NATIONAL Assessment Centre Servi	ices (ner : James)	MA4141/1/24		
10/0/1/100/1/	escription	Date & Time Completed	Done	by
REINONBOLDIGISO16509V SAS	e-filing			
Veh No SIH 668 R E-mi	ail (within 8hrs, AIC 2hrs)			
10/10/10/10/10/11	otor Claim Form			
i Ma	otor W/O (Within: OD 2hrs	TP 4hra)		
- 7 Separating Only	oto Uploaded			744
	sment/Survey Report	1		
11 Haurer	Report by Fax / Hand to	Owner/Wksp	Somew	s. sáic
Preferred Wksp / INC Assign Wksp / QW; (Tel: Fax		
TP Particulars: Veh No: SHC 848	PM INC)/Non-INC()	12	
Owner / Driver: (Tel:)	
Policy No: (), Period: ()	Cover Type: (-)	
Confirmed by : (Date:	Time:	7	
	Status (WO): N: 0-20	%; P: 21-79%. F: 80-100	0%]	
Year of Registration: () Warranty:	YES()/NO()		
	/\$2,000()			
General Remarks;-			+ 4	5
Apply for Transport Allowance () / Courtesy C. QC Check / Post Repair Inspection	()	Date&Time Completed	Done	-
3) Upload Resurvey Photo [Repair Cost > \$3000]	()			
Upload Resurvey Photo [Repair Cost > \$3000] Injury:	()		-the -	
Injury:			Martin	70
Injury:			Mar Mesale	- 14 o
Injury:			ndos sec	
Injury:			Mar vest	14.0°
Injury : Date/Time Actions			THE PERSON	
Injury : Date/Time Actions		aration Checklist	Ant (5)	H 1000
Injury: Date/Time Actions NH(80578	Invoice Prep	aration Checklist		H 1000
Injury: Date/Time Actions MH(80578 Claimant's Particulars:-	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe	aration Checklist Reporting (\$30); ssessment (\$100); INC (\$80) c \$40/54	Amt (\$)	H 1000
Injury: Date/Time Actions MAGOSTA Claimant's Particulars:- river/Owner	Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th	aration Checklist Reporting (\$30); ssessment (\$100); INC (\$80) s \$40/\$4 rough Survey \$12	Amt (\$)	H 1000
Injury: Date/Time Actions MH(8057)8 Paimant's Particulars:- river/Owner: ontact No:	Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag	aration Checklist Reporting (\$30); ssessment (\$100); INC (\$80) s \$40/\$4 rough Survey \$12 rough Survey (Resurvey) \$3 ninst INC Only (wef 10 Jan 2005)	Anit (\$) 1st Bill 5 0	H 1000
Injury: Date/Time Actions MAGOSTA Paimant's Particulars: river/Owner: ontact No:	Invoice Prep 1) AR: Accident 1 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idae DA +	aration Checklist (sporting (\$30); (seessment (\$100); INC (\$30)) (see \$40/\$4 (rough Survey \$12 (rough Survey (Resurvey) \$3 (rinst INC Only (wef 10 Jan 2005)) (rin \$7 (SMRT Survey \$16	Ant (5) - 1st Bill - 5 0 0 5	H 1000
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Injury: Date/Time Actions	Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD: *N5: Courtesy (*N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Aration Checklist Reporting (\$30); ssessment (\$100); INC (\$80) e \$40/\$4 rough Survey \$12 rough Survey (Resurvey) \$3 sinst INC Only (wef 10 Jan 2005) ion \$7 SMRT Survey \$16 sel Services Car / Tpt Allowance \$ ordination \$1 r Inspection \$2 cet Excess Coordination \$3 Non INC) against INC \$2	Amc (5) 1st Bill 5 0 0 5 0 5 5 0	Amt (3)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.
- 5. 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

CHIPDON THE PERSON OF THE PARTY.	ACCIDENT STATEMENT
Date Of Report	10/09/2018 21:04
Date Of Accident	10/09/2018 08:40
Exact Location Of Accident	BAYFRONT AVE NEAR TO RAFFLES AVE TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE
AND THE PROPERTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH6688R
Insured/Policyholder	
Name Of Registered Owner	TAN TECK KWANG
NRIC No	S1647701Z
Email Address	HSHW85@YAHOO,COM
Mobile Phone No	(LOCAL) +65-98469140
Alternative Phone No	OTHERS-98469140
Vehicle Particulars	THE CONTRACTOR HOLD WINDOWS THE RESIDENCE OF THE SECOND STREET
Manufacturer	AUDI
Model	A6-2.0 TFSI (A)
Exact Purpose for which vehicle was being used at time of accident	
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	2100096758-10
Cover Note Number	
Driver	
Name of Driver	TAN TECK KWANG
NRIC No	S1647701Z
Date Of Birth	01/02/1964
Occupation	INDOOR
Date Of Driving Pass	02/04/1987
Oriving Experience	31 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98469140

OTHERS-98469140

HSHW85@YAHOO.COM

Address

33 MOUNT SINAI RISE

#22-09

Postcode

276954

OWNER

If No, Relationship of the Driver with the Insured

Was driver an employee of the Insured's Company NO

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

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 4

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)

2

Passenger 1

NAME:

: COLLEGUE

GENDER:

: FEMALE

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC8488M

Vehicle Make/Model/Colour

HYUNDAI SONATA

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

ISMAIL

NRIC/Passport Number

S1371800H

Contact Number

91567518

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GP119A

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

YN4738J

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)

YN43385 GP119	SHC 8488M. PA STH6688 R. I other cles
Lorry	rry Taxi >
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT
	THE ACCIDENT
1) My car u	was stationary while waiting for traffic light
to change	from RED to GREEN. Time about 0840 hours
ď	10/9/18.
2) Lorry YN	438.T Changed lane and but could be
stopped ?	in time. Hit lorry GP119A and them
lorry GP	in time. Hit lorry GP119A and then 119A hit taxi SHC8488M. Tax; SASHC8488A
trit my	C-11/1000
7	car SJH6688R.
7	Car SJH 6008 K.
7	Car SJH 6008 K.
7	CAV SJH 6608 K.
- 7 · 1	CAV SJH 6608 K.
W. 7	CAV SJH 6608 K.
- 7 · 1	CAV SJH 6008 K.
	CAV SJH 6008 K.
	CAV SJH 6008 K.
	CAN SJH 6008 K.
	CAV SJM 6008 K.
	CAV SJHOOG & K.
	CAV SJM 6008 K.
CLARATION	
CLARATION	ulars are true in every respect.
CLARATION	

SKETCH PLAN

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 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 interested parties.
- 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 aforesaid.
- 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) of:
 - (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.
- 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

1230 krs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

1230 kms

Reporting Centre Personnel's Signature

ACCIDENT STATEMENT

	ACCIDENT DATE: 10/09/2018 (DD/MM/YYYY), TIME: (08:40)(HH:MM)	
12.50	LOCATION: BAYFRONT AVE (NEAR TO RAFFLES AVE TRAFFIC JUNE	TOON)
		140
50	1. DETAILS OF VEHICLE STH 6688R	
	GIVEHICLE NUMBER. AT 6	
	DINSURANCE COMPANY: AIG CIPOLICY NUMBER: 2100096 758-10	
	d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
	- MANES MODELL AUDI DE ZOI FOT	
	TITYPE ISALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS	
	THE PROPERTY OF THE PROPERTY O	
	HIPURPOSE OF USING AT ACCIDENT TIME: PERSONAL USE	
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO	
	IF NO, PLEASE STATE THIRD PARTY CLAIMY REPORTING ONLY)	
	2. INSURED / POLICY HOLDER A) NAME: TAN TECK KWANG [MALE /-FEMALE]	
1 18	L \ LINDIG (SIN/BASSPORT: S164770/ 7 CONTACT: 9846 9140	(+)
ourant (C)ADDRESS: 33 MOUNT SINAI RISE #22-09	
	\$(276954)	8
	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
Atto of bassi	SEN GO, DRIVER TAN TECK KWANG [MALE / FEMALE]	
Canduding el		
(2)	CIADDRESS: 33 MOUNT SINAL RISE #22-09	
	S(276954)	
	*d)DATE OF BIRTH: (01 / 02 / 1964) (DD/MM/YYYY)	
	e OCCUPATION: (INDOOR) OUTDOOR)	
	MONTE OF DRIVING PASS : :-	
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YEST NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CUSTOMER	
**	5. DIWEATHER CONDITION: (CLEAR) RAINING / OTHERS CLEAR	
	b)ROAD SURFACE: (DRY /WET) OTHERS	
	6. WAS ANYBODY INJURED (YES INO)	
	7. GIREPORTED TO POLICE (YES KNO)	
	IF YES, PLEASE STATE WHICH POLICE STATION	
A	8. THIRD PARTY VEHICLE SHC 8488M MODEL: SONATA CTAXI, DUE	COLO
Apr. of person	DI DRIVER'S NAME: ISMAIL	
	CI NRIC/FIN/PASSPORT: S137 800 H CONTACT: 9150 7510	
· · · · · · · · · · · · · · · · · · ·	9. THIRD PARTY VEHICLE (A) 119 1	
a de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania de la compania de la compania del compania	d) VEHICLE NUMBER: 47 119 MODEL: WORL	
April 19 Mar		
Line a garg	1) 14K(C/1147) ASS ON .	
	YN 47327 LOLEV	
	YM 47385 LORRY	
	EMPLL = hshw85 @ yahoo.com	
	11000 =	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1647701Z





Name

TAN TECK KWANG

陳德光

CHINESE Date of birth 01-02-1964

01-02-1964 Country of birth SINGAPORE



4201019



HNCN: S1647701Z

08-04-2008

33 MOUNT SINAI RISE #22-09 SINUAPORE 276954 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

FASS DATE

Class 3 Wotor Cars and Motor Tractors the weight of 02 Apr 1987 which unladen does not exceed 2500 kilograms

Licenser hat 516477012



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Tan Teck Kwang

Period of Insurance

: 30 Jun 2018 To 29 Jun 2019

Engine No.

: BPJ093854

Chassis No. : WAUZZZ4F18N134205 Vahicle No.

: SJH6688R

Policy No.

2100096758-10

Endorsement No.

Issued Date

: 28 May 2018

ABOUT THE COVER

Make/Model

AUDI A8 2.0T FSI

Engine Capacity/Tonnage : 1,999.00 CC

Sum Insured : Market Value

First Year of Registration : 2008

Driver Restriction

· NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

s) The Policyholder

b) Any other person who is driving on the Policyholder's order or with Numer permission. This Policy will indemnify the Policyholder or any authorised driver only if hershalmests the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") it You are or Your Auditorised Driver (named or unnamed) is under the age of 23 and/or has less

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 does not cover use for hire or reward, driving button, driving test, racing, pace-making, reliability that or speed-leading, 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

* Limitations randered inoperative by Section 8 of the Meter Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Tan Teck Kwang - \$800 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)
Any accident repairs to the Vehicle insist be certied 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 cannot our at the Sole Agent's vertication.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine at +55 6336 6200, Alternativety. You may refer to AIG website www.aig.com.ag
or AIG SG Mobile App. Simply search and download "AIG SG" from iTuries or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: SINGAPURA FINANCE 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 Porty Risks and Compensation) Act (Cap. 199), Part IV of the Road Transport Act, 1967 (Maleysia) and Motor Vehicles (Third Porty Risks) Rules, 1969 (Maleysia).

0871000000

NG SAY CHONG

945 HOUGANG ST 92 #09-163

SINGAPORE 530948

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

prile

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE