NATIONAL Assessment Centre Services	MMA 118097910.	
Date In: 3 . 17 118. 11:52 Jeb description	n Date & Time Completed	Done by
Ref No. MAL AIG 18 0 13 78 1 1 h4. SAS e-filing		
	i Shrs, AIC 2hrs)	10
D.O.A 27 17 118 15:45. i-Motor Cla	im Form	
i-Motor W/0	O (Within: OD 2hrs, TP 4hrs)	
OD / Peporting Only i-Photo Uple	oaded	
Assessment/S	mvey Report	
TP Insurer: Ass't Report	by Fax / Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	K:
TP Particulars: Veh No: 5LQ 7825	7 . INC()/Non-INC()	
Owner / Driver: (Tel)
Policy No: () Period: () Cover Type: ()
Confirmed by : (Date: Time:)
Insured/Driver Liability (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. F: 80-10	0%]
Year of Registration: () Warranty: YES (
Excess: (\$) Loading: \$1,000 ()/\$2,000	0()	
General Remarks:-		
() Walk-In Customer: Customer's information strictly Co	onfidential & Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insurer URGENTLY.		(1)
	NO (); Towing Co. (-)
AND THE PROPERTY OF THE PROPER		MARKET VICTOR
Remarks;- (INC horline: 6788 6616)	Date&Time Comple od	Done by
Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	
Injury:		
		THE RESERVE OF THE PARTY OF THE
Date/Time Actions		Mediatoric.
	•	
1		
		Amt (S) Amt (I)
MA 1804792	Invoice Preparation Checklist	fit Bill Add Bill
laimant's Particulars :-	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80	30.00
	3) TF: Towing Fee 540/	
river/Owner:	TYTE I SHIP THOUGHT OF	120
ontact No:	5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005)	All the second s
nmaged Portion:	6) TR: Re-inspection	\$75
The second secon	7) N1 : Idae DA + SMRT Survey 5 8) NTUC Additional Services	160
C Charled by (Fugu In Charm)	OD.	
C Checked by (Engr-In-Charge):	*N5: Courtesy Cas / Tpt Allowague *N6: Repair Co-ordination	\$101
	*N7: Fost Report Inspection	\$2.5
uditors' Comments :-	*N8: DV / Collect Excess Coordination TP (N11): TP (N-n INC) against INC	\$5 \$20
<u>t. 1:</u>	9) N12: Idan Mobile	30
1, 2/3,	Invaice dated Fee Charged	PART OF THE PART O
	Invaice dated Fee Charged	

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.

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.

 By the lodgement of this report to the insurers, you hereby consaforesaid. 	ent to the archiving of this report at the centre and to copies of the report being made available
Bullian southern as hardward market who	ACCIDENT STATEMENT
Date Of Report	30/07/2018 11:52
Date Of Accident	27/07/2018 15:45
Exact Location Of Accident	PIE TWDS CHANGI B4 THOMSON RD EXIT
Country/State of Loss	SINGAPORE
Service of the Control of the Contro	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV1231K
Insured/Policyholder	
Name Of Registered Owner	LIU JUNHUA
NRIC No	S7273783J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87223114
Alternative Phone No	OFFICE-87223114
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER 2.0XT CVT AWD SR
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

NO Fleet Policy

1700092123 Policy Number

Cover Note Number

Driver

LIU JUNHUA Name of Driver NRIC No S7273783J 10/08/1972 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 04/01/1996

Driving Experience 22 YEARS AND 6 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-87223114

Fax Number

OFFICE-87223114 Contact Number

NOEMAIL EMail Address

Address BLK 557 HOUGANG ST 51 #08-358

Postcode 530557

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

-

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? YES

Foreign Vehicle Registration Number JNP1028 (PRIVATE CAR)

Number of vehicles involved in the accident

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

il res, riease state which rollice Statio

Police Station Name KIM KEAT NEIGHBOURHOOD POLICE POST

YES

Police Station Address ROAD: BLK 231 LORONG 8 TOA PAYOH, POSTCODE: 310231,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2529999 - FAX NO: 63554311

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 SLQ7825J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Page 2 of 16

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

JNP1028

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

- 1. Please report correctly 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 <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.
- 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 the purpose of the collective of the purpose of the purpose of the collective of the purpose 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
- (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:

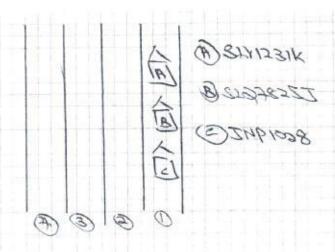
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

			-		
P2F49F	REFER	To	もか立む	REPORT	
					Market Market

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.:

Date of Accident	: 27 07 1908 Accident Time: 15:45 (24-HR-Format)				
Accident Place	: PIE Towards Changi Besove Thomson Rd Ext				
Vehicle. No. (Car Plate No.)	: 31123115 Make/Model: Sabara Forester.				
Insurace Company	: AIG Policy No: 17 00092123.				
Owner or Company Name /IC No.	: Liu Juntua				
Owner or Company Contact No.	: 21 223114 Owner's HpCompany Tel				
DRIVER'S Name / IC No.	: BS GBG/e				
DRIVER'S Date Of Birth	: CH of 1996 DRIVER'S License Pass Date 04 01 1996				
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:				
DRIVER'S Address	: Blk 557 Hougany St 51 #08 - 358.				
DRIVER'S Contact No./ Alt No.	:1)				
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)				
Email Address					
Weather & Road Surface	Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET				
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance					
Number of Passengers (Including D	river): 01				
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state): \\	s being used at the time of accident: Private use \ Work purpose				
Other	Party Driver's Particular (if any)				
Vehicle, No: SLQ 782*					
Vehicle Make\Model:	Vehicle Make\Model:				
Name Driver:	Name Driver:				
IC No. Driver/Contact:	IC No. Driver/Contact:				

^{*} NEW - Passenger's name & gender:





Police Station Of Origin:

Kim Keat NPP

231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231

SINGAPORE 310231 Tel No: 1800-2529999 1 of 4 Report No. T/20180727/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2018 16:46		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	THE PROPERTY OF THE PARTY OF TH	DAMES TO STATE OF STA	
Name o	f Informant: IHUA		Address; APT BLK 557 HOUGANG S 530557	TREET 51 #08-358 SINGAPORE	
ID Type / ID No.: NRIC NO / S7273783J		83J	Contact No.: Home/Office: Mobile: 87223114		
National SINGAF	lity: PORE CITIZ	EN	Email:	2	
Sex: Male			Type of Informant: Driver		
Race: Chinese		ar I	Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B.3	Date of Expiry:	

Type of - Non-Injury Accident:	Drink Drive: No	Date/Time of Accident: 27/07/2018 15:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Towards Changi. Before Thomson Ro Weather:	oad Exit	10	Road Speed Limit:
Clear	Dry		
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	9	Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To	Rear		Anyone conveyed by ambulance:

	enicle involved		A SECTION ASSESSMENT A	Proceedings of the company of the co	Charles and the Party Street Street, St. 1	No of Passe ge
JNP1028	Car	KIA	SPORTAGE	White	Slightly Damaged	0
SLQ7825J	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Silver	Slightly Damaged	0
SLV1231K	Car	SUBARU	FORESTER 2.0XT CVT AWD SR	Silver	Slightly Damaged	0





T/20180727/2101

2 of 4

Report No. T/20180727/2101

Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999

CONTINUATION OF REPORT

TOTAL CONTRACTOR OF THE STATE O		
AIG ASIA PACIFIC INSURANCE PTE.	22/12/2017	The state of the s

Details of Person I Any Pedestrian I	militaryadi No	建设的 的连续性		SAPERAL BASIS
No. of Pedestrian		Use of Pe	edestrian Cross	sing: NA
BUNYOUR		MAN NO WAY AND ST	20441340139	TOTAL NAME OF THE PARTY OF THE
Name	PANG JYR JONG		ID No.	740619015817
Related Vehicle	JNP1028 (Car)		Contact No.	91892821
Hospital/Clinic	NIL :		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		
	ted Medical Leave NIL	Degree o		
200				
Name	TAN SOON SENG	T.	ID No.	S1663524C
Related Vehicle	SLQ7825J (Car)		Contact No.	97888207
Hospital/Clinic	NIL	n 9	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		
No. of Days grant	ed Medical Leave NIL	Degree of		
Mary and the second				
Name .	LIU JUNHUA		ID No.	S7273783J
Related Vehicle	SLV1231K (Car)		Contact No.	87223114
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
	NIL.	Date Disc	harge NIL	8/4
No of Days grant	ed Medical Leave NIL	Degree of		





3 of 4

Report No. T/20180727/2101

Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999

CONTINUATION OF REPORT

Brief Details.

On 27/07/2018 at about 3.45pm, I was traveling along PIE toward Changi before Thomson Road exit in my vehicle bearing registration number SLV1231K on the right most lane. The traffic was slow moving. At one of time, my vehicle had become stationary. Suddenly, a vehicle bearing the registration number SLQ7825J had hit onto the back of my vehicle. I was not injured at that point of time. We then pulled over to exchange particulars to facilitate our respective insurance claims. I then proceeded to Kim Keat NPP to lodge a report with regards to this matter. That is all.





4 of 4. Report No. T/20180727/2101

Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999

CONTINUATION OF REPORT

Sketch Plan

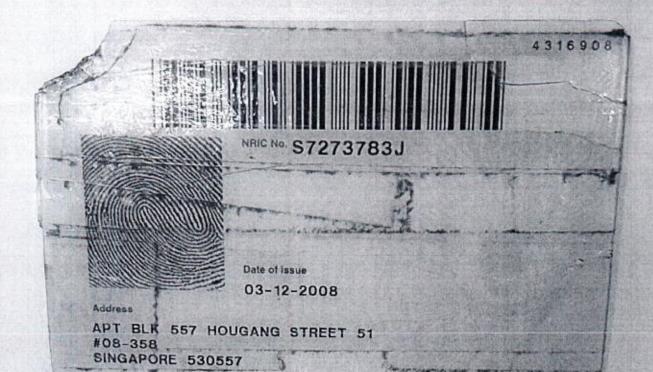
Informant is not able to provide sketch plan

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:	Signature Of Informant:
Staff Sgt KUMARAN S/O SANDARARAJAN	
Signature Of Interpreter: Not applicable	Date/Time: 27/07/2018 16:46
, , , , ,	
Officer-In-Charge-Of-Case: TP / GIA'Y SINGAPORE Staff SgtWONG SIEU LUI	Classification Of Case:
Contact No.: 65476151	
Authentication Stamp NP168 SIGNATURE	P





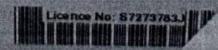




PASS DATE

Class 2B Motorcycles =< 200 cc
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive
of the driver; and other motor vehicles =< 2500kg

05 Jan 1996 04 Jan 1996



P 428A



CERTIFICATE OF INSURAN

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Liu JunHua Period of Insurance

: 22 Dec 2017 To 21 Dec 2018

Engine No. Chassis No. : FA20CB70855

: JF1SJGK85JG102625

1700092123

Vehicle No. Policy No.

: SLV12518. 1700092175

Endorsement No. Issued Date

: 04 Jan 2018

ABOUT THE COVER

Make/Model

SUBARU New Forester 2 0XT

Engine Capacity/Tonnage 1,998 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) Arty other person who is driving as the Policyholder's order or with his/her pennission.
 This Policy will indemsify the Policyholder or any authorised driver any if be/she meets the specified age condition.

You have to just an addocrar sour of \$3,000 as "Young and/or inemperatured Devel Excess" ("YIDR") if You are or Yelliam 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use*

Use tray for excell, domestic and pleasure purposes and for the Policyholder's business.
This Policy dose not cover use for bire or reward, driving satisfic, driving less, recing pane-making, reliability trial or speed-lessing, the carriage of goods utilities or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations reindered disposables by Section E of the Motor Vehicles (Third Party Risks and Compression) Act (Cap. 189) and Section 95 of the repaid Trus included under these headings.

EXCESS

Fire - \$0 Own Damage - \$1400 Theft - \$0 Flood Gover - \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Liu Junhur - \$1400 (Own Damage)

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

1.Motor Image finiarprises Pix Ltd. Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

For other: Approved Reporting Centres/AGS Authorised Repaires, please contact our 24-hour accident energency tedans at +65 6335 6200. Attensionally, you may refer to AIO evelope www.sig.com.sig sc AIG 5G Mobile Acc. Simply search and download "AIG 8G" from if uses or Google Popy.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan. United Overseas Bank Limited

to hendry certify that the policy to which this Cortificate of tenurance relatin is settled in accordance with Rose Transport Act. 1927 (IAstonate) and Motor Vichitine (Their Party Rose) Pulles, 1859 (Malaysia). since with the provisions of the Mister Vehicles/Tord Party Risks and Collegensation; Act (Cap. 1891, Pain IV of

0619223

* DANC 500607

CHONG CREDIT SUBARU-HOW BURIT TIMAH ROAD TAN CHONG MOTOR CENTRE