NATIONAL Assessment Centre	services	
Dollar 20/11/17	John Massaription	Espire (t)
NA/A1617022062/13	SAS e-fling	
54X58867	E-mail (Charles of Care)	
19/11/17 1330	i-Motor Claim Form	
0	1-Motor W/O (within tall 2nd 124 day)	
OD (F) Leporting (2011)	i-Photo Uploaded	
	Assessment Survey Report	
TP Insules	Ass't Report by Fax / Hand to Owner Wksp	
Preferred Wksp / INC Assign Wksp / QW: (TWINCAR Tel: Fax)
TP Particulars: Veh No:	** NO () (Non-INC ()	
Owner / Driver (Tel	
Policy No. () Peri	od () Cover Type	
Confirmed by:	Date: Time.	
Insured/Driver Liability: (%) [N	ote-Est Status (WO): N: 0-20%, P: 21-79% F 80-100	196]
1.001.01.13.020.01.01	7arranty: YES () / NO ()	
Excess: (S) Loading: \$1,00	00 () / \$2,900 ()	
General Remarks:-	The state of the s	
	mation strictly Confidential & Strictly NO refer of repairer.	
() Tetal Loss Case : to e-mail Insure		
Drive-In () / Towed-In (); Invoice	YES () / NO () : Towing Co (
Remarks:- (INC horline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ()/C	ourtesy Car ()	
2) QC Check / Post Repair Inspection	()	
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()	
Injury:		
Date/Time Actions		
Date Three Actions		
•		
NA1707118	Invoice Preparation Checklist	And (S) And (S)
	1) AR : Accident Reporting (\$30);	
Claimant's Particulars :-	3) TF : Towing Fee 540	\$45 85
Driver/Owner:	A ST Follow-Through Survey (Besurvey)	\$10 \$10
Contact No.	For claiming against INC Only (wef 16 Jan 183)	575
Damaged Portion:	7/334 1100 5-17	\$150
	8 StATUC Additional Services.	2430
QC Checked by (Engr-In-Charge):		2450
Of CHECKER D. (THEI - H. CHINEE)	OINT *MS Courses Car Tpt Allewance	35
12	01/2	\$5 501 525
Auditors' Comments :-	* MAS Congress Car Tpt Allewance * Not Repair Constitution * NOT Ress Regular Inspection * NOT Sess Regular Inspection	3.5
	OD: * 245- Couries; Carl Tpt Allewance *Not Repair Couries attacken *Not Reside Inspection	\$5 501 525

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 witholding of material facts may allow insurance companies to
- 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. This report will be forwarded by the insurers of 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

	ACCIDENT STATEMENT
Date Of Report	20/11/2017 14:03
Date Of Accident	19/11/2017 13:30
Exact Location Of Accident	ANG MO KIO AVE 10 TWDS ANG MO KIO AVE 3
	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX5886T
Insured/Policyholder	
Name Of Registered Owner	PEH KIAN SOON
NRIC No	S1578964F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96195679
Alternative Phone No	OTHERS-96195679
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100496831-00000
Cover Note Number	
Driver	
Name of Driver	TAN GUAN LIANG, JORDAN (CHEN GUANLIANG)

Driver	
Name of Driver	TAN GUAN LIANG, JORDAN (CHEN GUANLIANG)
NRIC No	S8811240G
Date Of Birth	02/04/1988
Occupation	INDOOR
Date Of Driving Pass	01/02/2008
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81822053
Fax Number	
Contact Number	

NOEMAIL

BLK 173 HOUGANG AVE 1 Address

#12-1457

NO

NO

530173 Postcode

Was driver an employee of the Insured's Company NO

OTHER - FINANCE PARTNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO NO Was any body injured in the Accident? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

5 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? YES Was there any video captured by Car Camera?

WITH WORKSHOP Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKV5429T

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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 lodgment 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' 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
 - 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.
 - (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Driver's Signature

(If driver is not the policyholder)

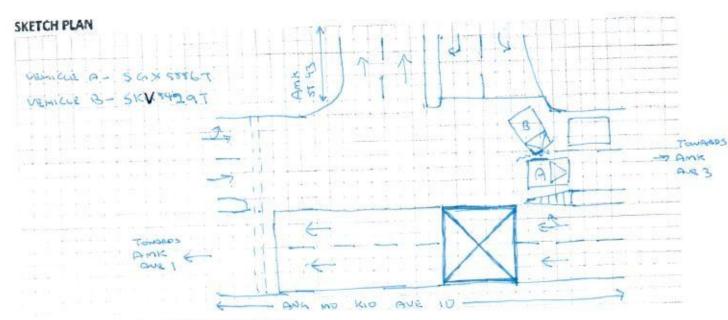
Date & Time:

Reporting Centre Personnel's Signature

m 20/11/17

NRIC/FIN No.:

Policyholder's Signature Date & Time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	WITH STRAIGHT ON THE EXTREME RICHAR CAME OF
ANG MO	KIND AUR 10 TO WARDS AND MO KIND AUR 3.
White parvis	A STRAINER PHEAD PASSIAN THIS T. JUNCTION OF
ANL MOK	0 ST 43 / AMM MO KID AND 10), SUDDENLY I FELT A
IMPACT C	oman from the best size of my vehicle.
	FROM MY VEHICLE AND REGULARD A VALUE
ALICATED	(SKY 5429 T) 490 COLLIDED TO THE LEFT
SE HRING	my service prince then out soom
SIDE OF	my rettions prince
Anh mo	KIO STREET 43.
THE WAT	DLE ACELDAM FOUTAGE WAS CAPCURED BY MY IN- CAR
CAMERA.	
VELLICE	a- SGX 5886 T
	B- SKK 5429T

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:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No :

ehicle No.	SGX 58867 Model / Make TOWOTA WISH
ate of Accident	19/11/17
me of Accident	13 30 HRS
ocation of Accident	AND MO KIO
xact purpose use during accid	dent private
lame of Owner	PEH FEITH SOON
elephone No.	H/P: 9619 5679 Home: Office.
IRIC	SISTEMBLE SLOOPED
Address	SIG 4800 HOLLAND BUIL 8 #10-56 8(330680)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	ma / Sing /Thaft
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	210049 6834 - 00000
oney ive.	
Name of Driver	As Above If No, TAN CHAN HANH, JOHNAN
NRIC	Seguzuo a Any Passengers: 4
Date of birth	0.5 HE 1888
Occupation	Outdoor / Indoor
Driving License Pass Date	01 FEB 2008
Gender	Male / Female
Contact No.	H/P: 8152 2053 Home: Office:
Address	BLK 173 MOWHANG AVE 1 # 12-1477 S(53043)
Driver have any own vehicle	. A D N A
Relationship	Employee, If no, state FININGE PATHER
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	
Name And Contact No.	
The second secon	No, If Yes, Where?
Police Report Vehicle B No.	SKW 5429T Any Passengers:
Name of Driver	Contact No. :
	Any Passengers :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no. Vehicle F No.	Any Passengers :
	Any Passengers :
Vehicle G No. Witness Name	Witness Contact :
Accident Portion	LH SIDE OF VEHICLE
Camera Recorder	Yes / No
Email Address	
PARTICULAR WORKSHOP	
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Ian
FAX NO	6741 0510



YOU ARE DEENSED TO DRIVE VEHICLES IN THE FOIL DUCING CLASS



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8811240G



Nan



TAN GUAN LIANG, JORDAN (CHEN GUANLIANG)

陳冠

CHINESE
Date of Birth See
02-04-1988 M
Country of Birth

SINGAPORE

88**81324**0G







REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1578964F





PEH KIAN SOON

白 建) CHINESE Date of birth 10-08-1963 Country of birth SINGAPORE

01-08-2009

APT BLK 630 HOUGANG AVENUE 8 #10-56 SINGAPORE 530630



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.1

TOYOTA AUTO PROTECTOR

CERTIFICATE NO. 2100496834-00000

The below excess is subject to GST)

OWN DAMAGE EXCESS S\$600.00 (1) WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SGX5886T

2) NAME OF INSURED

Peh Kian Soon

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

5 Jan 2017

4) DATE OF EXPIRY OF INSURANCE

4 Jan 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUBJECT TO AGE CONDITION : All Age Condition

a) The Insured.
b) Any other person who is driving on the Insured's order or with his permission.
This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.
A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in additional to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

Use only for social, domestic and pleasure purposes and for the Insured's business. Ose unity for social, domestic and pleasure purposes and for the insured's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pacemaking, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / TOYOTA AUTHORISED REPAIRERS

APPROVED REPORTING CENTRES / TOYOTA AUTHORISED REPAIRERS

1. Borneo Motors (S) Pte Ltd - 2 Pandan Crescent (Tel : 6631 1188)

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

2. ComfortDeigro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Ethoz - 30 Bukit Batok Cres(Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

4. Ethoz - 30 Bukit Batok Cres(Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

4. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

10. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Loss of Use 15 Days (1500 - 1600cc) - Refer to policy wordings for details

* NAMED DRIVER NA

HIRE PURCHASE COMPANY United Overseas Bank Limited

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Melaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Issued in Singapore 6 Jan 2017

030210-174 INCHCAPE AUTO TOYOTA-BSTL070 33 LENG KEE ROAD

SINGAPORE 159102

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

IASCHH.