

NATIONAL Assessment Centre Services (incl. 13000)

NA/8047771

Date: 09/04/2018 16:28	Job description	Date & Time Completed	Done by
Ref No: NA/NA/80065191V	SAS e-tiling		
Veh No: SN 20839	E-mail (vehicle data, A/C, etc)		
P.O.A: 07/04/2018 16:15	1-Motor Claim Form		
OO (P) / Reporting Only	1-Motor W/O (within 100 hrs, 1st survey)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Pax/Hand to Owner/VWap		

Preferred Wksp (INC Assign Wksp / QW)	Tel:	Fax:
TP Particulars	Veh No: SN 28206	INC () / Non-INC ()
Owner / Drivers ()	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: ()	Note: BIL Status (WO): NI 0.20%, PI 21.79%, FI 30.100%	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks: () Work-In Customer: Customer's information strictly Confidential & strictly NO refer of repeler.

() Total Loss Case: 1 to e-mail Insurer URGENTLY.

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

Remarks: NA/801280	Date & Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection		
3) Upload Recovery Photo (Repair Cost > \$3000)		

Injury: ()

Other: ()

NA/801280	Invoice Preparation Checklist	
Driver/Owner:	1) AA: Accident Reporting (\$30)	
Police No:	2) DA: Damage Assessment (\$100)	INC ()
Emergency Person:	3) TP: Towing Fee	
	4) PT: Follow-Through Survey	
	5) RT: Follow-Through Survey (Re-survey)	
	Total Invoice: (incl. INC Duty) (as of 10 Jan 2018)	
	6) TR: Mileage	
	7) NI: (incl. DA + SMRT Survey)	
	8) NTUC Audited: \$1000	
Checked by (Engr-In-Charge):	9) NI: Courtesy Car / Tel Allowance	
	10) NI: Repair Coordination	
	11) NI: Post Repair Inspection	
	12) NI: DV / Collision Coordination	
	13) NI: (incl. TP (incl. INC) repair INC	
	14) NI: (incl. Mobile	
	Invoice total	Net Charged
	Invoice Paid	Net 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 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	09/04/2018 16:28
Date Of Accident	07/04/2018 16:15
Exact Location Of Accident	PIE TOWARDS CHANGI (BEFORE EXIT 20B LORNIE ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN2083G
Insured/Policyholder	
Name Of Registered Owner	KANG YI KAI, BRYAN JUDE
NRIC No	S8603081J
Email Address	KANGYIKAI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98509117
Alternative Phone No	OTHERS-98509117

Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3
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	2100508211-01
Cover Note Number	

Driver

Name of Driver	KANG YI KAI, BRYAN JUDE
NRIC No	S8603081J
Date Of Birth	04/02/1986
Occupation	INDOOR
Date Of Driving Pass	19/10/2007
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98509117
Fax Number	
Contact Number	OTHERS-98509117
EMail Address	KANGYIKAI@GMAIL.COM

Address	BLK 407B UPPER SERANGOON CRESCENT #05-326
Postcode	532470
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	NO
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)	5

Passenger 1	NAME: : LAI BIZI
	GENDER: : FEMALE
Passenger 2	NAME: : OLIVER CONSTANCE KANG
	GENDER: : MALE
Passenger 3	NAME: : OLLIE CYRUS KANG
	GENDER: : MALE
Passenger 4	NAME: : EKA KOMALA
	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

PLEASE REFER TO SKETCH PLAN

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	SJN2820U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

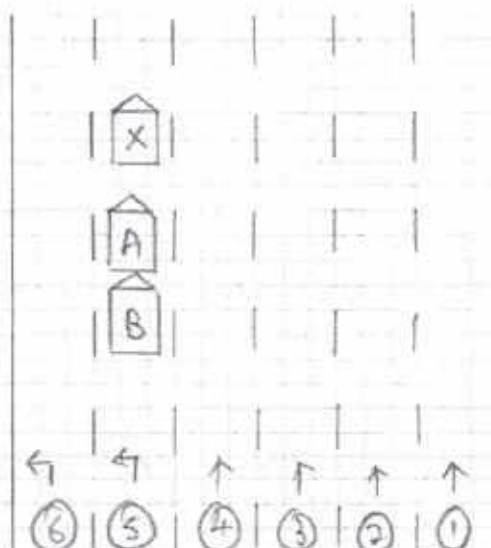
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

19/04/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

SKETCH PLAN



A = SLN 2083G

B = SJN 2820U

P/E towards Changi

(Before Exit 20B
Lornie Road)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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: *Rosli*
NRIC/FIN No.:

On 07.04.18 at about 16:15 hours along PIE towards Changi (Before Exit 20B Lornie Road). While I was travelling straight on the lane 5, when my front vehicle slowed down and stopped hence I follow suit.

A few seconds later, suddenly I heard a loud bang from behind. When I alighted I realised it was vehicle (B) had hit onto rear portion of my vehicle (A). I wish to state that I have 4 passengers inside my vehicle (A).

Vehicle (A): SLN 2083G

Vehicle (B): SJN 2820U



over 09/04/2018
Res. WAT/AB

SINGAPORE ACCIDENT STATEMENT

Accident Date:	07/04/2018	Time:	16:15	(hh:mm) 24 hr format
Location	PIE towards Changi (Before Exit 20B Lornie RD)			
Vehicle Number	SLN 2083G			
Insured Name	Kang Yi Kai, Bryan Jude			
NRIC / FIN	S8603081J	Contact Number	9850 9117	
Make	Kia	Model	Cerato K3	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting				
Insurance Company	AIG			
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive	() Third Party Fire & Theft	() TP Only		
Policy Number	2100508211-01			
Name of Driver	(<input checked="" type="checkbox"/>) Same as Insured			
NRIC / FIN	Contact Number			
Date of Birth	04/02/1986			
Driving Pass Date	19/10/2007			
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor				
Gender (<input checked="" type="checkbox"/>) Male () Female				
Email Address	kangyi.kai@gmail.com		() NO EMAIL	
Address of Driver	BLK 420B Upper Serangoon (rescent # 05-326 Singapore 532470			
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No				
If No, Relationship of the Driver with the Insured				
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes () No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions () Clear (<input checked="" type="checkbox"/>) Raining () Others				
Road Surface () Dry (<input checked="" type="checkbox"/>) Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No				
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No				
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report				
DETAILS OF 3 rd party	Name / Nric	Contact		
Veh B	SLN 2020U			
Veh C				
Veh D				
Veh E				
Veh F				

P1 = Lai Bizi (F)

P4 = Eka Komala (F)

P2 = Oliver Constantine Kang (M)

Driver + 4 passengers.

P3 = Dillie Cyrus Kang (M)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8603081J



Name

KANG YI KAI, BRYAN JUDE

江益恺

Race
CHINESE

Date of birth
04-02-1986

Country/Place of birth
SINGAPORE

Sex
M

S8603081J

SLN 2083 G

Owner & Driver

5441246



NRIC No S8603081J



Date of issue
23-03-2015

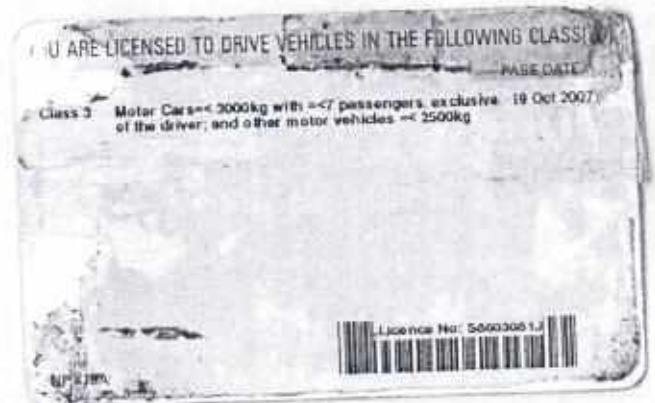
Address

APT BLK 47DB UPPER SERANGOON CRESCENT
#05-326
SINGAPORE 532470



SLN 2083G

Owner & Driver





CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Kang Yi Kai Bryan Jude
 Period of Insurance : 26 Apr 2018 To 26 Apr 2019
 Engine No. : G4FGGH655495
 Chassis No. : KNAFX411MH5705455

Vehicle No. : SLN2083G
 Policy No. : 2100508211-01
 Endorsement No. :
 Issued Date : 16 Mar 2018

ABOUT THE COVER

Make/Model	KIA Cerato K3 1.6 EX	Sum Insured	Market Value	First Year of Registration	2017
Engine Capacity/Tonnage	1,591.00 CC	Off Peak Car	No	Insuring with CDE PARF	Yes
Driver Restriction	NA				

Person or Classes of Persons Entitled to Drive*

at The Policyholder's

or Any other person who is licensed to drive a vehicle with the following conditions:

This Policy will indemnify the Policyholder in any accident where the Policyholder is not at fault and is not liable.

Not liable to pay an additional sum of \$1,000 for "Experienced Driver Excess" (EDR) if you are or was a licensed driver who had been licensed for less than 2 years driving experience.

Age Condition : 30 years old and above

Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's personal use. This Policy is not to be used for hire or reward, driving school, racing, test, or any other purpose not intended by the Policyholder. The coverage is void if the vehicle is used for any purpose other than those stated in the policy.

Loss of Use: 15000 - 18000

* Limitations are subject to the terms of the Motor Vehicle Third Party Risk and Compensation Act (Cap. 185) Part 2 of the Road Transport Act, 1987 (Malaysia) and Motor Vehicle Third Party Risk and Compensation Act (Cap. 185) Part 2 of the Road Transport Act, 1987 (Malaysia). We are not liable for loss of use of the vehicle.

EXCESS

Section 1

Fuel - 30; Own Damage - \$400; Theft - 50; Flood Cover - 30

Section 2

Property Damage - 50

Windscreen - \$100

Named Driver and Excess (where applicable)

Kang Yi Kai Bryan Jude - \$400 (Own Damage)

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

1. Car & Carriage Body & Paint Centre: Apt 201 River Garden Singapore 650000 (0654221)

2. Car & Carriage Customer Service Centre: 100 Robinson Road, Singapore 048901 (0654221)

3. Car & Carriage Customer Service Centre: 100 Robinson Road, Singapore 048901 (0654221)

For other approved reporting centres and authorised repairers, please contact the relevant insurance company or the relevant insurance company. For more information, please contact the relevant insurance company.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle Third Party Risk and Compensation Act (Cap. 185) Part 2 of the Road Transport Act, 1987 (Malaysia) and Motor Vehicle Third Party Risk and Compensation Act (Cap. 185) Part 2 of the Road Transport Act, 1987 (Malaysia).

0500710050

C&C FULCO-CORP SALES

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE