NATIONAL Assessment Centre		1 Jan 118		Done b	
Date In. 9 14 1.18 13:54	Jeb description	Date & Tr	mu Completed	DOIL 0	
Rei No: NA/ AIG 18006478144	SAS e-filing	1			
Veh No: 565 8042 T	E-mail (within bles,	AIC 2lus)			
D.O.A: 914118 09:30	i-Motor Claim F	orm			
OD IP Peporting Only	i-Motor W/O (w	thin: OD 2hrt, TP 4hrs)			
	i-Photo Uploade	d			
ŢP insurer:	Assessment/Surve	e Report			
	Ass't Report by Fax / Hand to Owner/Wkšp				
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax)
TP Particulars: Veh No:	SH 6232R	INC()/Non	INC()		
Owner / Driver: (The state of the s	Tel			
Policy No. () Peri	od: () Cover Ty			
Confirmed by : (Hitti	Time:)	
): N: 0-20%; P: 21	-79%. F: 30-100	70]	
Tour or reality		/NO()			
Excess: (\$) Loading: \$1,00	0 ()/\$2,000 ()			
General Remarks:-		Colonia de la company	ALCO 10 (1997)	M. 1912	
() Walk-In Customer : Customer's inform	mation strictly Confid	ential & Strictly NO ra	efer of repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.			1	1111
Drive-In ()/Towed-In (); Invoice:	YES () / NO	(); Towing Co.	()
Remarks:- (INC horline: 6788 6616)		Date&Ti	me Completed	Done	рy
Apply for Transport Allowance ()/Co	ourtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()			10	
		10		us regular	
Injury:					
Date/Time Actions		The section of the section		all licroscope.	
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				Anit (5)	Amt (\$)
1	MAIXOLLOI	nvoice Preparation	F 8 - F - F - F - F - F - F - F - F - F	fit Bill	Add Bill
Claimant's Particulars :-	1)	AR : Accident Reporting DA : Damege Assessment	(\$30); (\$100); INC (\$80)	30.00	
Driver/Owner:		TF : Towing Fee	\$40/\$	20	
DIIVENOWHEL:		FT : Follow-Through Surve FT : Follow-Through Surve	ry (Resurvey)	30	
Contact No:		For claiming against INC C	nly (wef 10 Jan 2005)	75	
Darnaged Portion:		TR: Re-inspection N1: Idao DA + SMRT Sur		60	
		NTUC Additional Services		-	
QC Checked by (Engr-In-Charge):		OD* *N5: Courtesy Car / Tpt Al	lowance	\$5	
		*N6: Repair Co-ordination		\$10 \$25	
Auditors' Comments :-		* N7: Fost Repair Inspectio * N8: DV / Collect Excess (Coordination	55	
Cat. 1:	All and the state of the state	$\underline{\mathrm{TP}}\left(\mathrm{N11}\right)$: $\mathrm{TP}\left(\mathrm{NonINC}\right)$		30	
) N12: Idao Mobile svalce doted	Pee Charged		HIME A
Cat. 2 / 3;		valce dated	Fee Charged	語語主義	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

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.

BIOLOSAIO.			
	ACCIDENT STATEMENT		
Date Of Report	09/04/2018 13:54		
Date Of Accident	09/04/2018 09:30		
Exact Location Of Accident	PIE CHANGI EXIT TO PAYA LEBAR RD		
Country/State of Loss	SINGAPORE		
D	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	SGS8042T		
Insured/Policyholder			
Name Of Registered Owner	HENRY FURNISHING (SALES & LEASING) PTE LTD		
Co Reg No			
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-97544813		
Vehicle Particulars			
Manufacturer	HONDA		
Model	CIVIC		
Exact Purpose for which vehicle was being used at time of accident	SENDING WIFE TO WORK		
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.		

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. L

THIRD PARTY Type Of Coverage

NO Fleet Policy

2100199745-08 Policy Number

Cover Note Number

Driver

CHUA JINWEI (CAI JINWEI) Name of Driver

S8123195H NRIC No 30/07/1981 Date Of Birth INDOOR Occupation 15/01/2001 Date Of Driving Pass

17 YEARS AND 2 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97544813 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

Address

BLK 43 LOR 5 TOA PAYOH #05-135

Postcode

310043

OWNER

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

.

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

ambulance?

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:

: KWEK HUI FANG

GENDER:

FEMALE

Passenger 2

NAME:

: CHUA KAI XUAN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG PIE TWDS CHANGI EXIT TO PAYA LEBAR RD. WHILE I WAS QUEENING TO THE EXIT, I NOTICE FRONT VEH STOP AS SUCH I FOLLOW MANAGE TO STOP, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SH6232R) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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

SH6232R

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

MUHAMMAD PADLI BIN ABDUL HADI

NRIC/Passport Number

S7431585B

Contact Number

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

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.
- 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.
- 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.

Tal 9/4/18

- (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.

HENRY FURNISHING (SALES & LEASING) PTE LTD 5, JLN KILANG BARAT #05-01 & #05-07 PETRO CENTRE SINGAPORE 159349

TEL: 6733-7133 9/4/18/ 12.30 p.m

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 Paya Lebar Exit I PIE (Changi) SGS 8042T SH 6232 R DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Please Refer DECLARATION I/We declare the foregoing particulars are true in every respect. KL 9/4/18 HENRY FURNISHING (SALES & LEASING) PTE LTD 5. JLN KILANG BARAT #05-01 & #05-07 PETRO CENTRE SINGAPORE 159349 Reporting Centre Personnel's Signature Driver's Signature Policyholder & Sighature Name: (If driver is not the policyholder) Date & Time: NRIC/FIN No.: 4/18 12:30 pm

Date & Time:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8123195H



CHUA JINWEI (CAI JINWEI)



CHINESE

30-07-1981 Country of birth SINGAPORE



4760667

DRIVING LICENCE



S8123195H

CHUA JINWEI

Birth Date: 30 Jul 1981 Issue Date: 02 Jul 2015





Date of leave

17-08-2011

APT BLK 43 LORONG 5 TOA PAYOH #05-135 SINGAPORE 310043

NRIC No: \$8123195H

Date: 27/10/2014

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

EFFECTIVE DATE

Motor Cars =< 3000kg with =<7 passengers, exclusive 15 Jan 2001 of the driver; and other motor vehicles =< 2500kg

Licence No:S8123195H

NP 428A



CERTIFICATE OF INSURANCE

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder

: Henry Furnishing (Sales & Leasing) Pte Ltd

Period of Insurance

: 24 Mar 2018 To 23 Mar 2019

: R18A12024666 Engine No. : JHMFD16307S210691 Chassis No.

Vehicle No. Policy No.

: SGS8042T : 2100199745-08

Endorsement No.

Issued Date

: 15 Mar 2018

ABOUT THE COVER

Make/Model

HONDA CIVIC 1.8 LA

Engine Capacity/Tonnage: 1,799.00 CC

Sum Insured : Market Value

First Year of Registration : 2007

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

Any person who is driving on the Policyholder's order or with their permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

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 fullion, driving test, racing, bace-making, reliability frial or spead-lessing, the carriage of goods other than samples in connection with any thade or business or use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to se included under these headings.

EXCESS

Fire - SO Theft - SO

Property Damage - \$0

Windscreen: NA

Named Driver and Excess (where approable)

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

Approved Reporting Centras/ AlG Authorised Repairer's (For claims related repairs)

Any accident repairs to the Vehicle can be demad out at the repairer of Your Choice (unless specifically excluded by Us).

For Approved Reporting Centras/AlG Authorised Repairer's please contact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, you may refer to AlG website www.sig.com ag or AlG SG Mobile App. Simply search and dewritidad 14/0 SG/ from (Turies or Google Play).

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0500130000

LOH HOW MENG RICHARD BLK 5960 ANG MO KIO ST 52 #17-367

SINGAPORE 564596

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE