NATIONAL Assessment Centre Services	WELL 134/06 MNA 118059557.	Daveto	
Date In: 7/5/18 17:32 Jeb description	Date &Time Completed	Done by	
Ref No: hug Al G 1800 8334 / h4 SAS e-filing			
Veli No: STW 6001 T E-mail (within S	hrs, AIC 2hrs)		4
D.O.A   515118 12:50   i-Motor Claim	n Form		
i-Motor W/O	(Within: OD 2hrs, TP 4hrs)		
OD Peporting Only i-Photo Uploa	nded .		
Assessment/Sur			T 24
STOCKERS OFFICE AND STOCKERS OF THE STOCKERS O	Fax / Hand to Owner/Wksp		
		ax:	)
Preferred Wksp / INC Assign Wksp / QW: (	INC( )/Non-INC( )		
TP Particulars: Veli No: SKC 84674.	Tel:	)	
Owner / Driver: ( Policy No: ( ) Period: (	) Cover Type: (	)	er-evice
Folicy 110. (	Date: Time:	)	
Confirmed by : (	VO): N: 0-20%; P: 21-79%. P: 80-	100%]	
	)/NO( )		12 100011
Year of Registration: ( ) Warranty: YES ( Except: (\$ ) Loading: \$1,000 ( )/\$2,000			m Charles
Excess: (\$ ) Loading: \$1,000 ( )/\$2,000	SECTION OF THE CASE OF THE SECTION O	73. 1.	
General Remarks:-  ( ) Walk-In Customer : Customer's information strictly Con	THE STREET HOLD TO SERVE AND ADDRESS OF THE SERVE	550 Act - 100	
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Courtesy Car (	)		
2) QC Check / Post Repair Inspection ( 3) Upload Resurvey Photo [Repair Cost > \$3000] (  Injury:	)		
2) QC Check / Post Repair Inspection ( 3) Upload Resurvey Photo [Repair Cost > \$3000] (  Injury:  Date/Time Actions	Invoice Preparation Checklist.	Ant (S)	
2) QC Check / Post Repair Inspection ( 3) Upload Resurvey Photo [Repair Cost > \$3000] (  Injury:  Date/Time Actions  MA1802856	1) AR: Accident Reporting (\$30);	7st Bill   30.00	
2) QC Check / Post Repair Inspection ( 3) Upload Resurvey Photo [Repair Cost > \$3000] (  Injury:  Date/Time Actions  MA1802856	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC 3) TF: Towing Fee	(\$50) (\$50) (\$40/\$45	
2) QC Check / Post Repair Inspection ( 3) Upload Resurvey Photo [Repair Cost > \$3000] (  Injury:  Date/Time Actions  MA1802856	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC 3) TF: Towing Fee 4) FT: Follow-Through Survey 6) FT: Vollow-Through Survey (Resurvey)	(580) (580) (540/545 (530) (530)	
2) QC Check / Post Repair Inspection ( 3) Upload Resurvey Photo [Repair Cost > \$3000] (  Injury:  Date/Time Actions  MA1802856  Claimant's Particulars:-  Driver/Owner:	1) AR: Accident Reporting (530); 2) DA: Damage Assessment (5100); INC 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2	(530) (530) (540/545 (5120) (530) (500)	
2) QC Check / Post Repair Inspection ( 3) Upload Resurvey Photo [Repair Cost > \$3000] (  Injury:  Date/Time Actions  MA18 0 2856  Claimant's Particulars:-  Oriver/Owner:  Contact No:	1) AR: Accident Reporting (530); 2) DA: Damage Assessment (5100); INC 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2 6) TR: Re-inspection 7) N1: Idac DA + SMRT Survey	(580) (580) (540/545 (530) (530)	
2) QC Check / Post Repair Inspection ( 3) Upload Resurvey Photo [Repair Cost > \$3000] (  Injury:  Date/Time Actions  MA18 0 2856  Claimant's Particulars:-  Oriver/Owner:	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2 6) TR: Re-in spection 7) N1: Idae DA + SMRT Survey 8) NTUC Additional Services:-	(\$30) \$40/545 \$120 \$30 (005) \$75 \$160	
2) QC Check / Post Repair Inspection ( 3) Upload Resurvey Photo [Repair Cost > \$3000] (  Injury:  Date/Time Actions  MA\8 \cdot 2856  Claimant's Particulars:-  Oriver/Owner:  Contact No:  Damaged Portion:	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey 8) NTUC Additional Services: OD* *N5: Courtesy Car / Tpt Allowance	(\$30) \$40/\$45 \$120 \$30 (005) \$75 \$160	
2) QC Check / Post Repair Inspection ( 3) Upload Resurvey Photo [Repair Cost > \$3000] (  Injury:  Date/Time Actions  MA\8 \cdot 2856  Claimant's Particulars:-  Oriver/Owner:  Contact No:  Damaged Portion:	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2 6) TR: Re-in spection 7) N1: Idae DA + SMRT Survey 8) NTUC Additional Services: OII* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination	(\$30) \$40/545 \$120 \$30 (005) \$75 \$160	
2) QC Check / Post Repair Inspection ( 3) Upload Resurvey Photo [Repair Cost > \$3000] (  Injury:  Date/Time Actions  MA1802856  Claimant's Particulars:-  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2 6) TR: Re-in spection 7) N1: Idae DA + SMRT Survey 8) NTUC Additional Services:  OID*  *N5: Courtesy Car / Tpt Allowance  *N6: Repair Co-ordination  *N7: Fost Repair Inspection  *N7: Fost Repair Inspection	(\$80) \$2.00 \$40/545 \$120 \$30 \$005) \$75 \$160 \$5 \$100 \$25 \$5	
2) QC Check / Post Repair Inspection ( 3) Upload Resurvey Photo [Repair Cost > \$3000] (  Injury:  Date/Time Actions  MAIS-2856  Claimant's Particulars:-  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):  Auditors' Comments:-	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey 8) NTUC Additional Services: OD* *N5: Courtesy Car / Tpt Allowance *N6: Repair Ca-ordination *N7: Fost Repair Inspection *N8: DV / Collect Excess Coordination TP (N11): TP (Non INC) against INC	(\$30) \$40/545 \$120 \$30 (\$05) \$75 \$160 \$55 \$510 \$25 \$20 \$30	Amt (\$)
2) QC Check / Post Repair Inspection ( 3) Upload Resurvey Photo [Repair Cost > \$3000] (  Injury:  Date/Time Actions  MA18 0 2856  Claimant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2 6) TR: Re-in spection 7) N1: Idae DA + SMRT Survey 8) NTUC Additional Services:  OID*  *N5: Courtesy Car / Tpt Allowance  *N6: Repair Co-ordination  *N7: Fost Repair Inspection  *N7: Fost Repair Inspection	\$2.09 \$30.09 \$40/545 \$120 \$30 \$005 \$75 \$160 \$55 \$10 \$25 \$5 \$20 \$30	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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.

- In a 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.
   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.
- aforesaid.

foresaid.	ACCIDENT STATEMENT		
	07/05/2018 17:32		
Date Of Report	05/05/2018 12:50		
Date Of Accident  Exact Location Of Accident	BRADDELL RD EXIT (CTE/SLE)		
Exact Location Of Accident	SINGAPORE		
Country/State of Loss	ETAILS OF OWN VEHICLE		
	SJW6001T		
Insured/Policyholder	LAU TONG HONG		
Name Of Registered Owner	S0031287H		
NRIC No	NOEMAIL		
Email Address	(LOCAL) +65-98453493		
Mobile Phone No	OFFICE-98453493		
Alternative Phone No			
Vehicle Particulars	NISSAN		
Manufacturer	SUNNY 1.6EXA		
Model			
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	TO THE PART LTD		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	2100377256-03		
Cover Note Number			
Driver			
Name of Driver	LAU TONG HONG		
NRIC No	S0031287H		
Date Of Birth	22/01/1953		
Occupation	INDOOR		
Date Of Driving Pass	05/08/1976		
Driving Experience	41 YEARS AND 9 MONTHS		
Gender	FEMALE		
Mobile Number	(LOCAL) +65-98453493		
Fax Number	PS 6-100 NO 000 NO 000 NO 000 NO		
Contact Number	OFFICE-98453493		
	NOEMAIL		

NOEMAIL

1 RHU CROSS #03-10 COSTA RHU Address

437431 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

COLLISION - HEAD TO REAR Type Of Accident

NO

NO

NO

CLEAR Weather Conditions DRY Road Surface

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

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** 

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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKC8467L

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

MOHD ROSECHAN BIN KLAMON Name of Driver

S1773646I NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Date of Accident	5/5/2018 Accident Time: 1250 (24-HR-Format)
Accident Place	Braddell Rockit (CTE/SLE)
Vehicle. No. (Car Plate No.)	:SOW 6001 T Make Model: Togota Altis Wissom Sun
Insurace Company	A16 Policy No: 2100311256-00000
Owner or Company Name /IC No.	Law Tong Hong S0031287/H
Owner or Company Contact No.	: 4845 3493 Owner's HpCompany Tel
DRIVER'S Name / IC No.	Law Tong Hong S0031287/H
DRIVER'S Date Of Birth	: 22/01/1953 DRIVER'S License Pass Date 5/8/1976
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address	:   Rhu Cross #63-10 Costa 12hu Spore 437)
DRIVER'S Contact No./ Alt No.	:1) 9845 3493 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	thlan 888 @ gmail. 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	
Was there any video Captured by Exact purpose for which vehicle v Any Injury (If YES, Pls state):	car camera: YES \ NO vas being used at the time of accident: Private use \ Work purpose
Othe	r Party Driver's Particular (if any)
Vehicle. No: SKC 846	
Vehicle Make Model: Toyota	Altis_ Vehicle Make\Model:
Name Driver: Hohd Rosecho	n Bin Klamon Name Driver:
IC No. Driver/Contact: 3177	3646/1 IC No. Driver/Contact:

\* NEW - Passenger's name & gender:

#### SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful</u> and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 narries.
- 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)

Lunderstand, 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:

Oriver's Signature (If driver is not the policyholder).

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Braddel ed EXIT (ETE/SLE)

SKETCH PLAN		THE PERSON	
	++++ ( the mint inter		
VELA -SJW6001T			
VENB - 2KC 84674			
	19/19		

At the thitime venus and place, I veh A (SSW 60017) was stationery at Braddell Rd Silter lane while waiting to turn est. Suddenly teh & I Selt an impact from the back and the Veh B (SKC 84672) hit my Veh on the Back.	ESCRIBE CIRCUMSTANCES OF T	1E ACCIDENT		
est. Suddenly tet & I Self an impact from the back	At the to-time V	enus and place	e, I Veh A (SSW6	oolT) was
est. Suddenly teh & I Self an impact from the back	Stationery at Br	addell Rd Sil	ter lane while wait	fing to turn
Me Web B (SKC 84672) hit my Veb on the Back.	est. Suddenly	teh B (I Sel	t an impact from t	he back
	and the Veh BCS	(C8467L) his	my weh on the !	Back.
				2040 Y48 H4119V (1573 + 50
	>*			
		all and a second		

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$0031287H



Shime



LAU TONG HONG

刘冬鳳

Race

CHINESE

Date of Birth

Des

22-01-1953

Country of Birth

SINGAPORE



# REPUBLIC OF SINGAPORE DRIVING LICENCE



манараниненинениениение

Licence Number: S 0 0 3 1 2 8 7 H Name:

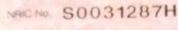
LAU TONG HONG

Birth Date: 22 Jan 1953 Issue Date: 07 Jul 2003



2259833







Blood Group

Date of issue

B+

10-08-1994

1 RHU CROSS #03-10 **COSTA RHU SINGAPORE 437431** 

NRIC No: S0031287H

Date: 11/10/2017

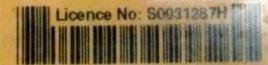
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

A DOTE OF THE SECOND CONTRACTOR OF THE PROPERTY OF THE PERSON OF THE PER

PASS DATE

Motor Cars and Motor Tractors the weight of Class 3 which unladen does not exceed 2500 kilograms 05 Aug 1976

NP 428A





# CERTIFICATE OF INSURANCE

# AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : LAU TONG HONG

: 01 Oct 2017 To 30 Sep 2018 Period of Insurance

; QG16488633 Engine No.

: JN1CFAN16Z0136823 Chassis No.

: SJW6001T Vehicle No. : 2100377256-03 Policy No. : D00000000144975 Endorsement No.

: 13 Sep 2017 Issued Date

### ABOUT THE COVER

NISSAN SUNNY 1.6 First Year of Registration : 2010 Market Value Make/Model Sum Insured Engine Capacity/Tonnage : 1,597,00 CC Insuring with COE/PARF Off Peak Car : No Driver Restriction NA

Person or Classes of Persons Entitled to Drive\*

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

This Policy will indemnify the Folicyholder or any authorised diliver only it heis/he maets the specified age condition. You have to pay an address sum of \$3,000 as "Young and/or insequentness Driver Excess" ("YIDR") If You are or Your Authorised Driver (named or unnamed) as under the age of 23 and/or haz lisss than 2 years' driving experience

All Age Condition Age Condition

Use only for social, domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward, chiving fution, driving test, racing, secentaring reliability that or speed-testing, the carriage of goods other than samples in connection with any trade or business to 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 85 of the Road Transport Act, 1987 (Malaysia), are not to be included under truss headings.

### EXCESS

Section 1 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Properly Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

LAU TONG HONG - \$500 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore. You have the option of having the accident repairs carried out at the Sole Agent's workshop, accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers please contact our 24-hour accident energency holling at 465 6338 6200. Alternatively. You may refer to AIG websits www.aig.com.sq or other Approved Reporting Centres/AIG Authorised Repairers please contact our 24-hour accident energency holling at 465 6338 6200. Alternatively. You may refer to AIG websits www.aig.com.sq or other Approved Reporting Centres/AIG Authorised Repairers or Google Play or AIG 5G Mobile App. Simply search and download "AIG SG" from Tunes or Google Play.

## IMPORTANT NOTES

# Hire Purchase Company/Employer's Loan: NA

Lower hereby certify that the policy to which this Certificate of insurance relates is issued in eccordance with the provisions of the Motor Vehicles (Third Party Risks and Companisation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Pules, 1959 (Malaysia).

0299001000

TEH SWEE HUA SUNNY 327 SEMBAWANG CRESCENT #05-26 SINGAPORE 750327 SP-CITHOMAS-BSTAN Underwritten by AIG Asia Pacific Insurance Pte. Ltd. Marile

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE