NATIONAL Assessment Centre	Services	(seft) Ja (fig)		
Date In: 08/5/2018 12:32	Jeb description	1 Date & Tune Completed	Done by	Y
REFINO NBA/AIG 18008380/K4				
Veh No . SKZ 7993 X		i Shré, AIC Bits,		
DOA - 07/05/2018 06:20	i-Motor Cla	im Form . *		
		O (Within, OI) 2hrs, TP 4hrs)		
OD THE Reporting Only	i-Photo Upl	oaded		
	Assessment/S	arvey Report		
TP Insurer	Ass't Report	by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (and lane	Tel: Fax:)
	JPS 547	2 . INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Per	riod: () Cover Type: ()	
Confirmed by : (Williams and said	Date: Time:)	
Insured/Driver Liability: (%) [1	Note-Est Status ((WO): N: 0-20%; P: 21-79%. F: \$0-100°	/ 6]	
Year of Registration: () V	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,00	00 ()/\$2,00	0()		
General Remarks:-		eran in a survival and the survival and	+	
		onfidential & Strictly NO rafer of repairer.		
() Total Loss Case : to e-mail Insure	r URGENTLY			
Drive-In () / Towed-In (); Invoice	:: YES () /	NO (); Towing Co. (,
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done b	ру
	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ()	2/////	
Injury:				
		nontral and a Company of the Company		
Date/Time Actions		300 - 100 -		-
		0.00		

			New a	
NA 18/	02912	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
IVII (at	20-110	1) AR: Accident Reporting (\$30);	. 1st Bill	Add Bill
Claimant's Particulars :-		2) DA : Damage Assessment (\$100); INC (\$80)	15	
Driver/Owner:		4) FT : Follow-Through Survey \$13		
Contact No:		5) FT : Follow-Through Survey (Resurvey) \$: For claiming against INC Only (wef 10 Jan 2005)	30	
Damaged Portion:		6) TR: Re-inspection	75	
		7) N1 : Idae DA + SMRT Survey \$1. 8) NTUC Additional Services	>0	
		OD*	0.5	
QC Checked by (Engr-In-Charge):		143; Courtesy Car / Iperson	\$5	
	and part of the last	*N7: Post Repair Inspection S	25	
Auditors' Comments :-	g Military (vil	ING. DY / Contact Greens Contact	\$5	
Cat. 11		9) N12: Idne Mobile	301	547
Oat. 2 / 3:		Invoice dated Fee Charged	I desired	

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 wiful 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.
- rs, you hereby consent to the archiving of this report at the centre and to copies of the report being made available nent of this

By the lodgement of this report to the insurers, your aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
A SAMPLE OF THE SAMPLE PARTY OF THE SAMPLE PARTY.	ACCIDENT STATEMENT
Date Of Report	08/05/2018 12:32
Date Of Accident	07/05/2018 06:20
Exact Location Of Accident	ALEXANDRA ROAD
Country/State of Loss	SINGAPORE
BANKS OF THE PARTY	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ7993X
Insured/Policyholder	
Name Of Registered Owner	PETER TAN ENG HOE (CHEN YINGHAO)
NRIC No	S7602865F
Email Address	ELSHADDAI76@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96643814
Alternative Phone No	OTHERS-96643814
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT

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?

REPORTING ONLY PRIVATE CAR

If No, Please state action to be taken Vehicle Category

Name of Insurance Company

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD.

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

2100449895-02 Policy Number

Cover Note Number

Driver

PETER TAN ENG HOE (CHEN YINGHAO) Name of Driver

S7602865F NRIC No 09/01/1976 Date Of Birth INDOOR Occupation 01/02/2005 Date Of Driving Pass

13 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96643814 Mobile Number

Fax Number

OTHERS-96643814 Contact Number

ELSHADDAI76@HOTMAIL.COM EMail Address

BLK 55 TELOK BLANGAH DRIVE Address

#06-70

100055 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 - CHANGE/CROSS LANE Type Of Accident

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 NO ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

1

NO

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

JPS5472

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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- 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: 670518

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN A-SKZ7993X Alexandra Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	No. of the second secon
1 was 6	Joing intell travelling along Alexandra on the form lave (4th) town
AUH as	my workplace is in Clametti. Syddenly, a reprograted fruck which
a. ha allo	as the third law out into my lake and lit he
Immodiatell	I I chopped. However, the driver avove off mos figt.
I was shin	med monventancy However, I chased after him. The fride +hon
hoped just	r betwee the Dotedown exit when he saw that I was going
olnie The	man value down and apologisted saying that he did not see me-
to twon call	ud any his boes and I called my agent. Subsequently he come
ver and si	and I was & Drand have given way to him. I explained that
I was go	ing my own way in the correct lane. His two companions thin
TAME CHOV	and hild me to called the bass to they tooked infimidating,
1 deaded	to tale the number and could the boss.
1 later spo	obe to the boss who claimed to the a singaporion and saying
	s employees are Malaysians arriving a Malaysian vehicle.

DECLARATION

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

Policyholder's Signature Date & Time: 7

Driver's Signature (If driver is not the policyholder) Date & Time: 1

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Alexandra Rd

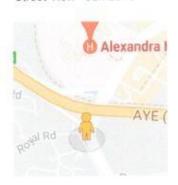


Image capture: Jan 2018 © 2018 Google

Singapore



Street View - Jan 2018



(Bukit Merah). Reportedon 715/2018

ACCIDENT STATEMENT

ACCIDENT STATEMENT	C 10-361119
ACCIDENT STATEMENT ACCIDENT DATE: (7/5/2018) (DD/MM/YYYY), TIME: (06:20)(HH:MM)	
ACCIDENT DATE:	25 Si
Alexandra Rd.	
LOCATION:	
7.002.4	5%
1. DETAILS OF VEHICLE SKZ7993 X	
AIVERICLE INDIVIDER	
b) INSURANCE COMPANY:	*
C)POLICY NUMBER:	
dIPOLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD	345
e)MAKE & MODEL:	
f) TYPE: (SALOON / COUPE / MPV / VAN / LONG / MOTORCYCLE) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	82
The state of the s	
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	W)
IF NO, PLEASE STATE (TIMES THE	
2. INSURED / POLICY HOLDER (MALE / FEMALE)	31
b)NRIC/FIN/PASSPORT:CONTACT:	
DINRIC/FIN/FASSFORT	
c)ADDRESS:	
· CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
1	2-11-2
The state of the s	814
CINCLUSING CINUSP) BINRIC/FIN/PASSPORT:	423
() c ADDRESS:	•
- TE OF BIRTH: (/)[DD/MM/YYYY]	
* all DATE PRINT DATE	
ejoccupation: (INDOOR / OUTDOOR)	ANDER
MAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)	Cholocia
4. WAS DRIVER AN EMPLOYEE OF THE INSURED:	
THE CONDITION ILLEAN / NOTICE	
A COLDEACH (INC.) (INC.)	
WAS ANYBODY INJUKED ITES /(1992)	100
THE STEP TO BOTTLE LIFE TO TO THE STEP TO	-
IF YES, PLEASE STATE WHICH TOLING	
B. THIRD PARTY VEHICLE STOS S472 MODEL:	-
A VEHICLE NUMBER.	7
b) DRIVER'S NAME:CONTACT:	
E STATE VICINICIE	119
a) VEHICLE NUMBER:	
e) DRIVER'S NAME:CONTACT:	
CONTRACTOR	
O k lower l	mM
100055 producted 16 10 months	
CISNADON .	
Spans Stut	1 71
Email = elshaddai 76 () fax = (15)	notinal-com
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fax =	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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- 7. By the lorigement 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

ACCIDENT STATEMENT

Date Of Report 7 May 2018

Date Of Accident / Time 7 May 2018

Exact Location Of Accident Plexandra Road towards AyE

Country/State of Loss Singapale

DETAILS OF OWN VEHICLE

transport self

Vehicle Registration Number SKZ7993X

insured/Policyholder

Name Of Registered Owner/company Peter Tan Eng Hoe

NRIC NO 1 CO- REG NO. 5760 2865F

Email Address elohaddai 76 @ notmail.com

Mobile Phone No 966 43914

Alternative Phone No 872 8884

Vehicle Particulars

Manufacturer mit

MHOREC

Exact Purpose for which vehicle was being used

at time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

Vehicle Category

Insurance Company

Name of Insurance Company

A76

Type Of Coverage

comple housive

Fleet Policy

Policy Number

Cover Note Number

Driver

Name of Driver

As More As mal

NRIC No

011176

Date Of Birth

Teacher

Occupation Date Of Driving Pass

01022005

Driving Experience

13

Gender

Male

Mobile Number

As Moore

Fax Number

Contact Number

EMail Address

MI MORE

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7602865F





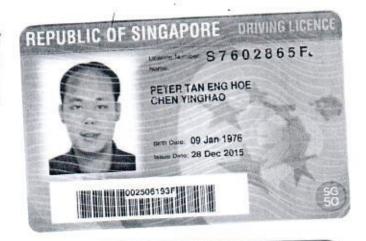
PETER TAN ENG HOE (CHEN YINGHAO)

陳英

CHINESE

09-01-1976

SINGAPORE



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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 01 Feb 2005 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

S7602865F

01-02-2001

0+ APT BLK 55 TELOK BLANGAH DRIVE #06-70 SINGAPORE 100055

NRIC No: \$7602865F Date: 10/11/2011 No: 6852364

3248182





CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Peter Tan Eng Hoe (Chen YingHao)

Period of Insurance

: 03 Feb 2018 To 02 Feb 2019

Engine No. Chassis No. : 3A92UCT3061 : MMBSTA13AFH018517 Vehicle No. Policy No.

: SKZ7993X : 2100449895-02

Endorsement No.

Issued Date

: 23 Jan 2018

ABOUT THE COVER

Make/Model

MITSUBISHI ATTRAGE 1.2 CVT

Engine Capacity/Tonnage 1,193.00 CC : NA

Sum Insured : Market Value

First Year of Registration : 2016

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

Driver Restriction

a) The Policyholder
 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 hershe meets 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

Off Peak Car : No

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, racing, pace-making, reliability trial or speed-testing, the carriage of goods office than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* 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 be included under these headings

EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Finod Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Peter Tan Eng Hoe (Chen YingHao) - \$800 (Own Damage)

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

Cycle & Carriage Customer Service Centres (For windscreen claim only). Add: 20 Leng Kee Rd Singapore 159094 84708688
 Cycle & Carriage Customer Service Centre (For windscreen claim only). Add: 330 Ubi Rd 3 Singapore 408650 67461000
 Cycle & Cerriage Body & Paint Centre. Add: 208 Paintan Gardens Singapore 609339 65684501

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.se or AIG SG Monte App. Simply search and download 'AIG SG' from Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

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, 1959 (Malaysia).

0504486200

CYCLE & GARRIAGE - AGNESL 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

prile

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE SSPDAG