

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

NA/1716833

Date In: 22/12/17 17:02	Job description	Date & Time Completed	Done by
Ref No: NA/1716833/24	SAS e-filing		
Veh No: SCE84533	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/12/17 12:05	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SC 2 53694

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

[Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: (

Warranty: YES (

NO (

Excess: (\$

Loading: \$1,000 (

)/ \$2,000 (

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (

Remarks:-

(INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time

Actions

NA1707910

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

(In Bill)

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

OD*

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

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 withholding 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	22/12/2017 17:02
Date Of Accident	22/12/2017 12:05
Exact Location Of Accident	PIE (CHANGI) BEFORE CTE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE8453S
Insured/Policyholder	
Name Of Registered Owner	KANG KOK SIONG
NRIC No	S1209360H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96357131
Alternative Phone No	OFFICE-96357131

Vehicle Particulars

Manufacturer	KIA
Model	CERATO EX FORTE 1.6L 6A/T ABS AB 2WD 4DR
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	2100296732-05000
Cover Note Number	

Driver

Name of Driver	KANG CHEANG WAN, BENJAMIN (JIANG ZHANGYUAN, BENJAMIN)
NRIC No	S8337444F
Date Of Birth	19/11/1983
Occupation	INDOOR
Date Of Driving Pass	19/11/2013
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92725144
Fax Number	
Contact Number	OFFICE-92725144
Email Address	NOEMAIL

Address	BLK 756 JURONG WEST STREET 74 #15-58
Postcode	640756
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	8
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : KANG KOK SIONG GENDER: : MALE
Passenger 2	NAME: : LOW BENG CHOO GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171222/2089.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ5369Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO CHEE MENG

NRIC/Passport Number	S8012696D
Contact Number	90589445
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJF4396G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HAW CHEE SIONG
NRIC/Passport Number	S7510448J
Contact Number	97982123
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SDR9378J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	POLLYANNA LIEW POH LING
NRIC/Passport Number	
Contact Number	88283376
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLT8060B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR MAHMUD
NRIC/Passport Number	
Contact Number	90589445
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SJJ3782K
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	DAVID LIM SHENG HUI
NRIC/Passport Number	
Contact Number	97552888
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number	SHB4628H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR CHUA
NRIC/Passport Number	
Contact Number	91827262
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 7

Vehicle Registration Number	SDM7882J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO AIK MING
NRIC/Passport Number	
Contact Number	94873015
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KANG CHEANG WAN, BENJAMIN (JIANG ZHANGYUAN, BENJAM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKE8453S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	KANG KOK SIONG
Approximate Age	
Injuries Sustain	BODY

Injured person in which vehicle?	SKE8453S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	LOW BENG CHOO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKE8453S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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) 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
- (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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

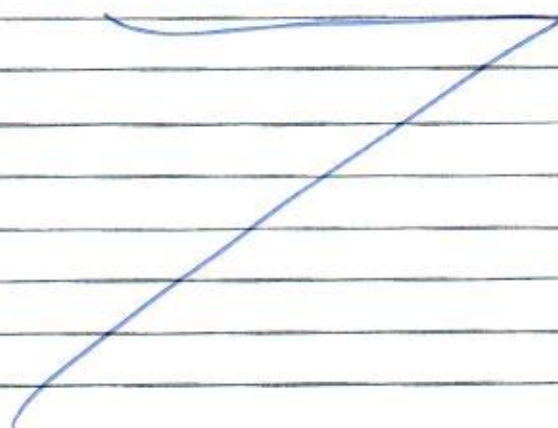
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no T/2017/222/2009

- A - SKE P4535
- B - SLQ 53694
- C - SJF 43966
- D - SOR 9378J
- E - SLT 8060B
- F - SJJ 3782K
- G - SIB 4628H
- H - SOM 7882J



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.:

Vehicle No.	QXE 84535	Model / Make	25a Cerato
Date of Accident	22/12/17		
Time of Accident	12.05 pm	HRS	
Location of Accident	PIE towards Changi Before CTE Exit		
Exact purpose use during accident	PIE use		
Name of Owner	KANG KOK SIONG		
Telephone No.	H/P: 96357131	Home :	Office :
NRIC	S1209360H		
Address	756 JURONG WEST ST 74 #15-58 S(640756)		
Claim type	OD (THIRD PARTY)	REPORTING ONLY	
Insurance Company	AIQ		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.	2100296732-05000		
Name of Driver	As Above If No, Kang Cheong Wan, Benjamin		
NRIC	S8357444F	Any Passengers :	02
Date of birth	19/11/1983		
Occupation	Outdoor / (Indoor)		
Driving License Pass Date	19/11/2013		
Gender	(Male) / Female		
Contact No.	H/P: 92725144	Home :	Office :
Address	As owner		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state Father & Son		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	1) Kang Cheong Wan, Benjamin (male)		
Name And Contact No.	2) Kang Kok Siong (male)	3) Low Beng Choo (female)	
Police Report	No, If Yes, Where?		
Vehicle B No.	SLQ 5369Y	Any Passengers :	
Name of Driver	Ho Chee Meng	Contact No. :	90589445
Vehicle C No.	SJF 4316E	Any Passengers :	
Vehicle D No.	SOR 937BJ	Any Passengers :	
Vehicle E no.	SLT 8060 B	Any Passengers :	
Vehicle F No.	SJT 3782K	Any Passengers :	
Vehicle G No.	SHB 4628 H	Any Passengers :	Veh(4): 50m 7882J
Witness Name		Witness Contact :	
Accident Portion	Front & Rear		
Camera Recorder	Yes / (No)		
Email Address	arbitrary_constant@yahoo.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes / (No)	
PARTICULAR WORKSHOP	Tanaka Automotive		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Kevin		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

- ① SDM 7882J TEO AIK MING 9487 3015
- ② SHB 4628H Mr CHUA 9182 7262
- ③ SJJ 3782K DAVID LIM SHENG HUI 9755 2888
- ④ SLT 8060B Mr Mahmud 9058 9445
- ⑤ SDR 9378J POLLYANNA LIEW POH LING 8828 3376
- ⑥ SKE 8453 S *
- ⑦ SLQ 5369 Y HO CHEE MENG 9058 9445 S8012696D
- ⑧ SJF 4396G HAW CHEE SIONG 9798 2123 S7510448J

Father

KANG KOK SIONG
S1209360H

Mother

LOW BENG CHOO
S1561920A



SINGAPORE POLICE FORCE



T/20171222/2089

1 of 6

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20171222/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2017 15:15		Vide Report No.: D/20171222/0063		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: KANG CHEANG WAN, BENJAMIN			Address: APT BLK 756 JURONG WEST STREET 74 #15-58 SINGAPORE 640756		
ID Type / ID No.: NRIC NO / S8337444F			Contact No.: Home/Office: Mobile: 92725144		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 19/11/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SAF REGULAR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/12/2017 12:05	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Towards Serangoon Road, 500M BEFORE EXIT TO CTE AMK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDM7882J	Car					0
SDR9378J	Car					0
SHB4628H	TAXI					0
SJF4396G	Car					0
SJJ3782K	Car					0



SINGAPORE POLICE FORCE



T/20171222/2089

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Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20171222/2089

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKE8453S	Car					0
SLQ5369Y	Car					0
SLT8060B	Car					0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO AIK MING		ID No. NIL
Related Vehicle	SDM7882J (Car)		Contact No. 94873015
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	POLLYANNA LIEW POH LING		ID No. NIL
Related Vehicle	SDR9378J (Car)		Contact No. 88283376
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MR CHUA		ID No. NIL
Related Vehicle	SHB4628H (TAXI)		Contact No. 91827262
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



SINGAPORE POLICE FORCE



T/20171222/2089

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Police Station Of Origin:
Kampong Ubi NPP
9 Eunus Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20171222/2089

CONTINUATION OF REPORT

Driver			
Name	HAW CHEE SIONG		ID No. S7510448J
Related Vehicle	SJF4396G (Car)		Contact No. 97982123
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	DAVID LIM SHENG HUI		ID No. NIL
Related Vehicle	SJJ3782K (Car)		Contact No. 97552888
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KANG CHEANG WAN, BENJAMIN		ID No. S8337444F
Related Vehicle	SKE8453S (Car)		Contact No. 92725144
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	LOW BENG CHOO		ID No. S1561920A
Related Vehicle	SKE8453S (Car)		Contact No. NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



SINGAPORE POLICE FORCE



T/20171222/2089

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Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20171222/2089

CONTINUATION OF REPORT

Passenger			
Name	KANG KOK SIONG	ID No.	S1209360H
Related Vehicle	SKE8453S (Car)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HO CHEE MENG	ID No.	S8012696D
Related Vehicle	SLQ5369Y (Car)	Contact No.	90589445
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MR MAHMUD	ID No.	NIL
Related Vehicle	SLT8060B (Car)	Contact No.	90589445
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and place, I was involved in a traffic accident. I was travelling on 1st lane of a 4-lane road. As I was travelling, suddenly, the vehicle in front of me stop. I managed to stop in time. Suddenly, I felt an impact from the rear. The impact caused vehicle to surge forward and colliding onto the vehicle in front of me. I got out of my vehicle and realized there was a total of 8 cars involved in the incident and I am the 6th vehicle. All the drivers exchanged their particulars. Ambulance and Traffic Police came to scene to assist. My parents who was in my vehicle, was conveyed by ambulance to TTSH. My mother suffered swelling on her right knee and left hand. My father had difficulty breathing due to the impact My vehicle suffered major dents and damages on both the front and back bumpers. I was not conveyed however, I am feeling some pain on my right wrist and minor abrasions on my left arm.



**SINGAPORE
POLICE FORCE**



T/20171222/2089

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Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20171222/2089

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20171222/2089

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Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20171222/2089

CONTINUATION OF REPORT


Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.


Signature Of Officer Recording The Report: G/ <i>SS Mubad Farhan</i> Sgt-3 MUHAMMAD DJAMADIL BIN SIDIK	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 22/12/2017 15:15
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 5px; text-align: center;">SINGAPORE POLICE FORCE <i>[Signature]</i> SIGNATURE</div>


REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S8337444F**
 Name
KANG CHEANG WAN, BENJAMIN
(JIANG ZHANGYUAN, BENJAMIN)


Birth Date: **19 Nov 1983**
 Issue Date: **19 Nov 2013**

002247286C




SINGAPORE ARMED FORCES
IDENTITY CARD

Name
KANG CHEANG WAN, BENJAMIN



NRIC No
S8337444F

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 19 Nov 2013



NP 428A

UEMALT080PU10GAS1381012 00000050187124

NRIC No/Colour
S8337444F/ PINK

Race CHINESE	Blood Group O (+)	Sex M
Date Of Birth 19/11/1983	Country Of Birth SINGAPORE	
Service Status REGULAR	Military Rank Status OFFICER	
Address Blk 756 JURONG WEST STREET 74 #15-58 SINGAPORE 640756		





HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

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

KIA AUTO PROTECTOR

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$600.00 (1)

WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

CERTIFICATE NO. 2100296732-05000

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SKE8453S

2) NAME OF INSURED

Kang Kok Siong

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

10 Apr 2017

4) DATE OF EXPIRY OF INSURANCE

9 Apr 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 addition 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. 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.

APPROVED REPORTING CENTRES / KIA AUTHORISED REPAIRERS

1. Cycle & Carriage Pandan Gardens Service Centre - 209 Pandan Gardens (Tel: 6568 4567)

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

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. Ethos - 30 Bukit Batok Cres (Tel: 66547777)

4. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only 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 15 Days Replacement Car only for repairs at C&C - Refer to policy wordings for details

*** NAMED DRIVER** NA

HIRE PURCHASE COMPANY MayBank

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 10 Apr 2017

AIG Asia Pacific Insurance Pte. Ltd.

500709-050

CYCLE & CARRIAGE - CORPORATE
239 ALEXANDRA ROAD

SINGAPORE 159930
ANSP-MOTOR

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPBR.