| NATIONAL Assessment Centre | Services | [441 1 Jan 95] | MMA 118081796 | | |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|
| Date In: 2516 [18 16:26 | Jeb description | | Date & Time Completed | Done | by |
| Reino MALAIGI80 115141 44 | SAS e-filing | | | | |
| Veh No: 563 2882A | E-mail (within | Shes, AIC 2hes) | | | - 6 |
| D.O.A: 116118 07:15. | i-Motor Clai | m Form | | | |
| | i-Motor W/C | (Within: OD 2hr | t, TP 4hrs) | | |
| OD 'Reporting Only | i-Photo Uplo | aded | | | |
| | Assessment/St | irvey Report | | | |
| TP Insurer: | Ass't Report b | y Fax / Hand | o Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: Fa | x: - |) |
| TP Particulars: Veh No: | SLB 1137 E | INC (|)/Non-INC() | | |
| Owner / Driver: (| | | Tel: |) | |
| Policy No: () Peri | od: (|) | Cover Type: (|) | |
| Confirmed by : (| | Date: | Time: |) | |
| Insured/Driver Liability: (%) [N | ote-Est. Status (\ | WO): N: 0-2 | 0%; P: 21-79%. F: 80-10 | 0%] | |
| Year of Registration () W | arranty: YES (|)/NO(|) | | |
| Excess: (\$) Loading: \$1,00 | 0()/\$2,000 | () | | | |
| General Remarks:- | | | TO 18 TO | | |
| () Walk-In Customer: Customer's inform | mation strictly Co | nfidential & St | rictly NO refer of repairer. | | |
| () Total Loss Case : to e-mail Insurer | URGENTLY. | | | | |
| Drive-In ()/ Towed-In (); Invoice: | YES()/1 | NO(); T | owing Co: (| |) |
| Remarks:- (INC hotline: 6788 6616) | | | Date&Time Completed | Done | by |
| | ourtesy Car (|) | | | |
| 2) QC Check / Post Repair Inspection | (|) | | 222-111-22-112 | |
| 3) Upload Resurvey Photo [Repair Cost > \$30 | 000] (|) | | | |
| Injury: | | | | | |
| mury. | | | • | | |
| Date/Time Actions | | | | SAPACEACHE | |
| | | | • | | |
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| | 1 | | | | |
| | | | | Anit (5) | Amt(1) |
| | 141803986 | | paration Checklist | InBill | Add Bill |
| Claimant's Particulars :- | | 1) AR : Acciden | t Reporting (\$30); Assessment (\$100); INC (\$30 | 3.00 | |
| Drîver/Owner: | | 3) TF : Towing | Fee \$40/ | \$45 | |
| | | 4) FT : Follow-1 | | 120 530 | |
| Contact No: | 1 | For claiming | against INC Only (wef 10 Jan 2005) | | |
| Damaged Portion: | | 6) TR : Re-inspe | 70 14 031 | \$75 160 | |
| | 3 | 8) NTUC Additi | the state of the s | | |
| QC Checked by (Engr-In-Charge): | 3 | OD* *N5: Courtes | y Car / Tpt Allowanie | \$5 | W |
| | The state of the s | *NG: Repair C | Do-ordination | 510 | |
| Auditors' Comments :- | | | pair Inspection llect Excess Coordination | \$25 | |
| Pat I | | IP(N11): T | P (Non INC) against INC | \$20 | |
| at. 2/3: | | 9) N12: Idea Mo Invalor dated | Fee Charged | | Many All |
| | | Invaice dated | Fee Charged | 國際 | |

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 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.

- 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 | 25/06/2018 16:26 |
| Date Of Accident | 01/06/2018 07:15 |
| Exact Location Of Accident | PIE TWDS TUAS B4 JLN BAHAR FLYOVER |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SGS2882A |
| Insured/Policyholder | |
| Name Of Registered Owner | AW ENG HUAT |
| NRIC No | S1333816G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96900138 |
| Alternative Phone No | OFFICE-96900138 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | VELLFIRE |
| Exact Purpose for which vehicle was being utime of accident | used at PRIVATE USE |
| Are you claiming under your own insurance property for repair to your vehicle? | policy 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 | 2100496684-01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | AW ENG HUAT |
| NRIC No | S1333816G |
| Date Of Birth | 28/10/1958 |
| Occupation | INDOOR |
| Date Of Driving Pass | 01/02/1977 |
| Driving Experience | 41 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96900138 |
| Fax Number | |
| Contact Number | OFFICE-96900138 |
| EMail Address | NOEMAIL |
| | Page 1 |

37 BANGKIT RD #13-01 Address

679976 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

SIDE SWIPE Type Of Accident RAINING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

: WANG MENG WEI NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

WOODLANDS WEST NPC

ROAD: 9 MARSILING LANE, POSTCODE: 739146, COUNTRY: Police Station Address

SINGAPORE

TEL NO: - FAX NO:

Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLB1137E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 16

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.
- 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 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 .:

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| Refer to | the police | Report T/ | >01806 | 21/2128 |
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| CLARATION | | | | |
| CLARATION e declare the foregoing particula | rs are true in every respect. | | | |
| | rs are true in every respect; | | - In the second | |

NRIC/FIN No.:

GIARMC Sketchifta (Form IV.)

Date & Time:

| Date of Accident | : 1/6/18 Accident Time: 07:15 (24 IP) |
|-------------------------------------|-----------------------------------------------------------------|
| Accident Place | : along PIE towards Tuen |
| Vehicle. No. (Car Plate No.) | : SG 5 2882 A Make/Model: Toyota Vellfine |
| Insurace Company | :_ Al G Policy No: 21.0045 5 684-01 |
| Owner or Company Name /IC No. | : AN Eng Huat / 51333816 69 |
| Owner or Company Contact No. | : 16900138 Ommerte |
| DRIVER'S Name / IC No. | : Os where s Hp Company Tel |
| DRIVER'S Date Of Birth | : 38/10/1958 DRIVER'S License Pass Date 1/2/1977 |
| Relationship of Owner & Driver | : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Own |
| DRIVER'S Address | :37 Bongkit Road #13-01 5679976 |
| DRIVER'S Contact No./ Alt No. | :1) 96900138 2) |
| DRIVER'S Occupation | : INDOOR \ OUTDOOR (e.g. working inside or outside office) |
| Email Address | : |
| Weather & Road Surface | : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET |
| Reporting Type | : Reporting Only \ Claim Other Party \ Claim Own Insurance |
| Number of Passengers (Including Dri | iver): 2 person |
| | being used at the time of accident: Private use \ Work purpose |
| Vehicle. No: 3LB 1137E | (NTUL) |
| Vehicle Make\Model: | , omete, 140. |
| Name Driver: | Vehicle Make\Model: |
| IC No. Driver/Contact: | IC No. Driver/Contect: |
| * NEW - Passenger's name & go | |
| 0 00 | iii 65 |





Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No: 1800-363 9999

Report No. T/20180601/2128

1 of 3

| REPORT-OF | A TRAFFIC | ACCIDENT |
|-----------|-----------|----------|
|-----------|-----------|----------|

| Date/Tin 01/06/20 | ne Report M 118 15:34 | lade: | Vide Report No.: | Station Diary No. 85 |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------|----------------------------|
| Informa | nt's Partice | ulars | | |
| AW ENG | A STATE OF THE STA | | Address: 37 BANGKIT ROAD #13-01 8 | SINGAPORE 679976 |
| ID Type NRIC NO | / ID No.: D / S13338 | 16G | Contact No.: Home/Office: 64635323 Mobile: 96900138 | |
| National SINGAP | ity: ORE CITIZ | EN | Email: | |
| Sex: Male | Age: 59 | Date of Birth: 28/10/1958 | Type of Informant: Driver | |
| Race: Chinese | | | Language: Chinese | Institution / School Name: |
| Occupat Compan | ion: y director | | Driving Licence Information: Class: 3,4,5 | Date of Expiry: |

| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 01/06/2018 07:15 | Type of Location Straight Road |
|-------------------------|---------------------------|------------------------------------|-----------------------------------------------|-----------------------------------|
| PIE Towards | EXPRESSWAY | | | |
| Weather: Raining | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: Traffic C | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| One Way | | | | |

| | | | Model | Color | Condition | No of Passenger |
|----------|-----|--------|--------------------------------------------------|-------|---------------------|-----------------|
| SGS2882A | Car | TOYOTA | VELLFIRE 2.5Z G- EDITION CVT 2WD 5DR | Black | Slightly Damaged | 1 |
| SLB1137E | Car | | | | Slightly Damaged | 1 |

| THE RESERVE | NO CONTRACTOR | Section 1 |
|--------------|---------------|-------------|
| Insurance No | Effective | Explry Date |
| | | |

Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No: 1800-363 9999

1/2018060

Report No. T/2018

CONTINUATION OF REPORT

| Details of Ve | ehicle Insurance | | Total Alice | Expiry Date |
|--------------------------------------------|-------------------|---------------|-------------|-------------|
| Vehicle No | Insurance Company | Insurance No | Effective | Expiry Date |
| OCT AND DESCRIPTION OF THE PERSON NAMED IN | | 2100496684-01 | 12/01/2018 | 11/01/2019 |

Brief Details.

On 01/06/2018 at about 0718hrs, I was driving my vehicle (SGS2882A) on the 3rd lane of a 4 lane road along PIE towards TUAS before Jalan Bahar flyover.

Subsequently, a vehicle (SLB1137E) drove into my lane from the left side and side swiped onto the left side of my vehicle. I honked the driver however, the driver did not stopped hence I did not managed to exchange any particulars with him. My vehicle sustained several scratches on both sides of the left doors. No one was injured and no traffic police at scene. I have inbuilt camera installed in my vehicle.



Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No: 1800-363 9999

CONTINUATION OF REPORT

Sketch Plan

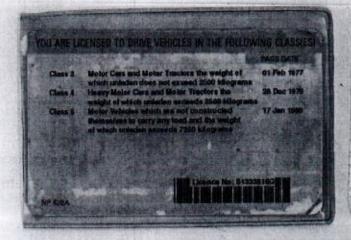
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| Signature Of Officer Recording The Report: J1 Staff Sgl ADDUL SFPYUKUR DIN DAPUAN | Signature Of Informant: |
|-----------------------------------------------------------------------------------|---------------------------------|
| Signature Of Interpreter. Not applicable | Date/Tirke: 01/06/2018 15:34 |
| Officer in Charge Of Case: TP / HRTJ | Classification Of Case; |
| Contact No. | |
| Authentic (ton Stamp) NP160 | |









AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Aw Eng Huar

Period of Insurance

: 12 Jan 2016 To 11 Jan 2019

Engine No.

Chassis No.

Vehicle No.

: SGS2B82A 1 2100495684-01

Policy No. Endorsement No.

2100496694-01

Issued Date

ABOUT THE COVER

Malin Model

CVOTA VELLEIRE

Engine Capacity/Tohnspe 1 454 co.CC Driver Rushleben

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Sum Insured Off Pear Car No

Market Value

First Year of Registration

Insuring with COEPAPE

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APPROVED REPORTING CENTRESIAUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

MERCHIANT NOTE

AIG Asia Pacific Insurance Pte. Ltd. MUTHORISED PEFFESENTATIVE

\$100 for a property treatment of the \$46