NATIONAL Assessment	Centre Services	[we' 1 Jai/50]		E)		
Date In: 08/12/17	Jeb descrip		Date &Time Completed	Dor	Done by	
Ref No: NA/41417023324	//3 SAS c-fill	ng				
Veh No: 51428366		ithin 8hrs, AIC 2hrs)	i			
The second secon		Claim Form			-	
OD (TP) Reporting Only	******	i-Motor W/O (Within: OD 2hrs. TP 4hrs) i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax / Hand to Owner/Wksp				
TP Insurer:						
Preferred Wksp / INC Assign Wksp / Q		AUTOWORK		Fax:		
TP Particulars: Veh No	10 1950	Concrete Security)/Non-INC()		-	
Owner / Driver: (Tel:	1		
Policy No: (Period: ()	Cover Type: (
Confirmed by : (Date:	Time:		*** * * *****	
Insured/Driver Liability: (%) [Note-Est Status	2007/2017/2017	0%; P: 21-79%. F: 80-1	1609/-1	V 1	
Year of Registration: ([.070]		
		The second second)			
General Remarks:-	g:\$1,000()/\$2,0	00()			de et escenicio	
() Walk-In Customer : Custome	r's information strictly	Confidential & Str	ictly NO rafer of repairer.			
() Total Loss Case : to e-mail	Insurer URGENTL'	Υ.			-	
Remarks: (INC horline: 6788 6	616))'/ Courtesy Car (Date&Time Completed	Done	by	
2) QC Check / Post Repair Inspection	// Courtesy Car ()				
3) Upload Resurvey Photo [Repair Co	st > \$30001 ()				
Injury:		1		Constitution Constitution of the	-	
					- 3	
Date/Time Actions						
			17.394Wallio (19824Wallio 1983), 37 °C	88/0 J. G. 14-		
NA 17073	79	T1301385118500000	aration Checklist	Anit (\$)	Amt (
aimant's Particulars :-		1) AR : Accident P 2) DA : Damage A	Reporting (\$30); ssessment (\$100); INC (\$80	0)		
river/Owner:		3) TF : Towing Fee	\$40/	\$45		
ontact No:		4) FT : Follow-Thr 5) FT : Follow-Thr		\$30 \$30		
		For claiming aga	inst JNC Only (wef 10 Jan 2005)			
maged Portion:		6) TR: Re-inspecti 7) NI: Idae DA +		\$75 160		
		8) NTUC Additional Services				
Checked by (Engr-In-Charge):	3	*N5: Courtesy Car / Tpt Allowance \$5				
		*N6: Repair Co-ordination 510				
uditors' Comments :-	Carlotte Carlotte	*N7: Fost Repair *N8: DV / Collection	r Inspection :	\$25		
1:	The second secon	<u>TP</u> (N11) : TP (?	Non INC) against INC .	\$20		
2/3;		9) N12: Idac Mobil Invoice dated	Fee Charged	30	War.	
and the state of t		Invoice dated	Fee Charged	HEAV	The second	

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 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.

- 6. 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

经验的现在分词是不是的	ACCIDENT STATEMENT
Date Of Report	08/12/2017 10:29
Date Of Accident	07/12/2017 20:00
Exact Location Of Accident	PIE TWDS CHANGI B4 JLN EUNOS EXIT
Country/State of Loss	SINGAPORE
美国企业的企业企业	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH2836G
Insured/Policyholder	
Name Of Registered Owner	TAN KEE KWANG BENJAMIN(CHEN JIGUANG BENJAMIN)
NRIC No	S7141371C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96783216
Alternative Phone No	OTHERS-96783216
Vehicle Particulars	
Manufacturer	ТОУОТА
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
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100447245-02000
Cover Note Number	
Oriver	
lame of Driver	TAN KEE KWANG BENJAMIN(CHEN JIGUANG BENJAMIN)
IRIC No	S7141371C
ate Of Birth	19/11/1971
Occupation	INDOOR
arts Of Daliday Bassa	

Date Of Driving Pass 12/08/1995

Driving Experience 22 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96783216

Fax Number

Contact Number OTHERS-96783216

EMail Address NOEMAIL Address BLK 421 TAMPINES ST 41

#12-134

Postcode 520421

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH WORKSHOP

SGR5018P

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKN7382Y

Vehicle Make/Model/Colour

Details Of Properties

Details Of Froper

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

DETAILS OF INJURED PERSON 1

Name

TAN KEE KWANG BENJAMIN(CHEN JIGUANG BENJAMIN)

Approximate Age

Injuries Sustain

BODY PAIN

Injured person in which vehicle?

SJH2836G

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

Address

Postcode

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 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)
 - (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
- (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 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.

Policyholder's Signature Date & Time:

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

Name:

NRIC/FIN No .:

ng Centre Personnel's Signature

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach
NATURE TO THE PARTY OF THE PART

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.:

SATING METALSON ON WE

On 07.12.17 at about 20:00 hours at along PIE towards Changi (Before Jalan Eunos Exit). While I was travelling on the lane one and traffic was heavy, my front vehicle slow down and stop hence I follow suit.

Suddenly, I heard a loud bang from behind and the impact forced my vehicle (A) to move forward to hit onto the rear portion of Vehicle (C). When I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle. It was a chain collision of total 3 vehicles involved.

Vehicle (A): SJH 2836G

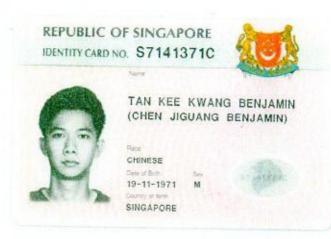
Vehicle (B): SGR 5018P

Vehicle ('C): SKN 7382Y

SINGAPORE ACCIDENT STATEMENT

cident Date: 07/12/17 Time: 20:00 (hh:mm) 24 hr format						
Location PIE towards Changi (Before Jalan Ennos Exit)						
Vehicle Number 50H 28366						
Insured Name Tan Kee Kwang Benjamin						
NRIC/FIN 57/4/1971C Contact Number 96783216						
76107010						
Make Model Will. Are you claiming under your own insurance policy for repair to your vehicle?						
() Yes If No,Pls select: () Third Party () Reporting						
Insurance Company ALG						
Type of Policy () Comphensive () Third Party Fire & Theft () TP Only						
Policy Number 2/004+7245-02000						
27 00:						
Name of Driver ()Same as Insured						
NRIC / FIN Contact Number						
Date of Birth 19/11/1971						
Driving Pass Date 12/08/1995						
Occupation () Indoor () Outdoor						
Gender (√) Male () Female						
Email Address x bjzsaler@hotnail.com ()NO EMAIL						
Address of Driver BIE 421 Tampines Street 41						
# 12-134 (5(520421)						
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						
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 Tan Kee Kwang Benjamin (Body pain)						
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 562 50/8 P						
Veh C 5KN 7382 Y						
Veh D						
Veh E						
Veh F						

Iniver Only



SJH28369 Owner & driver





SJH 28369 Owwrs driw

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

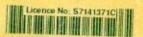
PASS DATE

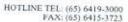
Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

12 Aug 1995

NP 428A







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

AUTOPLUS

CERTIFICATE NO. 2100447245-02000

(The below excess is subject to GST)

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

SUM INSURED Market Value INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SJH2836G

2) NAME OF INSURED

Tan Kee Kwang Benjamin (Chen Jiguang Benjamin) 30 Jul 2017

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

4) DATE OF EXPIRY OF INSURANCE

29 Jul 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 \$\$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

6) LIMITATION AS TO USE*

Use only 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, pace-making, 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.

SOLE AGENT'S WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

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

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

1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

3. Ethoz - 30 Bukit Batok Cres(Tel:66547777) 4. DPS Body & Paint (Substance of C&C) - 209 Pandan Gardens (Tel: 65684501)

5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

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

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

LOSS OF USE Loss of Use 10 Days (1600cc) - Refer to policy wordings for details

* NAMED DRIVER NA

HIRE PURCHASE COMPANY OCBC Bank Ltd

/EMPLOYER'S LOAN

"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 (Malaysia), 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 17 Jul 2017

AIG Asia Pacific Insurance Pte. Ltd.

500686-000 INFO INSURANCE AGENCY 88 BEGONIA DRIVE SINGAPORE 809946 ANSP-NONLIFE

AUTHORISED REPRESENTATIVE

ORIGINAL

SSCDSK.