VATIONAL Assessment Centre Se	b description	Date &Time Complete	di De	one by	
Date In: /6/01/18			1		
Rei Nu NA/AIG18000951/13	SAS e-filing		1		
Vch No SCN 73336	E-mail (within 8hrs, AIC 2hrs	;			
DOA 15/01/18 0845	i-Motor Claim Form				
	i-Motor W/O (Within: OD	2hrs. TP 4hrs)		ar +1 = + 1	
	i-Photo Uploaded		+		
	Assessment/Survey Report		-		
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/ WKSD)
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: Sh	188028M IN)	`	
Owner / Driver: (Tel:)	
Policy No: () Period) Cover Type: ()	
Confirmed by : (Date:		80-100%]		
Institute 2		0-20%; P: 21-79%. F:			
Year or registration.	ranty: YES ()/NO	()			-
Excess: (\$) Loading: \$1,000	()/\$2,000()	75. S. 6:NO - 2 - 1			
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Total Lass Case : to e-mail Insurer U	URGENTLY.				1
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Drive-In ()/ Towed-In (); Invoice: Y Remarks:- (INC horline: 6788 6616)	rtesy Car ()		tod l	Done by) y
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly 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 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.
- 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

aforesaid.	
大大事 於与中國。於《公司的學》	ACCIDENT STATEMENT
Date Of Report	16/01/2018 14:54
Date Of Accident	15/01/2018 08:45
Exact Location Of Accident	JUNC OF SELETAR WEST LINK & SELETAR CLUB RD
Country/State of Loss	SINGAPORE
De la companya de la	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN7333C
Insured/Policyholder	
Name Of Registered Owner	CHUANG KWANG KHOON
NRIC No	S7173150B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96177360
Alternative Phone No	OTHERS-96177360
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI
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	1700005982
Cover Note Number	
Deixar	

CHUANG KWANG KHOON Name of Driver

S7173150B NRIC No 20/02/1971 Date Of Birth INDOOR Occupation Date Of Driving Pass 25/10/2003

14 YEARS AND 2 MONTHS **Driving Experience**

Gender

(LOCAL) +65-96177360 Mobile Number

Fax Number

OTHERS-96177360 Contact Number

NOEMAIL EMail Address

Address #05-01

544823

Postcode 54482

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

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

vvas tilele ariy video captared by oar oarriora.

Remarks/ Reasons:

YES WITH WORKSHOP

NO

YES

NO

1

NO

NO

YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB8028M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SDT3138P

PRIVATE CAR

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the actident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and accurate as possible. Any wiful 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.
- 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 explies of the report being made available aforesaid.
- 5. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

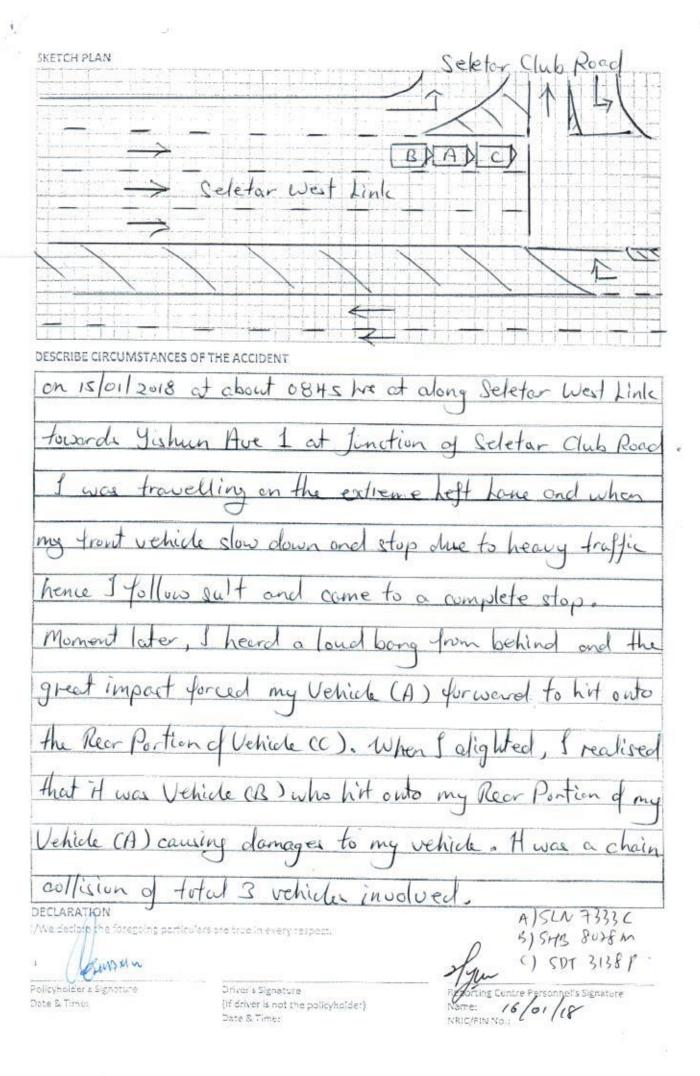
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GtA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) 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 insurch(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permated 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 thair (swyars/ aw firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (8) The 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 daims.
- (a) the information to collected under (d) above may be shared / disclosed:
 - to all insurers end/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.

Folicyholdens Signature Date & Time:

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

Name: NRIC/FIN No.:

rMg Centre Personnel's Signatu



Date of Accident	: 1510118 Accident Time: 0845 (24-HR-Format)
Accident Place	: Junction of Seletor West Link and Seletor Club Road
Vehicle Reg. No. (Car Plate No.)	SERFAJZ SEEFNJZ
Vehicle Make/Model	NISSAN GAMBAI 1-2 DIG-T
Insurance Company	: Alt Policy No. 17 0000 5932
Owner or Company Name /IC No.	: Chuang khang khoon 15 717315013
Owner or Company Contact No.	9617 1360 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Chuang know / STITTIOB
DRIVER'S Date Of Birth	: 2010211971 DRIVER'S License Pass Date 25/10/2003
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNEY
DRIVER'S Address	131 compassione BON #05-01 5(544823)
DRIVER'S Contact No./ Alt No.	:1) 9617 7360 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: ericchuangke yahov.com.
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party) Claim Own Insurance
Number of Passengers (Including l	Oriver):
Was there any video Captured by Captured b	car camera: YES \ NO ras being used at the time of accident: Private use) Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SHB 80387	(C) Vehicle Reg. No: <u>SD7 3138P</u>
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

REPUBLIC OF SINGAPORE ICENTITY CARD NO S7173150B





CHUANG KWANG KHOON

CHINESE 20-02-1971

371731505

Country/Place of birth MALAYSIA

5567144

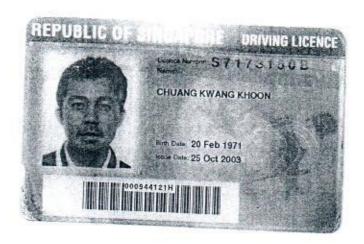




Dale of lease 28-02-2016

81 COMPASSVALE BOW #05-01 SINGAPORE 544823 NRIC No: S7173150B

Dala: 19/03/2017



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 28 Motorcycles not exceeding 200 cc Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

25 Oct 2003 25 Oct 2003

Licence No: S7173150B

NP 428A



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Chuang Kwang Khoon

 Period of Insurance
 : 16 Mey 2017 To 15 Mey 2018

 Engine No.
 : HRA2418820A

 Chassis No.
 : SJNFEAJ11U1943557

Vehicle No. Policy No.

: EI N73330 1 1700005982

Endorsement No. :

Insuring with CDE PARE You

± 31 May 2017 Issued Date

ABOUT THE COVER

Sum Insured : Market Value Of Peak Car

Driver Restriction: NA

Person or Classes of Persons Entitled to Drive*.

as the Propriese.

In the Control of the Control of the Control of Section with the permission.

The Public of the Control of the Public of the Control of t

Age Condition:

: All Age Condition

Limitation as to use* :

Das my for some someth, and purpose in notices and to the equipose's consistent.

This Policy does not come up to the primeted String something with remove about the original control of the primeted String something with remove and the propose is upmention and before these and and any purpose is upmention and before these.

Loss of Use (10 days) 1505cc - 1600cs

* Limitation material incometive by Section & J. the Micro Vancine (Thro-Parti mine and Compression) Act Can. 189, and Lection 97 of the River Compression for the included under these freedings.

EXCESS

Section 1 Fee: 50 Own Damage - \$500 Treft - \$0 Flood Cover - \$0

Named Driver and Excess (when exclude)

Choong Kerang Khora; - \$610 (Dec Durings)

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

1-TC Audicinic, And Inc 1, Supr. List Yang Road Singuistre 628/09 626222 2

2 Audicinion Including And, 19 Uto Road & Singuistre 628/29 61908/06

3 TC Audicinion And 25 Ling New Hoad Singuistre 6198/29 61908/06

3 TC Audicinion And 25 Ling New Hoad Singuistre 5198/29 61908/11 61908/07 61908/12

4 Tan Chang Mater Sales Add. 17 Library 6 Tipe Prepti Singuistre 5098/21 6498/07 6498/1164

5 Ten Chang Mater Sales Add. 17 Library 6 Tipe Prepti Singuistre 310/24 8388/2183 8389/1164

For other Assemble Recording Concest ALD Authorized Registers, press contact our 25-hour accident emergency houng as the A.Vin Huto. Advenue; you may enfir the AIC western revision you may enfir the AIC western revision you may an accident the AIC section of t

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

What recovery parties proton to an experience of the proton of the proton of the Multi-Version (There Version Commission) are (Commission) are

CERCETTOOLS

TAN CHONG CREDIT PTE LTD-CCK.

O IT BURKT THANH ROAD TAN CHONG MOTOR CENTRE
BINGAPORD 200022 AND MOTOR

Deconstruction by Ald Aura Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

AID As a Pacific Insurance Pla. LM

17 Thoras a Ving Mile to the Colonian property of a restrate \$200) Freio 6416 3723 | www.wig.com.ng