indoor () Outdoor
Gender () Male (/) Female
Email Address dolceing @ yahoo.com ()NO EMAIL
Address of Driver 29 Ferrivale (10 #13-19 5(797464)
7 (414101)
Was driver an employee of the Insured's Company? () Yes () No
If No, Relationship of the Driver with the Insured
() Owner (/) Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions (/) Clear () Raining () Others
Road Surface (/) Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes () No
Was anybody injured in the accident? () Yes (~) No
If yes, injured detail
Was there any video captured by Car Camera? () Yes (~) No
Was the Accident reported to the Police? () Yes (/) No If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact
Veh B SKF 9998A - 1 pastanger (F)
Veh C
Veh D
Veh E
Veh F



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : YIEW KIM YEONG (RAO JINYONG)

Period of Insurance : 05 Jun 2023 To 04 Jun 2024

Engine No. : LEB5594144

Chassis No. : GB71062035

Vehicle No. : SMA3892M

Policy No. : 7210052675-02

Endorsement No. : : 06 May 2023 10:23

ABOUT THE COVER

Make/Model : HONDA FREED

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 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 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

YIEW KIM YEONG (RAO JINYONG) - \$600 (Own Damage), \$600 (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 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 Apple App Store or Google Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE 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 1960, Part I/V of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504650000

ALL INS AGENCY PTE LTD

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

22 SIN MING LANE #05-78 MIDVIEW CITY SINGAPORE 573969

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

All Ins Agency Pte Ltd