NATIONAL Ass	essment Centr	e Services	(881 Jal702)				
Date In 19/07/18		Job description		Date & Tune Complete	ed	Done l	N.
Ref No NA/A1618013150/13		SAS e-filing			1		
Veh No SCZ/30KM		E-mail (within 8	thrs, AIC 2hrs)				
D.O.A 18/07/18 1525		i-Motor Clair	n Form	1			
OD (1P) Peporting Only		i-Motor W/O	(Within: OD 2hr	s. TP 4hrs)			+
		i-Photo Uploa	nded				
TP Insurer:		Assessment/Su	rvey Report	ì			
		Ass't Report by Fax / Hand to Owner/Wksp					
Preferred Wksp / INC As	sign Wksp / QW: (m GARAG	6	Tel:	Fax:		
TP Particulars:	Veh No:	54×9279K	INC ()/Non-INC()	10-70		
Owner / Driver: (Tel:)	
Policy No: () Pe	eriod: ()	Cover Type: ()	
Confirmed by			Date:	Time:	0.10000)	
Insured/Driver Liabili				0%; P: 21-79%. F: S	0-100%		
Year of Registration:	2	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,0	000 ()/\$2,000	()		-		
General Remarks:-		Lifeby		Excellential of	100		
() Walk-In Custor	uer : Customer's info	ormation strictly Cor	nfidential & S	trictly NO refer of repair	rer.		-
() Total Loss Case	: to e-mail Insur	er URGENTLY.					
Drive-In ()/ Towe	ed-In (); Invoic	e: YES () / N	10();	Towing Co. ()
Remarks:- (INC h	orline: 6788 6616)	ATTENDED		Date&Time Complete	d As	Done	by
1) Apply for Transport	7.50 1.26 03 22 23 24 24 25 24 25 25	Courtesy Car ()	74 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			
2) QC Check / Post Rep		()					
3) Upload Resurvey Ph		30001 ()				
Injury:							
			MATERIAL MATERIAL DE	04000852757577	138.7 To 37		
Date/Time Actions	Zero de Perodesia		ALCOHOLOGY	CALIFORNIA PROGRAMMA	(18 79 MES)	1	-
			- X				
			1-		3.00		
			Invoice Pr	eparation Checklist	7/2/2019	Ant (\$)	Amt (\$
CONTY OF SOMEWARK AND STORE	NA1804548		1) AR : Accide	AND THE PARTY OF T	100	1st Bill	Add Bi
laimant's Particulars	·		2) DA : Damag	e Assessment (\$100); IN	C (\$80) \$40/\$45		
river/Owner:			3) TF : Towing 4) FT : Follow-	Through Survey	\$120		
ontact No:	500 SER		5) FT : Follow-	Through Survey (Resurvey) against INC Only (wef 10 Jan	2005)	-	
			6) TR : Re-insp	ection	\$75		
amaged Portion:				A + SMRT Survey	\$160		
C Charled by (Figure In Charge)			OD.				
C Checked by (Engr-In-Charge):				sy Car / Tpt Allowance Co-ordination	\$10		
uditors' Comments :-		F71/2 18 18 18 18 18 18 18 18 18 18 18 18 18	*N7: Post R	epair Inspection	\$25		
	Harrist Charlet Av		ollect Excess Coordination TP (N-n INC) against INC	\$5 \$20			
a <u>t. 1:</u>		7.7	9) N12: Idac N	lobile	30		1007
at. 2 / 3;			Invoice dated	Fee Cha Fee Cha	10	:Him	ALCOHOL: N
at 2/3;			Invoice dated		10	· Him	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number EMail Address

- 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.
- Information provided must be as <u>truthful and accurate</u> 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 aforesaid.

	ACCIDENT STATEMENT				
Date Of Report	19/07/2018 15:26				
Date Of Accident	18/07/2018 15:25				
Exact Location Of Accident	MSCP OF PARKWAY PARADE				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLZ1304M				
Insured/Policyholder					
Name Of Registered Owner	LIM AH CHAI @ DAVID LIM				
NRIC No	S1070268B				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-90229061				
Alternative Phone No	OTHERS-90229061				
Vehicle Particulars					
Manufacturer	MITSUBISHI				
Model	SPACE STAR 1.2				
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					
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.				
Type Of Coverage	COMPREHENSIVE				
Fleet Policy	NO				
Policy Number	1800038320				
Cover Note Number					
Driver					
Name of Driver	LIM HSIAO-PING DEBRA STACEY(LIN XIAOPING DEBRA STA				
NRIC No	S7133249G				
Date Of Birth	19/09/1971				
Occupation	INDOOR				
Date Of Driving Pass	03/06/1997				
Driving Experience	21 YEARS AND 1 MONTH				

FEMALE

(LOCAL) +65-97426124

DEBRASTACEYLIM@HOTMAIL.COM

BLK 104 LENGKONG TIGA Address

#08-355

410104 Postcode

Was driver an employee of the Insured's Company NO

CHILDREN 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

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

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 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?

NO

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH WORKSHOP

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

SLX9279K

Name of Driver

NRIC/Passport Number

Contact Number

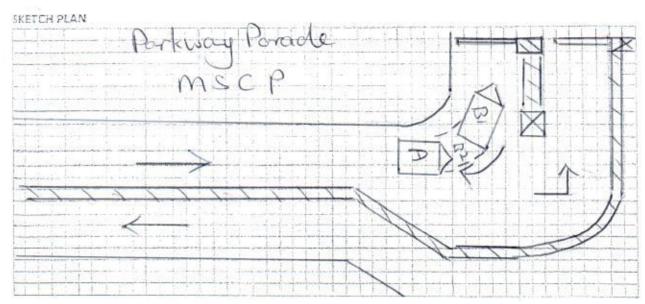
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
on 18/07/2018 at about 1523 has at MSCPg	
Porkway Parade, No 80 Marine Parade Road.	J
was travelling into the above mentioned MSCP b	
vehicle (B) and when vehicle (B) slow dow.	n
and stop hence I follow suit. Suddenly Vehicle	
made a quick and fast reversing hence collid	led
onto my front Portion of my Vehicle (A) caus	ing
domages to my vehicle.	
(A) SIZ 1304 M	l
(A) SLZ 1304 M (B) SLX 9279 K	
	11112

DECLARATION

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

PoEcyholder's Signature Date & Time:

Celbrastacepe

(if driver is not the policyholder) Date & Time:

19/07/18

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy flability.
- 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.
- S. 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 parmitted 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 Singapora, for one or more of the above Purposes.
- (a) the Personal Information will also be collected and used to compile claims history for the purpose of froud detoction, investigation and management in present and all future claims.
- (e) the information so collected under (b) 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Rupatring Centre Personnel's Signatu

Name:

NRIC/FIN No.:

Folicyholder's Signature Date & Time:

SINGAPORE ACCIDENT STATEMENT

Accident Date: (8 07 8018 Time: 1523 W) (hh:mm) 24 hr format
Location MSCP of Parkway Parade
The state of the s
Vehicle Number SLZ 1304M
Insured Name LIM AH CHAI @ DAVID LIM
Make MITSUBISH Model SPACE STAR 1-2
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: (/) Third Party () Reporting
Insurance Company A(6
Policy Number 1800 5 38320 Third Party Fire & Theft () TP Only
Name of Driver LIM HSIAO-PING DEBRA STACEY ()Same as Insured
NRIC / FIN S7133249 (7 Contact Number 97426124
Date of Birth 19 09 197 1
Driving Pass Date 03 06 1997
Occupation () Indoor () Outdoor
Gender () Male (/) Female
Email Address debrastaceylim a hotmail om ()NO EMAIL
Address of Driver BLK 104 LENGKONG TIGA #08-355 S (41404)
The state of the s
Was driver an employee of the Insured's Company? () Yes (/) No
If No, Relationship of the Driver with the Insured
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions () Clear () Raining () Others
Road Surface () Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes (/) No
Was anybody injured in the accident? () Yes () No
If yes , injured detail
Was there any video captured by Car Camera? () Yes () No
Was the Accident reported to the Police? () Yes () No If yes attach police report DETAILS OF 3 rd party Name / Nric Contact
DETAILS OF 3 rd party Name / Nric Contact Veh B SLX 9279K
Veh C
Veh D
Veh E
Veh F

I penon including diver.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7133249G





LIM HSIAO-PING DEBRA STACEY (LIN XIAOPING DEBRA STACEY)

Race: CHINESE Date of Bath 19-09-1971 SINGAPORE

SLZ1304M Driver

2699482





SCN S7133249G

AB+ 09-09-1995

APT BLK 104 LENGKONG TIGA #08-355

SINGAPORE 410104_

NRIC No: \$7133249G

Date: 19-12-2000 No: 3751798



SLZ 1304M Driver.

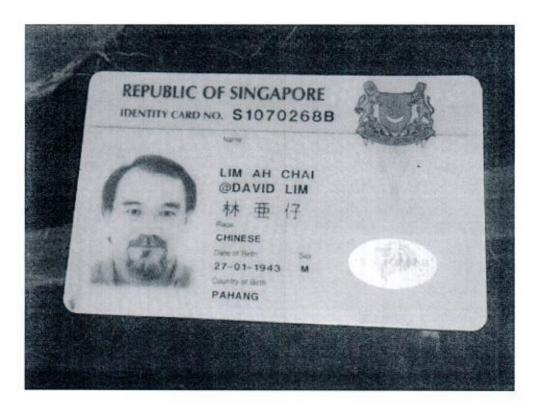
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

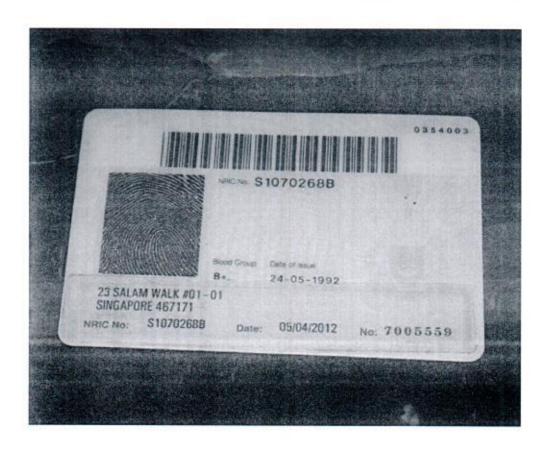
PASS DATE 63 Jun 1997

NP 428A

Licence No: S7133249G



owner SLZ 1304M



CERTIFICATE OF INSURANCE



CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

: LIM AH CHAI @DAVID LIM : 24 Apr 2018 To 23 Apr 2019

Name of Policyholder Period of Insurance : 3A92UGY3545

: MMCXTA03AJH024313 Engine No. Chassis No.

Vehicle No. Policy No.

Endorsement No. Issued Date

: SLZ1304M : 1800038320 : 000000000198824

: 07 May 2018

ABOUT THE COVER

Make-Model MITSUBISHI Space Star 1.2 GVT Engine Capacity/Tonnage 1,193.00 CC

Market Value Sum Insured Off Peak Car

First Year of Registration 2018 Insuring with COE/PARF Yes

Driver Restriction

Person or Classes of Persons Entitled to Drive* : of to pay an appropriate Life ELDEC are "Vining-sources Doner Excess" ("DH") it You are by Your Authorise

Literations do so use.

Literations do so use.

Literations and plantice purposes and for the Policyholder's business. This Policy does not cover use for him or reward, driving busines, driving test, racing, pace-making, reliability stall or several sometimes and plantice purposes and for the Policyholder's business or use for any purpose in connection with Motor Trade. Age Condition : 40 years old and above

No

on 8 of the Motor Vichidas (Third-Party Rosks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be Loss of Use 1500cc - 1500cc

Section 1 Fee - \$0 Own Damage - \$1100 Theft - \$0 Flood Cover - \$0

Windscreen: \$100

Named Driver and Excess (www.accounter)

LIME AND CHARLED AND LINE - \$1100 (Dwn Damage)

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

3 Cycle & Carriage Authorised Sentine Carste. For vendocroon dawn only). And 330 Uts Rd 3 Singapore 408550 67461000 3 Cycle & Carriage Rody & Part Carste. And 2019 Fundor Cardens Singapore 609259 6564501

tent imergency hoffine at +65 6338 6200. Alternatively, you may refer to AIG website every aig coming rigitize: Aground Reporting CerminicA/O Authorized Repairers, please contact our 24-fix Arc 30 Millione Ago, Sample search and described "ArC SO" from (Tures or Google Play

IMPORTANT NOTES

Here Purchase Company/Employer's Loan: NA

N besig party that the policy to elicit this Certificate of Insurance estates is limited in accordance with the provisions of the Motor Venicles (Third Party Risks and Compensation) And (Cap. 169). Part IV of grant page 45, 1901. Warrance and Motor vertices (Third Party Risks) Rules 1906 (Malayses)

CYCLE & CAPPLAGE - AGNESLILET)

27 MEINERA POAC

SINGSPORE 19890 ANSPAROTOR

Underwitten by AIG Asia Pacific Insurance Ptv. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

- Fe, x2 1/200 (1,400) 3079120 (1 HIS 6476 3000) F 485 6415 3773 (w.

AIG Aus Paolic Insurance Pte Ltd