NATIONAL Asses	sment Centre	e Services	ne" (Jan/92)			
Date In: ///2/17		Jeb description		Date &Time Comple	ted Doi	ie by
Ref No: N9/41417	022422/18	SAS e-filing				
Veh No: SZK 377		E-mail (within 8	hrs. AIC 2hrs)			
D.O.A : 10/13/17		i-Motor Clain	n Form			
		i-Motor W/O	(Within: OD 2hr	s TP 4hrs)		
OD (TP) Peporting C	Inly	i-Photo Uploa	ided			
		Assessment/Sur	rvey Report			
TP Insurer:		Ass't Report by	Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assi	gn Wksp / QW: (N-51		Tel:	Fax:	
TP Particulars:	Veh No:	SK452791	n . INC()/Non-INC ()	
Owner / Driver: (Tel:)	
Policy No: () Pe	riod: ()	Cover Type: ()	
Confirmed by :		3000 W 44 M 14 500 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date:	Time:)	
Insured/Driver Liability	/; (%) [Note-Est. Status (W	7O): N: 0-2	0%; P: 21-79%. F:	80-100%]	
Year of Registration: () '	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	00 ()/\$2,000	()			
General Remarks:-	117461/10295a-4	CHOCK Pragation		RESTREAMENT !		
The state of the s	STORTON SALVE INTO		C1 4: 10 C			
			indential & St	rictly NO rafer of repa		
() Total Loss Case	: to e-mail Insure	er URGENTLY.			- m-5-	
Drive-In () / Towed	-In (); Invoice	: YES () / N	0();1	Cowing Co. ()
	Transmission and June	1	note to resonance and	IS TANK A L	a Do	ne by
Remarks:- (INC ho	line: 6788 6616)		3075	Date&Time Complet	30* 1	no by
1) Apply for Transport A	llowance ()/C	Courtesy Car ()			
2) QC Check / Post Repa	ir Inspection	()				
3) Upload Resurvey Phot	o [Repair Cost > \$3	3000] ()			
Injury:		- 1				
	JACO CHERTERIE I E SES SEN	-15 to 18 feet Livery Cody 1992 1992	MET AND WAS IN THE	V217968.9001.00049.7710	CONTRACTOR	
Date/Time Actions			å de Seber		Lighty for the	
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THE RESIDENCE OF THE PARTY OF T					25-88-52	
				a di av	Anit () Amt (\$)
	NA1707631	•	Invoice Pre	eparation Checklist	lat Bi	Add Bill
laimant's Particulars :-			1) AR : Accident 2) DA : Damage		NC (\$80)	
30 S. (MIP P. 400), TUST (P. N. (1970) S. (1970)			3) TF : Towing	Fee	\$40/\$45	
river/Owner:			4) FT : Follow-	Through Survey Through Survey (Resurvey)	\$120	 -
ontact No:			For claiming	against INC Only (wef 10 Ja	n 2005)	
amaged Portion:			6) TR : Re-inspe		\$75 \$160	-
amaged Portion;			7) N1 : Idac DA 8) NTUC Addit	+ SMRT Survey	3100	
			OD*			
C Checked by (Engr-Ir	ı-Charge):			y Car / Tpt Allowance	\$5	
				Co-ordination pair Inspection	\$10	
uditors' Comments :-						
t. 1;	CHOISE DE L'AIRE EN THAIRE		I Na: DV / C	ollect Excess Coordination	\$5	
OL TAX			<u>TP</u> (N11):T	P (Non INC) against INC	\$20	
			<u>TP</u> (N11) : T 9) N12: Idec M	P (Non INC) against INC obile	\$20 30	MANY.
it 2/3:			<u>TP</u> (N11):T	P (Non INC) against INC	\$20 30 arged	niny.

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 repudiate policy ability.
- 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

	ACCIDENT STATEMENT
中国的国际中国的国际中国的国际	ACCIDENT STATEMENT
Date Of Report	11/12/2017 12:13
Date Of Accident	10/12/2017 18:05
Exact Location Of Accident	PIE TWDS CHANGI B4 EUNOS EXIT
Country/State of Loss	SINGAPORE
The company of the co	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK277T
Insured/Policyholder	
Name Of Registered Owner	HASINAH BINTE MOHAMED AMIN
NRIC No	S9215459I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96329079
Alternative Phone No	OTHERS-96329079
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE
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	2100494692-01
Cover Note Number	

-	- A			
D	п	w	•	r

Name of Driver MUHAMMAD ZAKWAN BIN MOHD RIDZWAN

 NRIC No
 \$8851590J

 Date Of Birth
 23/12/1988

 Occupation
 INDOOR

 Date Of Driving Pass
 22/08/2012

Driving Experience 5 YEARS AND 3 MONTHS

Gender MALE

Mobile Number Fax Number Contact Number

EMail Address NOEMAIL

Address BLK 150 BEDOK RESERVOIR RD

#08-1711

SPOUSE

Postcode 470150

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

2

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions RAINING
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)

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

2

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

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKG5279M

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

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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

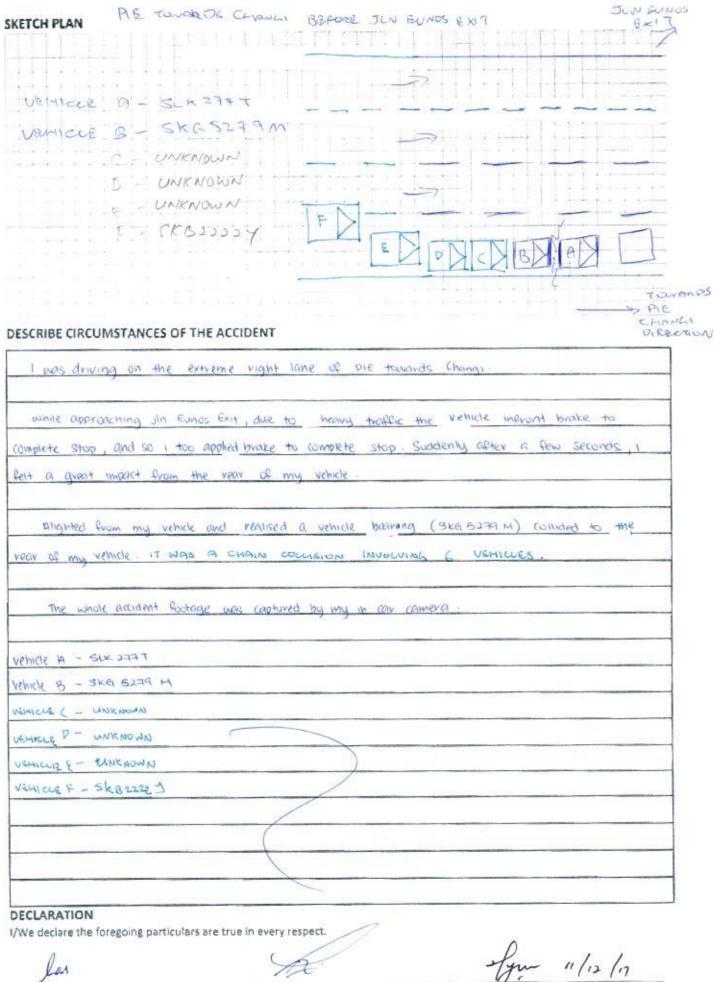
Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

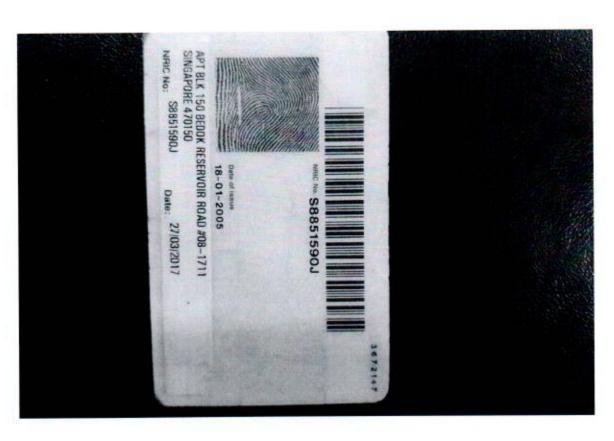


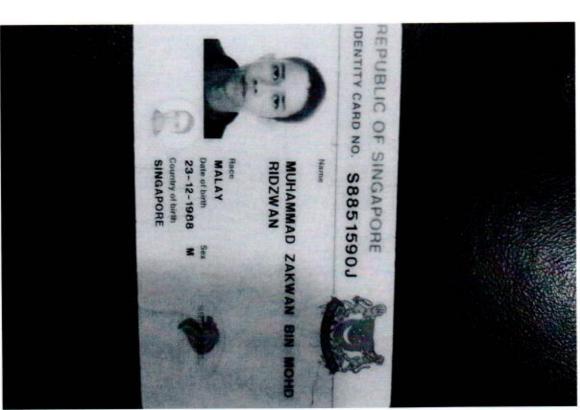
Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

ehicle No.	SLX 277 Model / Make Mitsubishi Attrage
ate of Accident	10 Dec 2014
ime of Accident	1905 HRS
ocation of Accident	PIE TOWARDS CHANGI BEFORE EUROS EXIT
xact purpose use during accid	dent
Name of Owner	Hasinah Bute Hohamed Amin
elephone No.	H/P 19632 01049 Home: Office:
NRIC	992154593
Address	BIK 150 BROOK RESERVOW ROAD #08-1711 5(470150)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	
Name of Driver	As Above If No, Muhammad Zakwan Bin Mond Ridzman.
VRIC	388516903 Any Passengers : YES
Date of birth	23 DEC 1988
Occupation	Outdoor / (Indoor)
Driving License Pass Date	22404 2012
Gender	Male / Female
Contact No.	H/P: 9854 4649 Home: Office:
Address	BIK 150 Bedok Reservice Road #08-1711 3(470150).
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state spouse
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who? Pending.
Name And Contact No.	Hasinah Binte Mohamed Mmin . 9632 9049
Name And Contact No.	Muhammed Zakwan Bin Hohd Ridzwan 9357 4679
Police Report	No. If Yes, Where?
Vehicle B No.	SKG 5079M Any Passengers :
Name of Driver	CHOO SUMN PHOCK Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	MKNOW Any Passengers :
Vehicle F No.	skazzzz 4 Any Passengers :
Vehicle G No.	Any Passengers:
Witness Name	Witness Contact :
Accident Portion	Recw
Camera Recorder	Yes / No
Email Address	achinah@hotmail.com
PARTICULAR WORKSHOP CONTACT NO.	NSI AUTOMOTIVE PIE LTd. 6842 0051 / 6744 0510
CONTACT PERSON	19h -
	6741 0510
FAX NO	sales @ n51· com·sg







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Class 3

Class 4

Motorcycles =< 200 co
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg

NP 428A

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$92154591



HASINAH BINTE MOHAMED AMIN

حسينة بنت محمد امين

MALAY

Date of birth Sex 05-05-1992 F

592194901

Country of birth

4042558



NRIC No. S92154591



Date of Issue 14-05-2007

APT BLK 150 BEDOK RESERVOIR ROAD #08-1711 SINGAPORE 470150

NRIC No: \$9215459I Date: 27/03/2017



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder Period of Insurance

: Hasinah Binte Mohamed Amin : 03 Jan 2018 To 02 Jan 2019

Engine No.

3A92UDP0601

Chassis No. : MMBSTA13AHH003708 Vehicle No.

: SLK2771

Policy No. Endorsement No.

: 2100494692-01 : 000000000158591

Issued Date : 14 Nov 2017

ABOUT THE COVER

Make/Model

MITSUBISHI ATTRAGE 1.2 CVT

Engine Capacity/Tonnage

1,193.00 CC

Sum Insured

Market Value

First Year of Registration

Driver Restriction

NA

Off Peak Car

Insuring with COE/PARF

YES

Person or Classes of Persons Entitled to Drive*

a) The Punculanian by Any other person who is driving on the Policyholder's order of with history pretriction. This Policy will endownly the Policyholder or any authorised driving only if hashe marks the sportfield by

You have to pay an adolonal sum of \$3,000 at Young moler inexpenenced three Excess (WIDE) of You are on You

Age Condition

All Age Condition

Limitation as to use*

Use city for social dominations pleasure purposes and for the Policyholder's business. This Policy does not cover use for lens or neward, deving suiton, driving less, record entire, the partiage of goods of the filter amples in conception with any trade or business or use for any surpose in connection with factor Trade.

Loss of Use 1500cc - 1600cc

 Unitations undered inoperative by Section 5 of the Mutor Vehicles (Toirs-Party Risks and Compensation) Act (Cap. 153) and Section 65 of the Road Transport Act, 1981 (Moltysial), are not to be included under these hoadings

EXCESS

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - 90

Windscreen: \$100

Named Driver and Excess (where applicable)

Hasinah Binte Mohamod Amin - \$600 (Own Damage)

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

- 1. Gyde & Comage Systomer Service Cartres (For windstreen daim only). Add 20 Leng Kee Rd Singapore (19094 64708688
- 2 Cycle & Carrage Customer Service Centre (Fox windscheen deum onty). Add: 335 Ub Rd 3 Sinpapore 408550 8746 t000 3 Cycle & Carrage Body & Parid Centre. Add: 208 Pendan Gardons Singapore 908059 85684501

For other, approved Reporting Contractal Q Authorised Repairers, please contact our 24-hour accident emergency halfare of -55 6334 6200. Alternatively, you may refer to AIG sections were signored and Sold Mobile App. Simply should and stownload: "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

IAMs pereby certify that the policy to seven this Certificate of Inturance relates of socied at accordance with the provisions of the Motor Vehicles (Trust Ries and Certificate of Inturance relates of socied at accordance with the provisions of the Motor Vehicles (Trust Ries and Certificate of Inturance relates of Socied at accordance with the provisions of the Motor Vehicles and Certificate of Inturance relates of Socied at accordance with the provisions of the Motor Vehicles and Certificate of Inturance relates of Socied at accordance with the provisions of the Motor Vehicles (Trust Ries and Certificate of Inturance relates of Socied at accordance with the provisions of the Motor Vehicles (Trust Ries and Certificate of Inturance relates of Socied at Accordance with the provisions of the Motor Vehicles (Trust Ries and Certificate of Inturance relates of Socied at Accordance with the provisions of the Motor Vehicles (Trust Ries and Certificate of Inturance relates of Socied Accordance with the provisions of the Motor Vehicles (Trust Ries and Certificate of Inturance relates of Socied Accordance with the provisions of the Motor Vehicles (Trust Ries and Certificate of Inturance relates and Certificate of Inturance relates and Certificate (Trust Ries and Certificate of Inturance relates and Certificate (Trust Ries and Certificate of Inturance relates and Certificate (Trust Ries and Certificate of Inturance relates and Certificate (Trust Ries and Certificate (Trust

0500720741

CYCLE & CARRIAGE - WW (MIT) 239 ALEXANDRA ROAD SINGAPORE 156930 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

AIG Asia Poolic Insurance Pla. Lt.