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D.O.A: 14/07/2023 15:00	i-Motor Claim For				
co 150 location Only	i-Motor W/O (With	in: OD 2hrs,	'P 4hrs)		
OD TP Reporting Only	i-Photo Uploaded			_	
	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fax	c/Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
	4887	INC ()/Non-INC ()	
Owner / Driver: (Tel:)
1-	riod: ()	Cover Type: ()
Confirmed by: (ate:	Time:)
Insured/Driver Liability: (%)	Note-Est. Status (WO):	N: 0-20	%; P: 21-79%. F:	80-100%]	
Year of Registration: ()	11 022013	NO()		
Excess: (\$) Loading: \$1,	000 () / \$2,000 ()	5844890XXXXX		
General Remarks:-			in NO rafar of rea	iker Sirer	
General Remarks:- () Walk-In Customer : Customer's inf	ormation strictly Confidence	ential & St	netty NO 13let 01 teps		
	rer URGENTLY.		'owing Co: (
Drive-In ()/ Powed-In (); Invoi	ce: YES () / NO	(); 1	Date&Time Comple		Done by
1) Apply for Transport Allowance ()/	/			1	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>	\$3000] ()				
3) Upload Resurvey Photo [Repair Cost> Injury:	\$3000] ()				
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SN09237I0006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 18/07/2023 15:34 (SGT) SUBMITTED BY: NIVITHA

VERSION: 1 (18/07/2023 15:34 (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
- 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 18/07/2023 15:34 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 14/07/2023 15:00 (SGT) Exact Location of Accident Singapore Additional Location Information PIE (TUAS) BEFORE EUNOS EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1496

Vehicle Registration Number SMJ2632G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NG SU YING (HUANG SUYING) NRIC No SXXXX892D Email Address GINY009@YAHOO.COM.SG Mobile Phone No (Phone) +65-98231864 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Sienta Variant Exact purpose for which vehicle was being used at time of 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

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220146463

DRIVER

CC

Name of Driver NG SU YING (HUANG SUYING) NRIC No SXXXX892D Date Of Birth 29/08/1984 Occupation Indoor

Date Of Driving Pass 28/11/2021 Driving experience 1 YEAR AND 8 MONTHS Gender Female (Phone) +65-98231864 Mobile Number Alt. Phone Number Email Address GINY009@YAHOO.COM.SG Address APT BLK 234 TAMPINES STREET 21 Address complement # 10-525 Postcode 521234 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 Collision - Head to Rear Weather Conditions Raining Road Surface 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? Yes Was any injured conveyed to hospital by ambulance? Yes 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?
Translator's name No Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 QUEK CHIN LING Name Female Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230717/7006 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	QX488Z
Vehicle Manufacturer	
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 December (Including Driver)	
No. Of Passenger (Including Driver)	•

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG SU YING (HUANG SUYING)
Gender	Female
Phone No	(Phone) +65-98231864
Address	APT BLK 234 TAMPINES STREET 21
Address Complement	# 10-525
Post Code	521234
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SMJ2632G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes
vvas tilis ilijarea conveyea to nospital by ambalance?	res
INJURED 2	
Name of injured person	QUEK CHIN LING
Gender	Female
Phone No	(Phone) +65-97852332
Address	
Address Complement	
Post Code	
Approximate Age Years Old	_
Injuries Sustained	NECK INJURED
Injured person in which vehicle?	SMJ2632G
Were seat belts worn?	SIVIDZODZG
Was this injured conveyed to hospital by ambulance?	- Vee
vias this injured conveyed to hospital by ambulance?	Yes

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 <u>truthful</u> and accurate as <u>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 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)

l understand, acknow ledge, 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.

do	2				Dougl	Dr. 18/7/2023
Policyholder's Signa Time	013	8 Time		ne policyholder) / Date	Witnessed by Rep Personnel	orting Centre
Sketch Plan	PIE C1	uas) Bet	ore Gun	us Gxit		

PIE (7U0S)

A- SMJ2632G

B-0X488Z

Describe Circumstances of the Accident	
7	
Ribur to police	
ruport	
- 7120230717 FOUG -	

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





Report No. T/20230717/7006

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2023 09:50		fade:	Vide Report No.:	Station Diary No.:	
Informant	's Particu	ulars	Digital management of the second second	Alleksi oleh antar Septemberah palamentar paga september	
Name of Informant: Address: NG SU YING 234 TAMPINES STREET 21 #10-5			#10-525 SINGAPORE 521234		
ID Type / ID No.: NRIC NO / S8424892D			Contact No.: Home/Office: Mobile: 98231864		
Nationality SINGAPO		EN	Email: GINY009@YAHOO.COM.SG		
Sex: Age: Date of Birth: Female 38 29/08/1984			Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Primary school teacher		her	Driving Licence Information: Class: 3	Date of Expiry:	

	Injuny	Delak	D-1-77: 1	
Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 14/07/2023 15:00	Type of Location Straight Road
Location:				
TO PIE (TUA	S)			
Lamp Post No	umber: 413			
Weather: Raining		Road Surface: Wet		
raining				
Traffic Flow: One Way		Traffic Control:		raffic Volume: leavy

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMJ2632G	Car	TOYOTA	sienta	Gold	Slightly Damaged	1
	Car					0
	Car					0





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

2 of 3 Report No. T/20230717/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMJ2632G	AIG MALAYSIA INSURANCE BERHAD	7220146463	27/02/2023	26/02/2024	

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Passenger	A STATE OF THE STA	Admir Committee	and the second second		A. Bar	
Name	QUEK CHIN LING			ID No.		S7901597J
Related Vehicle	SMJ2632G (Car)			Contact No.		97852332
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	14/07/2023 Date					7/2023
No. of Days gran	ted Medical Leave	01	Degree of		Slight	
Driver	Annual Color Color Color	Charles and a	res almount du	and a second	and the same	STATE STATE OF STATE OF STATE OF
Name	NG SU YING			ID No	•	S8424892D
Related Vehicle	SMJ2632G (Car)			Conta	ct No.	98231864
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Driving Licence Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	14/07/2023		Date		14/07	7/2023
No. of Days grant	ted Medical Leave	01	Degree of		Slight	

Brief Details.

I was driving on PIE towards Tuas in my car SMJ2632G and there was a passenger Quek Chin Ling in my car. It was raining and a traffic jam. I was stopping behind another car in the first lane and a police car banged my car from behind. My passenger and I were conveyed on an ambulance to CGH and were discharge on the same day. My car was towed to TP compound. I took some pictures of the damage to my car.





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

This report is lodged at Tampines NPC Kiosk 1

NP168

3 of 3 Report No. T/20230717/7006

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2023 09:50
Officer In Charge Of Case: TP / TPIB / MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN Contact No.: 65476083	Classification Of Case:

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 14 JULY 2023	TIME OF ACCIDENT: 1500
VEHICLE NO: SMJ 2632G	TRANSMISION : AUTO / MANUAL
MAKE & MODEL: 9040ta Sienta	LOCATION: PIE (TUAS) before Euros Exit
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : ALC	POLICY NO: 7220146463
TYPE OF COVERAGE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPY/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: NO SU JING	NRIC: 38424892D
ADDRESS: BIK 234 Tampines St 21	CONTACT NO: 0823 1864
#10-525 EMAIL ADDRESS: GINY 009 @ YANOO. COM. SQ	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : CONTACT NO :
DRIVER OWNER RELATIONSHIOP :	PASSENGER: MALE() FEMALE (V)
DATE OF BIRTH: / /	DRIVING PASSING DATE: 28/ NOV/ 2011
OCCUPATION: INDOOR / OUTDOOR	ADDRESS:
ANY INJURIES: NO, IF YES: Na Gu Ving	POLICE REPORT : NO/ IF YES WHERE ?
	ROAD SURFACE : DRY (WET) OTHERS
VEATHER CONDITION: CLEAR / RAINING / OTHERS	ROAD SURFACE : DRT WELL STILL
VEHICLE B REG NO: QX488Z	VEHICLE C REG NO :
DRIVER NAME :	DRIVER NAME :
NRIC :	NRIC:
CONTACT:	CONTACT:
VEHICLE D REG NO :	ANY WITNESS? NO, IF YES:
DRIVER NAME :	NAME :
NRIC:	CONTACT:
CONTACT:	
WAS NOTICE OF PROSECUTION GIVEN? (YES /NO) IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN ?: (FES / NO
IF ILO, AGAINST WITCH	WERE INJURY CONVEYED BY AMBULANCE : YES / NO



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : NG SU YING (HUANG SUYING)

: 27 Feb 2023 To 26 Feb 2024

Engine No. : 2NRX429511

Chassis No. : MHFZ28H3000062436

Vehicle No.

: SMJ2632G

Policy No.

Issued Date

: 7220146463

Endorsement No.

: 19 Jan 2023 14:51

ABOUT THE COVER

Period of Insurance

Make/Model : TOYOTA SIENTA 1.5

Engine Capacity/Tonnage: 1,496.00 CC

Sum Insured : Market Value

First Year of Registration : 2019

Off Peak Car: No

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.

: NA

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 \$\$\$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 any trade or ness 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 - \$0 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

NG SU YING (HUANG SUYING)

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 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 ...pairers, 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: NA

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 IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

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.

AIGSGMOBILEAPP