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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.

Any false reporting may be referred to the Police for investigation.

- This 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 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

ACCI	DEN	т етл	TEM	EN	т
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03/03/2018 14:56 Date Of Report 02/03/2018 19:00 Date Of Accident

ALONG CLEMENTI ROAD TOWARDS AYE Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SLS1714A Vehicle Registration Number

Insured/Policyholder

LI YONGBIN Name Of Registered Owner S7264100J NRIC No. NOEMAIL **Email Address**

(LOCAL) +65-84376111 Mobile Phone No OTHERS-92210926 Alternative Phone No

Vehicle Particulars

MITSUBISHI Manufacturer

OUTLANDER-2.4 CVT (A) Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No. Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

1700049984 Policy Number

Cover Note Number

Driver

ZHOU CHUNYING Name of Driver

S7663466A NRIC No 24/05/1976 Date Of Birth INDOOR Occupation 19/06/2013 Date Of Driving Pass

4 YEARS AND 8 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-84376111 Mobile Number

Fax Number

OTHERS-92210926 Contact Number

NOEMAIL EMail Address

BLK 980C BUANGKOK CRESCENT Address

#10-65

533980 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

1

Number of Passengers (Including Driver)

Details of Police Action

NO 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

PLEASE REFER TO SKETCH AND ATTACHMENT (COLLISION TYPE IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?

YES NO

NO

NO

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SCR6854H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MUJIBUR RAHMAN S/O HAJA MUHUDIN

NRIC/Passport Number

S8529027D

Contact Number

90214958

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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.
- 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 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: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

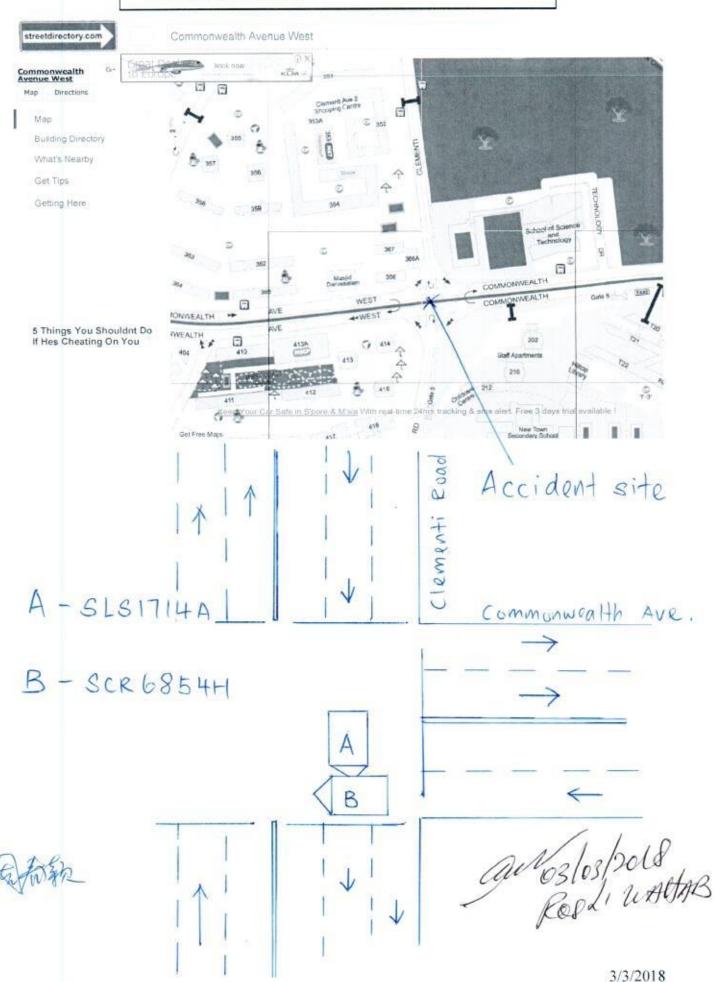
SKETCH PLAN BUDGHUM DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Sankankur DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:/COSLI WHITHB Policyholder's Signature Driver's Signature Date & Time: (If driver is not the policyholder)

UMARKE Settlikkaforn v3

Date & Time:

SeVS75AG Enettelp You Rétent Votre Spent/G28omers.

Start Today



Accident Statement

On 02nd Mar 2018 around 1900 Hrs, I was driving my vehicle (SLS1714A) along Clementi Road towards AYE. I was moving straight when the traffic light was in my favour. Suddenly a vehicle (SCR6854H) travelled from the left and hit on my vehicle. I am making a claim against third party.

ger 03/03/2018 Resdi worthB

Name: Zhou ChunYing

NRIC: S7663466A

	Exa()	10	00,70
¥3	. A.CCIDEN	T'STATEMENT	
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	ACCIDENT DATE: 02/03/2018 100	D/MM/YYY), TIME: (1900	_)(HH:MM)
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	LOCATION: OLONG CERMENT!	10 MNARDS BYKE	
	1.0	100 100 100 100 100 100 100 100 100 100	
40	1. DETAILS OF VEHICLE	ICA .	
	a) VEHICLE NUMBER: 815 171	44	
.5	b)INSURANCE COMPANY: HIG	4	100
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	d)POLICY TYPE: (COMPREHENSIVE	/ THIRD PARTY / THIRD PARTY FI	RE &THEFT
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	CITYPELIE ALCONI / COUPE / MPV /	VAN / LORRY / MOTORCYCLE.	Oliveral
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	IF NO, PLEASE STATE (THIRD PART	Y CLAIM / REPORTING ONLY)	
	2. INSURED / POLICY HOLDER .		ARREST DE CONTROL DE C
	Alname: 11 YougBIN	The state of the s	FEMALE)
1 (HINRIC/FIN/PASSPORT: 5/26	4100). CONTACT: 8	43/6111
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. 1	410-65	(533980)	
	+ CONTINUE TO 3, d IF DRIVER ALS	O POLICY HOLDER	
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8	ODATE OF BIRTH: 124 105	19/6)(DD/MM/YYYY)	
	e OCCUPATION: (INDOOR / OU	10098/06/2012	
10.00	I)DATE OF DRIVING PASS -	F THE INSURED'S COMPANY?	(YES (NO)
	4. WAS DRIVER AN EMPLOYEE O	CRIVED WITH INSURED!	WIFR
	IF NO, RELATIONSHIP OF THE	P / P A INING / OTHERS	
	5. a) WEATHER CONDITION: (CLEAR	CLABBS	· · ·
	DIROAD SURFACE: (DRY / WET /	NO.	
	6. WAS ANYBODY INJURED (YES LI	101	
	INCE /VEC / N		
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	7. a) REPORTED TO POLICE (TEST)	OUCE STATION:	
1	7. a) REPORTED TO POLICE (TEST)	OUCE STATION:	
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	1. a) REPORTED TO POLICE (TEST) IF YES, PLEASE STATE WHICH PO B. THIRD PARTY VEHICLE PASSONGEY D) VEHICLE NUMBER: SCR D) DRIVER'S NAME: MUJ 1894	OUCE STATION: MODEL! MODEL!	ny HUDIN 9021495&
	IF YES, PLEASE STATE WHICH PO B. THIRD PARTY VEHICLE PASSENGEY O) VEHICLE NUMBER: SCR ding driver) O) DRIVER'S NAME: MUDICAL O) NRIC/FIN/PASSPORT:	OUCE STATION:	nu HUDIN 90214958
	passenger a) VEHICLE NUMBER: SCR (ding driver) b) DRIVER'S NAME: MUDICIDE O NRIC/FIN/PASSPORT: S THIRD PARTY VEHICLE	OUCE STATION: MODEL! MODEL!	ny Hupin 9021495&
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email = CARWBY
fax = V1080

HIRLIAN ..

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Licence Number S7663466A

ZHOU CHUNYING



Birth Date 24 May 1976 Issue Date 19 Jun 2013



92210926

DRIVER

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 19 Jun 2013
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 19 Jun 2013
of the driver; and other motor vehicles =< 2500kg

Licence No: \$7663456A

NP 428A

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7663466A





ZHOU CHUNYING

周

Date of birth

CHINESE

16346-

24-05-1976 F Country of birth CHINA

DRIVER



NRIC No S7663466A



Nationality

CHINESE

31-08-2006

APT BLK 980C BUANGKOK CRESCENT #10~65 SINGAPORE 533980

NRIC No: \$7663466A Date: 22/09/2011 No: 6890597

8758889



REPUBLIC OF SHIGHFURE

IDENTITY CARD NO. \$7264100J



LI YONGBIN



Oale of birth San 25-10-1972 M Country of birth CHINA

84376111

OWNERR

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 25 Jun 2015 of the driver; and other motor vehicles =< 2500kg

Licence No:\$7264100J

NP 428A

MRIG No S7264100J

Noticeality CHINESE Date of trave

23-06-2006 APT OLK DBOC BUANGKOK CRESCENT #10-65 SINGAPORE 533980

NRIC No: \$7764100J

Date: 22/09/2011

No: 6890596

IC COLLECTION SLIP FOR NEW SINGAPORE CITIZEN

NEIGNO S7663466A (PINK IC) FEES \$10.00

NAME ZHOU CHUNYING

DATE OF ISSUE 03/01/2018

REGISTRATION OFFICER OO SIAM YAU 7

DOCUMENTS ARE TO BE PRESENTED AT GRC CITIZENSHIP CEREMONY

DOCUMENTS ARE TO BE PRESENTED AT GRC CITIZENSHIP CEREMONY



IC COLLECTION SLP FOR NEW SINGAPORE CITIZEN

NRIC NO S7264 00J (PINK IC) FEES \$10.00

NAME LI YONGBIN

DATE OF ISSUE: 03/01/2018

REGISTRATION OFFICER OO SIAM YAU 5





POLICY SCHEDULE

MITSUBISHI AUTO PROTECTOR PRIVATE VEHICLE

Policy No. : 1700049984

Period of Insurance : 12 Sep 2017 to 11 Sep 2018 Issued Date : 25 Sep 2017

ABOUT THE POLICYHOLDER

Name of Policyholder : Li Yongbin

Address : 980C BUANGKOK CRESCENT

#10-65

SINGAPORE 533980

Occupation/Nature of Business: Manager/Director/Management

ABOUT THE VEHICLE

Registration No. : SLS1714A Engine Capacity/Tonnage: 2,360.00 CC Chassis No. : JMYXTGF3WJZ000390 Engine No. : 4B12TQ0327

Seating Capacity: 7 First Year of Registration : 2017 Body Type : SUV

Make/Model : MITSUBISHI OUTLANDER 2.4 CVT

Hire Purchase Company/Employer's Loan : United Overseas Bank Limited

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No Driver Restriction : NA Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive ;

b) Any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she maets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, rading, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Other Key Policy Benefits:

Act of God, Loss of Use 1500cc - 1600cc. Strike, Riots and Civil Commotions. PA to Authorised Driver / Unnamed Passengers: \$10000, Dealer + AIG Authorised Workshops, New For Old (36 months). PA Insured- \$100000, Fixture and Accessories (Cosmetic)- \$5000, Solar Film- \$1150, Loan Protection, In-Car Camera Excess Waiver, Glass Roof/ Moon Roof/ Panaromic Glass Roof

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Section 1

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver

Li Yongbin - \$600 (Own Damage)

PREMIUM

: \$ Premium 2.436.04 GST (7%) : \$ 170.52

Total

: \$ 2.606.56

Your Premium includes the following discount(s):

No Claim Discount - 0%

000421766/AC4/Decal