NATIONAL Assessment Centi	e Services	(net i Janos) D	Just 4180 7276	5				
Date In 05/06/2018 11:57	4	Date & Time Completed	Done	by				
REF NON BOLDIG 6010122/V	SAS e-filing							
Veh No SUP, 3485 M	F-mail (within	8lver, ATC 2lies;						
DOA 05/06/2016 10:30 i-Motor Cla					-			
		i-Motor W/O (Within: OD 2hm, TP 4hrs)						
OD TP- ' Peporting Only	oaded :							
<u> </u>	Assessment/Su	Marie Park		-				
TP Insurer:		and the second second	Owner/Wksp		* * * * ***			
Preferred Wksp / INC Assign Wksp / QW: (Fax:)			
TP Particulars: Veh No: C	CHESTX	INC ()/Non-INC()					
Owner / Driver: (D GEOGYC	1 MARIN	Tel:)	V-			
Policy No: () Pe	riod: ()) Cover Type: ()					
Confirmed by : (Date:	Time:)				
Insured/Driver Liability: (%) [Note-Est Status (V	VO): N: 0-20	0%; P: 21-79%. F: 80-	100%]				
Year of Registration: ()	Warranty: YES ()/NO()		******			
Excess: (\$) Loading: \$1,0	000 ()/\$2,000	()						
General Remarks;-	e de la companión de la compan	NEW HEAT		The San				
() Walk-In Customer: Customer's info	rmation strictly Co	nfidential & Str	ictly NO refer of repairer					
() Total Loss Case : to e-mail Insur								
Drive-In ()/ Towed-In (); Invoice		NO () : To	owing Co. ()			
Remarks:- (INC horline: 6788 6616)	GG.	and the land	Date&Time Completed	Done Done	by			
	Courtesy Car ()						
2) QC Check / Post Repair Inspection	())						
3) Upload Resurvey Photo [Repair Cost > \$	3000] ()						
Injury:					- 17 3			
Date/Γime Actions		第二章 1 4万章 1						
TO SECURE OF STANDARD STANDARDS		into montre de la company	THE PROPERTY OF THE PERSON					
			8					
The Mark Towns of the Control of the								
MA1803570		Invoice Pre	paration Checklist	Amt (\$)	Amt (3)			
		Committee the same		In Bill	Add Bill			
Claimant's Particulars :- Driver/Owner:		1) AR : Accident 2) DA : Damage	Reporting (\$30); Assessment (\$100); INC	(\$80)				
		3) TF : Towing Fee \$40/\$45						
Contact No:	5) FT : Follow-T	4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30						
	For claiming a 6) TR : Re-inspe	gainst INC Only (wel 10 Jan 20 ction	105) 375					
Damäged Portion:	7) N1 : Idac DA + SMRT Survey \$160 8) NTUC Additional Services							
OC Charlend by Warm L. Ch.		8) NTUC Additi	onal Services.					
QC Checked by (Engr-In-Charge):	*N5; Courtesy	Car / Tpt Allowance	\$5					
Applitant Com		*N6: Repair C *N7: Post Rep		\$10 \$25				
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5							
2at. 1:		TP (N11) : TF 9) N12: Idea Mo	(Non INC) against INC bile	30				
Cat. 2/3:		Involce dated	Faa Charge	-	Wel Jak			
	Invertee dated	Fee Charge	of the state of	-				

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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.
- 5. 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.

aforesaid.	
THE THE VANISH LAND AND THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	05/06/2018 11:57
Date Of Accident	05/06/2018 10:30
Exact Location Of Accident	ALONG PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP3485M
Insured/Policyholder	
Name Of Registered Owner	HONG BEE HOON
NRIC No	S1654409D
Email Address	RYANTJH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81687186
Alternative Phone No	OTHERS-90693886
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	1700007781-01
Cover Note Number	
Driver	
Name of Driver	RYAN TAN JUN HAO
NRIC No	\$96222451
Date Of Birth	24/06/1996
Occupation	INDOOR
Date Of Driving Pass	10/03/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90693886
Fax Number	

OTHERS-81687186

RYANTJH@HOTMAIL.COM

Address

BLK 184 BISHAN STREET 13

#10-305

Postcode

570184

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

3

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)

1

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?

Remarks/ Reasons:

FILE TOO LARGE WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLS6658X

Vehicle Make/Model/Colour

HONDA STREAM

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAIB BIN PONANG

NRIC/Passport Number

S7430333A

Contact Number

90393868

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME:

AE:

GENDER:

Passenger 2

NAME:

AME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKG4402E

Vehicle Make/Model/Colour

MERCEDES C180

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

GOH SONG KHIM

NRIC/Passport Number

S8213629J

Contact Number

96888152

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

ACCIDENT STATEMENT

	ACCIDENT DATE: 05 706 / 2018 (DD/MM/YYYY), TIME: 10 : 30 (HH:MM)
	LOCATION: PIE towneds they Tuns
	1. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: SLP 3485 M
	b)INSURANCE COMPANY: -AIG
	C)POLICY NUMBER:
	d)POLICY TYPE: (COMPREHENSIVE) THIRD BARRY (TITLE
	OJMAKE & MODEL: KTA CCIGTO K3
	TITYPE: SALOON/ COUPE / MBV (VAL) (1000)
	B) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE / OTHERS)
1	THE TOO CLAIMING UNDER YOUR OWN INCOME
(12)	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
Kirmone	AINAME: Hony Bre Hony
NUMBER OF	b) NRIC/FIN/PASSPORT: SILCAUDED IMALE/FEMALE
PACSANGER	CIADDRESS: Bishen St 13 BIK 184 +16-305
inicluding being	
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER
	OINAME: Pyon Ton Jun Hoo Will of
	DINRIC/FIN/PASSPORT: S912724 = 1
	CIADDRESS: BShon St 13 BIK 184 # 10-305
	eloccupation: (DDOOR / OUTDOOR)
	UPTIE OF DRIVING PACE . IN 1811
	4. WAS DRIVER AN EMPLOYER OF THE INCURSOR
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Mother
	The state of the s
	6. WAS ANYBODY INJURED (YES (NO))
	OKEPORTED TO POLICE IVER AND
5550	IF TEST PLEASE STATE WHICH POLICE STATION
(1)	THRE PARTI VEHICLE
Number of	D) DRIVER'S NAME: Gold Sing Khim MODEL: M. C.180 Meresoles
PASSANGER	C) NRIC/FIN/PASSPORT: CS313
NCLUDING DRIVER	9. THIRD PARTY VEHICLE CONTACT: 9688 8152
3)	d) VEHICLE NUMBER: STELL SLS LLOS 0
NUMBER OF	TATE DEVICE WESTERNING TATE 2 TO POLICIDE
PARSONIGHIR	1) NRIC/FIN/PASSPORT: S7430384 CONTACT: 9039 3868
NCLUDING DECIDER	
THE PARTY OF THE P	
	A CONTRACTOR OF THE CONTRACTOR

1) EMAIL: RyanTJAdhahmail.com

>) AIDEO ;

REPUBLIC OF SINGAPORE" IDENTITY CARD NO. \$96222451



RYAN TAN JUN HAO

陈俊

CHINESE Date of birth 24-06-1998 M Country of birth

SINGAPORE





MIC NI S96222451

27-01-2011

APT BLK 184 BISHAN STREET 13

SINGAPORE 570184

4676329

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

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

NP 428A





CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: HONG BEE HOON

Period of Insurance

: 01 Jun 2018 To 31 May 2019

Engine No.

: G4FGGH646228

Chassis No.

: KNAFJ411MH5716275

Vehicle No.

: SLP3485M

Policy No.

: 1700007781-01

Endorsement No. Issued Date

: 04 May 2018

ABOUT THE COVER

Make/Model

: KIA FORTE K3 1.6 A EX

Engine Capacity/Tonnage : 1.591.00 CC

Sum Insured | Market Value

First Year of Registration : 2017

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 Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if harshe 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.

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 stoes not cover use for hire or reward, driving tusion, driving 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

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

HONG BEE HOON - \$600 (Own Damage)

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

1 Cycle & Carriage Body & Paint Centre: Add: 209 Pandan Gerdens Singapore 509339 65684501

Cycle & Carriage Authorised Service Centre Add: 241 Alexandra Road Singapore 159931 64278800

3 Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Uti Rd 3 Singapore 408650 67461000

For other: Approved Reporting Centras/A/G Authorised Regelers, please contact our 24-hour accident emergency holline at +85 633ll 6200. Alternatively, you may refer to A/G website www.aig.com.sg or A/G S/G Mobile App. Simply search and download: "A/G S/G from ITunes or Google Play."

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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 (Meleysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Meleysia).

0500709919

CYCLE & CARRIAGE - MELVIN 239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

2 prile

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

78 Shinton Way #07-16 AIG Building S079120 | 1 +65 6419 3000 | F +65 6415 3723 | www.aig.com.sq.

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.
- 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.
- (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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

5/6/18

Deporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

12:02pm

SKETCH PLAN HUNG	PIE TOWARDS	luas.	
			A) SCP 3485 M B) SLS6658 X C) SKG 4402 E
DESCRIBE CIRCUMSTANCES	DE THE ACCIDENT		
The vehicle inflo braking excessively point of view phone through when there was It was to to be brocking touched his r which was a exchange particular	the rear hindshield an apportunity on when he sudd however he was the stream and to our boardion	a handa stream It to right; to sec I decided as the driver senty brance s apply too corr ex his than we apply to assist	him using his to filter out was unsafe which I responded first and I the float viliale
DECLARATION I/We declare the foregoing partic	ulars are true in every respect.		a 05/06/20ld
Policyhoider's Signature Date & Time:	Driver's Algnature (If driver is not the policyholde Date & Time:		No.: No.: Wald Walles

4.