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Owner / Driver: (			1 1110	Tell	<del>-/</del>
Policy No. (	)	Perlod: (	, , )	Cover Type: (	
Confirmed by 11(		. 1	Dalei	Timer	<del></del>
Insured/Oriver Ushility: (	9/0)	(Note BIL Stant)	WO)1 N10-20	1%: Pr 21.79%. Pr 80	-[NON]
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#### 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 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 ladgement 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.

aronaud.	
	ACCIDENT STATEMENT
Date Of Report	05/04/2018 18:04
Date Of Accident	04/04/2018 11:00
Exact Location Of Accident	5 SUNGEI KADUT AVENUE (729642)
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFA2880L
Insured/Policyholder	
Name Of Registered Owner	THE ESTATE OF KAM KOK LEONG
Co Reg No	
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91816195
Alternative Phone No	OFFICE-91816195
Vehicle Particulars	
Manufacturer	JAGUAR
Model	XF-2.2 (A)
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

2100291882-06 Policy Number

Cover Note Number

#### Driver

HUANG GUISHENG Name of Driver

Passport No/FIN F8290370N Date Of Birth 05/03/1977 INDOOR Occupation 27/09/2011 Date Of Driving Pass

Driving Experience 6 YEARS AND 6 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-91816195

Fax Number

OTHERS-91816195 Contact Number

EMail Address NOEMAIL Address

7 JALAN PUNAI

#01-605 TATIANA TERRACE

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

NO

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

PASSENGER

GENDER:

MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2449999 - FAX NO: 62447258

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POICE REPORT G/20180404/2173

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 Witness 1

Name

LI QINFENG

Phone Number

Email Address

#### SKETCH PLAN

#### 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 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.
- 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 aforesald.
- 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:

Beporting Centre Personnel's Signature
Name:
NRIC/FIN No.: XOS I WATHANS

REF TO POUCE REPORT NO. 6/2018/0404/2173	
I WISH TO ADD I HAVE I WITNESS. DNAME - II QINFENG NEIC = STAGSTESA	
THANGARASU PUGALENTHI PAMPURY NO 169305418	
(3) KHAM SUBUJ PANDORT NO TROUBSERZ	

#### 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.:



Report No. G/20180404/2173

#### POLICE REPORT (NP299)

Police Station Of Origin Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

Date/Time Report Made	Vide Re	Vide Report No.		Station Diary No. 91	
04/04/2018 20:52					
Name Of Informant	Address	Address			
HUANG GUISHENG	7 JALAN	7 JALAN PUNAI #0° SINGAPORE 41877		1-605 TATIANA TERRACE	
The state of the s	SINGAF			76	
ID Type / ID No.	Contact	Contact No.			
FIN NO / F8290370N	Home/C	office.	Mobile		
(4)			91816195		
Nationality	Email A	Email Address			
CHINESE		# # # # # # # # # # # # # # # # # # #		<u></u>	
Occupation	Sex	Sex Age		Race	
Cabinet and furniture maker	Male	41	05/03/1977	Chinese	
Institution/School Name	Languag	Language		)r.	
	Chinese				
Date/Time Of Incident		Location Of Incident			
04/04/2018 11:00	C/O APT BLK 5 SUNGEI KADUT AVENUE YEW TEE				
	INDUST	INDUSTRIAL ESTATE SINGAPORE 729642			

#### Brief details.

On 4/4/2018 at around 1100hrs, while I was travelling in 5 Sungei Kadut Avenue Singapore 729642, my vehicle SFA2880L was being hit on the right side by an orange frog lift that was reversing. The other party did not give me any particulars, contact number and told me that he will contact me soon after the incident but there was no response from him till now.

I am making this report for the purpose of insurance claim.

SIGNATURE

SINGAPORE POLICE FORCE

Signature Of Informant: , / _ ^/
JAMI-
Date/Time: V 04/04/2018 20:52
Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180404/2173

Subjects Involved			3.000	
Victim		J. P. Barrier	124-1902-1903	
Person Name	HUANG GUISHENG (Informant)			1000

Signature Of Officer Recording The Report:

G/Sgt2MOHAMED NASZRUL BIN MOHD HELMI SG7(3) TAN MENG CHANG

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp IBNU QAYYIM BIN NAWAWI Contact No.: 62447200

Authentication Stamp POLICE FORCE

SIGNATURE

Signature Of Informant:

Date/Time:

04/04/2018 20:52

Classification Of Case:

## SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: # AFF 2013	TIME: now HES	(hh:mm) 24 hrs Format
LOCATION 5 SUNGER KAPUT AVE	5(729642)	
VEHICLE NUMBER SFA 2880L		
INSURED NAME IN THE SHAR OF HO		
NRIC / FIN	CONTACT:	
TAXABLE PARTY OF THE CONTROL OF THE	ODEL XF 22 DIESEL PRE	
Are you claiming under your own insurance p		
( ) Yes, If No, Pls Select : ( / ) Third P		
INSURANCE COMPANY ALL THEURAN		
TYPE OF POLICY ( / ) COMPREHENS	VE ( ) THIRD PARTY (	) TPFT
POLICY NUMBER: 2100291882-06		
NAME DRIVER: HUANG GUISHENG	(	) SAME AS INSURED
NRIC/FIN P8290370A	CONTACT:	9/1/6/95
DATE OF BIRTH: \$5 mas. 1947		
DRIVING PASS DATE: 27 Sel 2011		
OCCUPATION: ( //) INDOOR (	) OUTDOOR	
GENDER: ( ) MALE (	) FEMALE	
EMAIL ADDRESS:		( ) NO EMAIL
ADDRESS OF DRIVER: 7 TALAN PUNAL	# 01-605 TATIANA TSARA	NO S (418774)
Number Of Passenger Include Driver: 🎉	DRIVER + # 1 PASSENUEL	(m)
Was driver an employee of the Insured's Con	many? ( / ) YES ( ) NO	
If No, Relationship Of The Driver With T	he Insured	1970/1999
( ) Owner ( ) Spouse ( ) Friend (		) Sibling ( ) Others
Does The Driver Own Any Other Vehicle? :		
If Yes, Vehicle Registration Number Of Driv	ver's Own Vehicle:	
Insurance Company Of Driver's Own Vehicl		
Weather Conditions: ( / ) Clear (	) Raining ( ) Drizzling	( ) Others
Road Surface : ( ) Dry (	) Wet ( ) Others	
Was Any Foreign Vehicle Involved In Thi		) NO
Was Anybody Injured In The Accident?	( )YES ( )NO	
If YES, Injured details :		
Convey By Ambulance: ( ) YES (	) NO	
Was There Any Video Capture By Car Cam-	era? ( ) YES ( / ) NO	
Was There Accident Reported To The Po		f Yes Attach Police Report
	404/2173	
	Name / NRIC	Contact
	ATTIONIAL PIELTO LE SINTH LOW	YANG RUAD)
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		



#### WORK PERMIT

Employment of Foreign Manpayor Act (Unaette BIA) flep-thire at Singapore

YORG SEN CONSTRUCTION PTE. L.TD.



HUMANG GUISHENG

West Prick for 0.59832987

Sector CONSTRUCTION



K0026115

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

Class 28 Class 3 31/05/17

Motorcycles =< 200 co
Motor cats with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other meter
vahicles with unladen weight =< 2500kg
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver

19 Aug 2016

NP 428A

VISIT PASS

Immigration Regulations

HUANG GUISHENG

F8290370N

Date of Beth

05-03-1977

tialianzing

CHINESE

MULTIPLE JOURNEY VISA ISSUED





## CERTIFICATE OF INSURANCE

## WEARNES AUTO PROTECTOR (JAGUAR) PRIVATE VEHICLE

Period of Insurance

Name of Policyholder : In The Estate of Kam Kok Leong

Engine No. Chassis No.

: 4005717224DT : SAJAC0666CDS34567

: 01 Mar 2018 To 28 Feb 2019

Vehicle No. Policy No. Endorsement No.

Issued Date

: SFA2880L 2100291882-06 000000000177476 31 Jan 2018

ABOUT THE COVER

Make/Model

JAGUAR XF 2.2 DIESEL PREMIUM LUXURY

Engine Capacity/Tonnage : 2,179.00 CC Driver Restriction

Sum Insured : Market Value Oll Peak Car : No

First Year of Registration ; 2012 Insuring with COE/PARE : Yes

Person or Classes of Persons Entitled to Drive\*:

a) The Poscyholder by Any other posser who is driving on the Poscyholder's order or was history points tion. This Poscy will be demandy the Puncyholder or any surprised order soly if the shall need the special age condition.

You have by pay an adahorolision of \$3,000 as "Young and/or true-parenced Direct Excepts" ("YIDR") if You say or Your Authorises Direct (named or comparent) is under the age of 23 wester has been

Age Condition

: All Age Condition

Limitation as to use\*

May cory for applie, domestic end pleasure purposes and for the Poscyferbar's sundons. This Poscy dies continued was for how or assured decing buffer, showing best, more, pace making sundonly triated appearance of one for program in connection with their states.

Loss of Use 2000cc

\* Limitations rendered Reperative by Section 8 of the Motor Vahidas (Third-Party Rosks and Compensation) Act (Co., 169) and Technic 55 of the Heart Transport Act, 1987 (Mallysia), ele not to be included under these braidings.

#### EXCESS

Section 1 Fire - 50 Own Damage - \$900 Theli - 50 Flood Cover - \$0

Section 2 Property Damage - \$0

Named Driver and Excess (when approach)

In The Estate of Karn Kok Leong - \$900 (Own Damage), Hoshig Gut Sheng - \$600 (Own Damage)

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

1 Wearnes Automotive Publis - And: 45 Lang Nee Rood, Singapore (6910) 63789333

For other: Applying Reporting Central ALG Authorised Repairing, please contact our 24 four accident emergency holine at +65 6336 8200. Alternatively you may refer to ALG website www.axy.com/sg 5/3 Altobe App. Simply search and download ALG SQ\* from Funes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

Wile by cartiful the today to whach the Decision of Engineer / Education / Education / Education (Cop. 180) Party Colors (Cop.

0503185616

WEARNES AUTOMOTIVE - MULTIN 48 LEDIA KEE ROAD EVHANDORE 169103

Wridermitten by Ald Asia Pacific Insurance Re-Little

AIG Asia Pacific Insurance Pte, Ltd.

All Asia Pacific Insurance Pie LM

28 Shares (1777) on 16 AN OLD rig S070 Did For 6419 Start For 6419 3723 ( www.ng.com.sg

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID: Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended De-registration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year: Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount: Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The Information contained herein is correct as at 05 Apr 2018

Singapore NRIC

2880H

SFA2880L

No

06 Apr 2018 JAGUAR

XF 2.2 I4D AUTO ABS D/AB 2WD 4DR HID TC

Belge

2011

4005717224DT

5AJAC0666CDS34567

140.0 kW (187 bhp)

\$54,583.00

29 Feb 2012

29 Feb 2012

D

\$54,583.00

West

28 Feb 2022

\$35,478.00

28 Feb 2022

E - Open Category

10

\$73,801.00

\$28,773.00

\$64,251.00

OK



#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: 566550020G / G5T Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No Vehicle Registration No: Name(as shownin NRICI: (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address Singapore( Contact (Tel) Mobile No.: Email Address 11:00 Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name:

NRIC/FINNO Date: