Date	NATIONAL Assessment Ce	ntre Services	[we! 1 Jan'05] MALA	118 07 22 10		1	A-10-000
E-mail (visias 30n, AIC 2bri)	Date In: 4/6/18-15:22	- C. F. S.	Office and the second of the s		0.0	Doi	ne by
E-mail (visias 30n, AIC 2bri)		SAS e-fili	ng	¥0			
D.O.A.		E-mail (wi	thin Shrs. AIC 2hrs)		<u> </u>		-
Description						- Hallo 2003	-
Photo Uploaded   Assessment/Survey Report   As		i-Motor V	V/O (Within: OD 2hrs, T	P 4hrs)			
Professional Wesp   INC Assign Wesp   QW:   Tol:   Fax:	OD / (17 )/Reporting Only	i-Photo U	ploaded				
Preferred Wksp / INC Assign Wksp / QW:	TP Insurer:	Assessment	/Survey Report				
TP Particulars:			rt by Fax / Hand to C	Owner/Wksp			
Owner / Driver:   Tel:				Tel:	Fax		
Owner / Driver:   Tel:	TP Particulars: Veh No: 6	1234416 .	, INC(	)/Non-INC	( ),	14	
Confirmed by: (	Owner / Driver: (			Tel:		)	
Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]  Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (S ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks: ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Youk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )  Remarks: (ING houtine: 6788 (616))  1) Apply for Transport Allowance ( ) / Courtesy Car ( )  2) QC Check / Post Repair Inspection ( )  3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date/Time: Actions  Actions  Actions  Actions  Invoice Preparation Circklist. (Right Additional Strictly NO refer of repairer.  Actions  Actions  Invoice Preparation Circklist. (Right Additional Strictly NO refer of repairer.  Actions  Invoice Preparation Circklist. (Right Additional Strictly NO refer of repairer.  Actions  Invoice Preparation Circklist. (Right Additional Strictly NO refer of repairer.  Actions  Actions  Invoice Preparation Circklist. (Right Additional Strictly NO refer of repairer.  Actions  Invoice Preparation Circklist. (Right Additional Strictly NO refer of repairer.  Actions  Invoice Preparation Circklist. (Right Additional Strictly NO refer of repairer.  Actions  Invoice Preparation Circklist. (Right Additional Strictly NO refer of repairer.  Actions  Invoice Preparation Circklist. (Right Additional Strictly NO refer of repairer.  Actions  Invoice Preparation Circklist. (Right Additional Strictly NO refer of repairer.  Actions  Ac		Period: (	) C	over Type: (		)	
Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks: ( ) Walk-In Customer: clustomer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Yotal Luss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )  Remarks: (INC hordune: 6788 6616) Date-String Completed Done by 1) Apply for Transport Allowance ( ) / Courtesy Car ( )  2) QC Check / Post Repair Inspection ( ) 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury: Date-Time Actions  NA) \$0 3/2 3/2 8  Injury: Actions  Injury: ( ) Apply and ( ) Apply and ( ) Apply for Transport			Date:	Time	:	)	
Excess: (\$ ) Loading: \$1,000 ( ) /\$2,000 ( )  General Remarks:  ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Loss Case : to e-mail Insurer URCENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )  Remarks: (IN f hothine: 6788 6616)		(Note-Est. Status	(WO): N: 0-20%	P: 21-79%	P: 30-100	9%]	=1.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
General Remarks:  ( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ) ; Towing Co: ( )  Remarks:- (ING hother: 6788/6616): Date& Unite Completed Done by  1) Apply for Transport Allowance ( ) / Courtesy Car ( )  2) QC Check / Post Repair Inspection ( )  3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date/Time   Actions    NA   \$80 3/2 8   Invoice Preparation Checklist: And (5) And (5) And (6) And (7) A							
( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )  Remarks:- (INC hottine: 6788 6616): Date& Unite Compilered Done by  1) Apply for Transport Allowance ( ) / Courtesy Car ( )  2) QC Check / Post Repair Inspection ( )  3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date/Time Actions  Anciso		\$1,000 ( ) / \$2,00	00()				
( ) Walk-In Customers information strictly Confidential & Strictly NO refer of repairer. ( ) Total Luss Case : to e-mall Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ) ; Towing Co ( )  Remarks: (INC hortnet 6788'6616) Date & time Completed Done by  1) Apply for Transport Allowance ( ) / Courtesy Car ( ) 2) QC Check / Post Repair Inspection ( ) 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date Time Actions  Invoice Preparation Checklist ( Ass(5) Ass()		1 1181					
( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( // )  Remarks: (INS hoftme: 6788 6616)	( ) Walk-In Customer: Customer's	information strictly C	Confidential & Strictl	y NO refer of	repairer.		
Remarks: (INC hotline: 6788 6616) DateX limit Completed Done by  1) Apply for Transport Allowance ( ) / Courtesy Car ( )  2) QC Check / Post Repair Inspection ( )  3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date/Time Actions  NA   80 3/4 8   Invoice Preparation Checklist (fight) And (fig				No.		r:	
Remarks: (INC horbure: 6788/6616) Date X Jurio Completed Done by  1) Apply for Transport Allowance ( ) / Courtesy Car ( )  2) QC Check / Post Repair Inspection ( )  3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date/Time Actions  Actions  1) AR: Accident Repair ( \$30); (fighii: Add E 1) AR: Accident Repair ( \$30); (fighii: Add E 1) AR: Accident Repair ( \$30); (fighii: Add E 1) AR: Accident Repair ( \$30); (fighii: Add E 1) AR: Accident Repair ( \$30); (fighii: Add E 1) AR: Accident Repair ( \$30); (fighii: Add E 1) AR: Accident Repair ( \$30); (fighii: Add E 1) AR: Accident Repair ( \$30); (fighii: Add E 1) AR: Accident Repair ( \$30); (fighii: Add E 1) AR: Accident Repair ( \$30); (fighii: Add E 1) AR: Accident Repair ( \$30); (fighii: Add E 1) AR: Accident Repair ( \$30); (fighii: Add E 1) AR: Accident Repair ( \$30); (fighii: Add E 1) AR: Accident Repair ( \$30); (fighii: Add E 1) AR: Accident Repair ( \$30); (fighii: Add E 1) AR: Accident Repair ( \$30); (fighii: Add E 1) Ario ( \$30); (fighii: Add E 1) AR: Accident Repair ( \$30); (fighii: Add E 1) Ario ( \$30); (f	Drive-In ( )/ Towed-In ( ); Inve	pice: YES ( ) /	NO(): Town	ing Co: (	11		)
Date/Time Actions:    Invoice Preparation Checklist   Ant (5)   Ant (6)     Invoice Preparation Checklist   Ant (6)   Ant (6)     Intimant's Particulars:-   1) AR: Accident Reporting (330);   2) DA: Damage Assessment (3100); INC (380)   3) TF: Towing Fee   \$40744     4) FT: Pollow-Through Survey   \$120     5) FT: Follow-Through Survey (Resurvey)   \$30     For claiming assingt INC Only (wef 10 Jan 2005)     Amaged Portion:   775   770; Idan DA + SMRT Survey   \$160     5) NTUC Additional Services:-   OD:   *NS: Courtesy Car / Tpt Allowance   \$3     *NS: Repair Co-ordination   \$10     *NS: Experit Co-ordination   \$10     *NS: Courtesy Car / Tpt Allowance   \$3     *NS: Repair Inspection   \$25     *NS: Courtesy Car / Tpt Allowance   \$3     *NS: Post Repair Inspection   \$30     *NS: Overlay Condition   \$30     *NS: DV: Collect Excess Coordination   \$30     *NS: DV: Courtesy Coordination   \$30	3) Upload Resurvey Photo [Repair Cost >	\$3000] (	)				
Invoice Preparation Checklist   Ant (5)   Ant (5)   Ant (6)				<u>`                                     </u>			
Involve   Preparation Checklist   Involve	Date/Time Actions			1000	300	ALCOHOLD NO	
Involve   Preparation Checkits   Involve   Preparation Checkits   Involve						-	
Involve   Preparation Checkits   Involve   Preparation Checkits   Involve					900 - 1145	A 1	
Involve   Preparation Checkits   Involve   Preparation Checkits   Involve			47		NA A BURKANCHI HEN		
Involve   Preparation Checkist   Involve   I							
Involve   Preparation Checkits   Involve   Preparation Checkits   Involve	•	- The state of the					
Illimant's Particulars:-   1	NA1803478		Invoice Prepara	tion Checkl	ist	2012 3000	Amt (\$)
Tiver/Owner:   3) TF: Towing Fee   \$40/\$45   4) FT: Follow-Through Survey   \$120	laimant's Particulars :-				WENNY CON V		(top)
4) FT : Follow-Through Survey   \$120	river/Ounter			sment (\$100);	The state of the s		
For claiming against INC Only (wef 10 Jan 2005)     Imaged Portion:   6) TR: Re-inspection   \$75     7) N1: Idae DA + SMRT Survey   \$160     8) NTUC Additional Services:-     OD*	A CONTRACTOR OF THE CONTRACTOR		4) FT : Follow-Throug		\$120		
### amaged Portion:    6) TR: Re-inspection	ontact No:	+11					
7) N1 : Idae DA + SMRT Survey \$160  8) NTUC Additional Services -  OD!*  *N5: Courtesy Car / Tpt Allowanse \$5  *N6: Repair Co-ordination \$10  *N7: Fost Repair Inspection \$25  *N8: DV / Collect Excess Coordination \$5  1: TP (N11) : TP (N12 INC) against INC \$20  9) N12: Idae Mobile \$30  Invoice dated Fee Chargea	amaged Portion:				Mary Committee of the C		ACTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS O
C Checked by (Engr-In-Charge):  *N5: Courtesy Car / Tpt Allowanse \$5  *N6: Repair Co-ordination \$10  *N7: Fost Repair Inspection \$25  *N8: DV / Collect Excess Coordination \$3  1:  *TP (N11): TP (N10 INC) against INC \$20  9) N12: Idae Mobile \$30  Involce dated Fee Chargea		-3	Contraction of the Contraction o	NAME AND ADDRESS OF THE OWNER, WHEN PERSON OF	\$160		
*N6: Repair Co-ordination 510  *N7: Fost Repair Inspection 525  *N8: DV / Collect Excess Coordination 53  1: TP (N11): TP (N11 INC) against INC 520  9) N12: Idae Mobile 30  Livolce dated Fee Charged	Checked by (Engr-In-Charge)		THE RESERVE THE PARTY OF THE PA	71 VICES.*			
**************************************	- Checked by (Engr-In-Charge):		THE RESIDENCE OF THE PARTY OF T		The second second second		
**N8: DV / Collect Excess Coordination 53  1: TP (N11): TP (N in INC) against INC \$20  9) N12: Idac Mobile 30  Invoice dated Fee Chargea	iditors Comments						
9) N12: Idac Mobile 30  2/3: Invoice dated Fee Chargea	J. S. S. S. S. D. D. S.		+N8: DV / Collect E	coess Coordinatio	And the latest second		
. 2/3: Invoice dated Fee Chargea	The State of the S			UNIC TRANSPORT INC			1
Invoice dated Fee Charged		*	The second secon	it (C) against it (C			

#### 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.
- 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

Character State of Character State of Contract of Character State of C	ACCIDENT STATEMENT	
Date Of Report	04/06/2018 15:27	
Date Of Accident	04/06/2018 12:40	
Exact Location Of Accident	LORONG 29 GEYLANG TWDS SIMS AVE	
Country/State of Loss	SINGAPORE	

CONTRACTOR STATE OF THE PROPERTY OF THE PARTY OF THE PART	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV7716M

NOEMAIL

Insured/Policyholder

Name Of Registered Owner LIM LENG TECK NRIC No S7326164C

Mobile Phone No (LOCAL) +65-90660802 Alternative Phone No. OFFICE-90660802

Vehicle Particulars

Email Address

Manufacturer HONDA

CITY 1.5L I-VTEC AUTO Model

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?

If No, Please state action to be taken THIRD PARTY PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 2100278375-06

Cover Note Number

Driver

Name of Driver LIM LENG TECK NRIC No S7326164C Date Of Birth 23/07/1973 Occupation INDOOR

Date Of Driving Pass 28/05/1993

Driving Experience 25 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90660802

Fax Number

Contact Number OFFICE-90660802

EMail Address NOEMAIL

BLK 118A JALAN MEMBINA Address #02-141

161118

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

Postcode

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

ambulance?

Was any foreign vehicle involved in this accident?

NO Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

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)

2

Passenger 1

NAME: : YONG WAI MENG

GENDER: : MALE

**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

REFER TO STATEMENT.

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

GZ2441C

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)

Page 2 of 19

# **DETAILS OF INJURED PERSON 1**

Name

LIM LENG TECK

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SJV7716M

YES

NO

## SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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
- 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:

- 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)
  - (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:

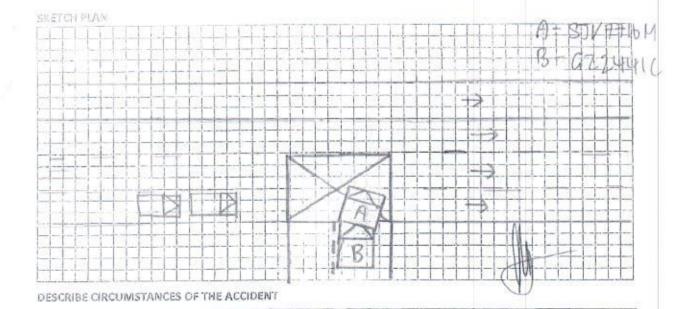
Driver's Signature (If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature



I was travelling along Geylang Lorong 29 towards Sims Avenue. As there were cars parked on the 4<sup>th</sup> lane at Sims Avenue, I shifted my car out a bit to see the road is clear before proceeding. As there were cars passing through I have to stop my vehicle and let them pass. Suddenly, I felt a huge impact on the rear portion of my vehicle. When I down of my vehicle, I realized vehicle B had collided onto the rear portion of my vehicle.

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.:

# SINGAPORE ACCIDENT STATEMENT

\_ and submit this form to the individual insurance authorised reporting centre.

e report correctly on the details of the accident to speed up the claim process.

.nls form must be filled up by the policy holder and/or authorised driver.

Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

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 traffic police department for investigation.

te of accident	04 /06/ 2018	(DD/MM/YY)
ne of accident	12:40 p.m.	(HH:MM)

· · · · · · · · · · · · · · · · · · ·	DE	TAILS OF	VEHICLE	中国与内容的人		
hicle registration number	8JV 771	6 M	un estat ye			DESCRIPTION OF THE PERSON OF T
hicle make and model	HONDA C	117				
se of vehicle	Saloon z	MPV D	f) (100) (100)		Others:	
hicle category	Private	Comm	ercial 🗆	Motorcy	20	W J
rpose of using at said time						
you claiming under your n insurance company?	Yes 🗆 Third part c	No Ø	10000	ease select:		

	INSURANCE IN	FORMATION	
urance company	AIG		
licy number	2100278375-	06	
e of policy	Comprehensive	Third party fire & theft o	TP only

me	LIM LENG TECK	Male D	Female
IC / Fin / Passport number	873261646		
ntact	90660802		
dress	APT BLE 118 A JALAN MEMBINA # 02-141 SIN	gapore 16	7/18

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)				
me	Male 🗆	Female 🗆			
IC / Fin / Passport number					
ntact					
dress					
ail address					
te of birth	23 107 1 1973				
cupation	Indoor Outdoor				
ving date pass	28/05/1993				

	ENERAL INFORMATION OF THE ACCIDENT
Account and a second a second and a second a	
ployee of	Yes a No. of the deliver and legured. Out of
.npany?	If no, relationship of the driver and insured:
cured by camera?	Yes a No za Clear za Raining   Others:
., condition	
_d surface	Dry 2 Wet a (Inclusive of driver)
of passenger	2 (iliciosive of driver)
A STATE OF THE PARTY OF THE PAR	PASSENGER 1
me	LIM LENG TECK
nder	Male p Female D
<b>医型型</b> "三国的区别的一种	PASSENGER 2
me	YONG WAI MENG
nder	Male a Female o
Control of the second state	PASSENGER 3
me	
nder	Male   Female
ACTIVITY TO THE REAL PROPERTY.	PASSENGER 4
me	
nder	Male D Female D
THE RESERVE OF THE PARTY OF THE	PASSENGER 5
me	
nder /	Male D Female D
THE RESERVE OF THE PARTY OF THE	PASSENGER 6
me	
nder	Male D Female D
Iddi	
<b>不多的是是那种特别</b>	OTHER INFORMATION
s anybody injured?	Yes p No a
s other vehicle damaged?	Yes 🗷 No 🗆
CONTRACTOR OF STREET	DETAILS OF POLICE ACTION
ported to police?	Yes  No If yes, please state which police station.
ice station name	
<b>和新疆,三五山东南部为西州</b>	WITNESS 1
me	
Control of the Contro	WITNESS 2

me

CONTRACTOR SALES AND	THIRD PARTY VEHICLE 1	
Vehicle registration number	GZ 2441 C	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
JULIANA .		
SECURITION OF THE PARTY OF THE PARTY.	THIRD PARTY VEHICLE 2	
Vehicle registration number		
Vehicle make model		
Name NRIC / Fln / Passport number		
Contact		/
	THIRD PARTY VEHICLE 3	THE RESERVE OF THE PARTY OF THE
AND STATE OF STREET	TAINS PARTY VEHICLES	
Vehicle registration number	1	
Vehicle make model	/	
Name /		
NRIC / Fin / Passport number		
Contact		
The same of the sa	THIRD PARTY VEHICLE 4	OF THE STREET,
A THE RESERVE OF THE PARTY OF T	THIRD PART I VEHICLE 4	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
/-	THE PARTY WINGER	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM
	THIRD PARTY VEHICLE 5	The state of the s
Vehicle registration number		/
Vehicle make model		/
Name		//
NRIC / Fin / Passport number		
Contact		
	TURN NA DEN VICINISTE C	Control of the State of the Sta
	THIRD PARTY VEHICLE 6	
Vehicle registration number	//	
Vehicle make model	/	1
Name	/	
NRIC / Fin / Passport number	/	
Contact		
	THE CAST VIEWELS 7	The second secon
	THIRD PARTY VEHICLE 7	the production was placed to the second
Vehicle registration number		/
Vehicle make model		//
Name		
NRIC / Fin / Passport number		

Contact

SALES AND THE PROPERTY OF THE PARTY OF THE P	INJURED PERSON 1
Name	LIM LENG TECK
Injuries sustained	NECK AND BACK
Which vehicle person in?	8JV 7716 M
Were seat belts worn?	Yes No D
Was injured conveyed to	Yes D No p
hospital by ambulance?	
Hospital by amountaines.	
THE RESERVE THE PARTY OF THE PA	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in? Were seat belts worn?	Yes D No D
	Yes D No D
Was injured conveyed to	Tes grand
hospital by ambulance?	
	INJURED PERSON 3
Maria	INTO ILLA CERSON S
Name /	
Injuries sustained	
Which vehicle person in?	Yes p No p
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes II No II
hospital by ambulance?	
	INJURED PERSON 4
	INTORED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	Yes D No D
Were seat belts worn?	
Was injured conveyed to	Yes D No D
hospital by ambulance?	
	INJURED PERSON 5
Name	INJURED PERSON 3
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was Injured conveyed to	Yes D No D
hospital by ambulance?	
nospital by ambulance	
	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	Yes D No D
Which vehicle person in? Were seat belts worn?	Yes D No D
Which vehicle person in?	Yes D No D Yes D No D



REPUBLIC OF SINGAPORE IDENTIFY, CARD NO. S7326164C





LIM LENG TECK

林 农 得 Reco CHINESE Cate of Strip 23-07-1973 M

Countel See SINGAPORE



YOU ARC LICENSED DOUBLINE VEHICLES IN THE FOLLOWING CLASSIEST.

SAAS DATE AT

Class 9 Motor Carses mounting with act passenders, exclusive 28 May 1993
of the devery and determolor vehicles = 2600kg

Read Group Date of Name
11 - 08 - 2003

erenik merentan Mandal Nesak - 14 h Aprilanda arasar

0269640 Date 013092007 No. 1



# **CERTIFICATE OF INSURANCE**

#### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : LIM LENG TECK

Period of Insurance : 08 Feb 2018 To 07 Feb 2019

Engine No.

: L15A71810129

Chassis No. : MRHGM26509P020446 Vehicle No.

: SJV7716M

Policy No.

**Issued Date** 

: 2100278375-06

Endorsement No.

: 23 Jan 2018

#### **ABOUT THE COVER**

Make/Model

: HONDA CITY VTEC CVT

Engine Capacity/Tonnage: 1,497.00 CC

Sum Insured : Market Value

First Year of Registration : 2010

Driver Restriction

. NA

Off Peak Car : No

Insuring with COE/PARF : Yes

#### Person or Classes of Persons Entitled to Drive\*.

a) The Policyholder b) Any other person who is driving on the Policyholden's order or with mather permission. This Policy will indominify the Policyholder or any authorised driver only if herbite medis the specified age condegn.

You have to pay an additional sum of \$3,000 as "Inexpanenced Driver Excess" (1DR") if You are or Your Authorised Driver (named or unnamed) has less man 2 years driving expensions.

Age Condition

: 30 years old and above

Limitation as to use\* :

Use celly for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tellion, chiving test, racing, pace-making reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

\* Unitations 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 - \$600 Theft - \$0 Flood Cover - \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

LIM LENG TECK - \$600 (Own Damage)

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

Approved Reporting Certimar AIG Authorised Repairers (For claims related repairs).

Arry 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 certined out at the Sole Agent's workshop.

For other Approved Reporting CartinosAIG Authorised Repairers, please contact our 24-trous accident emergency hothine at +65 6338 6200. Alternatively, You may refer to AIG website www.eig.com.ag or AIG SG Mobile. App. Simply search and download "AIG SG" from (Tunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: GE MONEY PTE 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 (Cep. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0501295000

INSURE LINK PTE LTD

2 KALLANG AVE #08-16 CT HUB

SINGAPORE 339407

Underwritten by AlG Asia Pacific Insurance Pte. Ltd.

prile AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE