

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 withholding 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 | 13/04/2018 12:57 |
| Date Of Accident | 12/04/2018 20:15 |
| Exact Location Of Accident | ALONG UPPER SERANGOON ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SJP8844B |
| Insured/Policyholder | |
| Name Of Registered Owner | KIONG AH IM |
| NRIC No | S2755658B |
| Email Address | EVEKIONG_33@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-97925434 |
| Alternative Phone No | OTHERS-97925434 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|---------------|
| Manufacturer | JAGUAR |
| Model | XJ 3.0 DIESEL |
| 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 | 2100411413-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | KIONG AH IM |
| NRIC No | S2755658B |
| Date Of Birth | 21/11/1967 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/01/2008 |
| Driving Experience | 10 YEARS AND 2 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-97925434 |
| Fax Number | |
| Contact Number | OTHERS-97925434 |
| Email Address | EVEKIONG_33@YAHOO.COM.SG |

| | |
|-----------------------------------------------------|-------------------------------------------|
| Address | BLK 706 CLEMENTI WEST STREET 2 #04-367 |
| Postcode | 120706 |
| 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 | 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? | |
| 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: : POH GENDER: : MALE |

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 | SGB2478Z |
| 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

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5. Any false reporting may be referred to the Police for investigation.
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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:

- (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:
 - (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.
- (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:
 - (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

Date & Time: 13 APR 2013

12-57ms

CHARNIC MOTORINSURANCE CO. LTD.

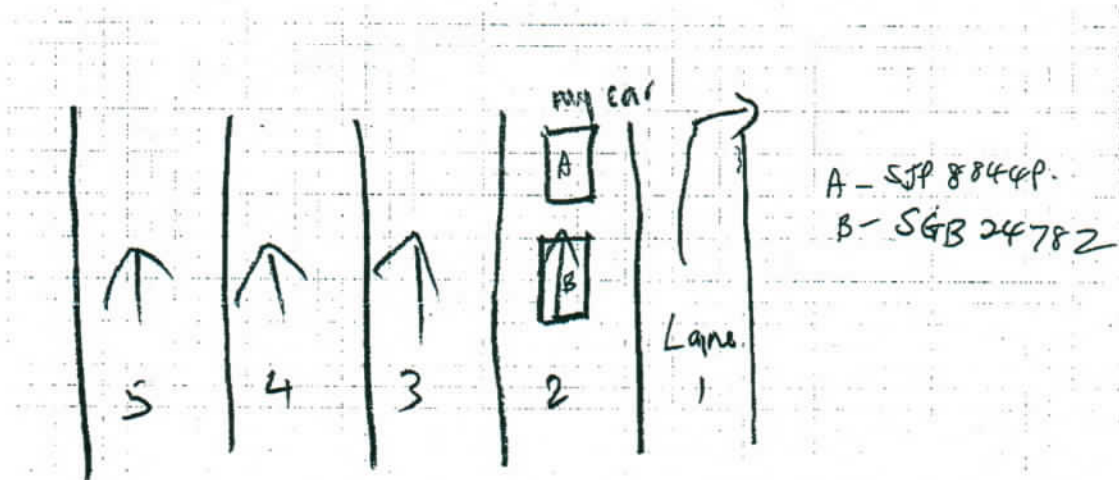
Driver's Signature

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

Reporting Centre Personnel's Signature

Name: Poh Kwee Choo
NRIC/FIN No.: S6840583A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The incident happened on 12/4/2018 at 8:17pm. I was traveling along Upper Serangoon Road towards Punggol. The traffic light turns green and the behind vehicle SGB 24782 bang into my car back.

DECLARATION

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

Policyholder's Signature
Date & Time: 13 APR 2018

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Poh Kwee Choo
NRIC/FIN No.: S6840583



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Kiong Ah Im
Period of Insurance : 29 Apr 2018 To 19 Apr 2019
Engine No. : 0468916306DT
Chassis No. : SAJAC2223ANV07924

Vehicle No. : SJP8844B
Policy No. : 2100411413-03
Endorsement No. :
Issued Date : 11 Apr 2018

ABOUT THE COVER

Make/Model : JAGUAR XJ 3.0 DIESEL
Engine Capacity/Tonnage : 2,993.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2010
Insuring with COE/PAF : 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 he/she 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 does not cover use for hire or reward, driving tuition, 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 Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) 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 - \$1400 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Kiong Ah Im - \$1400 (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 must be carried 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 carried out at the Sole Agent's workshop.
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 9338 5200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503617801

CHU YONG KHIM
3 TAMPINES GRANDE #05-48 AIA TAMPINES
SINGAPORE 528799 SP-IDYGOH

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

ESP18A

DRIVER'S NRIC & DRIVING LICENCE Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S2755658B**



Name:

KIONG AH IM

姜 雅 音

Race:

CHINESE

Date of birth:

21-11-1967

Sex:

F

Country of birth:

MALAYSIA

S2755658B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **F7053184N**

Name:

KIONG AH IM

Birth Date: **21 Nov 1967**

Issue Date: **28 Jan 2008**

Valid Till **27 Jan 2013**



8950507

NRIC No: **S2755658B**



Nationality:

MALAYSIAN

Date of issue:

25-07-2008

Address:

**APT BLK 706 CLEMENTI WEST STREET 2
#04-357
SINGAPORE 120706**

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

PASS DATE

| | | |
|----------|------------------------------------------------------------------------------------------------------|-------------|
| Class 2B | Motorcycles =< 200 cc | 28 Jan 2008 |
| Class 3 | Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg | 28 Jan 2008 |



NP 428A

Accident Photo



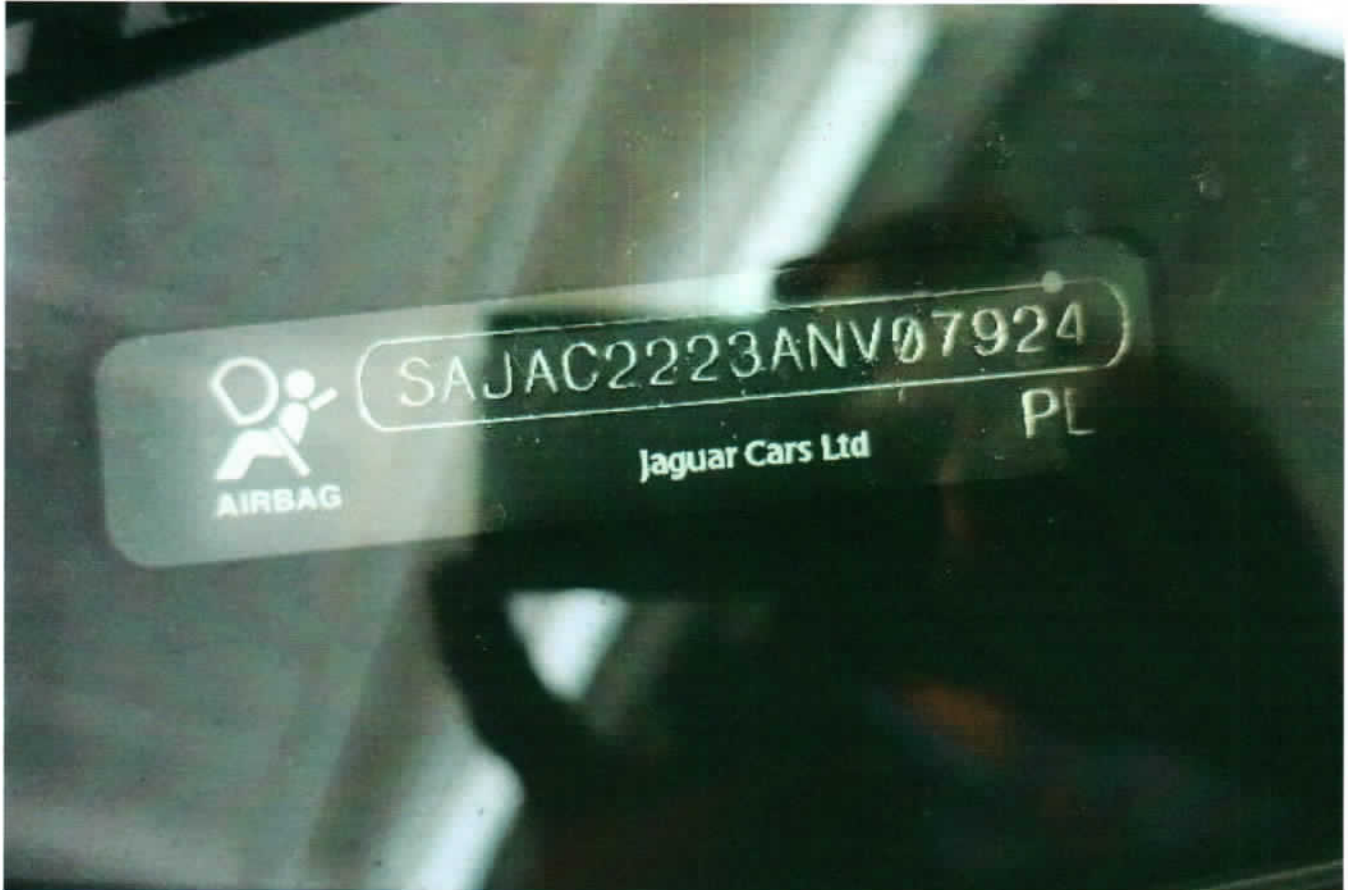
Accident Photo



Accident Photo



CHASSIS NUMBER



SINGAPORE ACCIDENT STATEMENT

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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 | 13/04/2018 11:02 |
| Date Of Accident | 12/04/2018 20:05 |
| Exact Location Of Accident | UPPER SERANGOON ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SGB2478Z |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|----------------------------|
| Name Of Registered Owner | POH THYE MING (MO TAIMING) |
| NRIC No | S7103468B |
| Email Address | D3R3KTM@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96889548 |
| Alternative Phone No | OFFICE-96889548 |

Vehicle Particulars

| | |
|--------------|-----------------|
| Manufacturer | SAAB |
| Model | 9-3-2.0 LPT (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? YES

If No, Please state action to be taken

| | |
|------------------|-------------|
| Vehicle Category | PRIVATE CAR |
|------------------|-------------|

Insurance Company

| | |
|---------------------------|-------------------------------------|
| Name of Insurance Company | SOMPO INSURANCE SINGAPORE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D17MTPV01017204 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------|
| Name of Driver | POH THYE MING (MO TAIMING) |
| NRIC No | S7103468B |
| Date Of Birth | 03/02/1971 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/09/1995 |
| Driving Experience | 22 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96889548 |
| Fax Number | |
| Contact Number | OFFICE-96889548 |
| Email Address | D3R3KTM@GMAIL.COM |

| | |
|-----------------------------------------------------|---------------------------------------|
| Address | BLK 201D COMPASSVALE DRIVE #11-569 |
| Postcode | 544201 |
| 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 | 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? | |
| 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 |

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

The vehicle signaled to turn right from 1st or 2nd lane from the right. Assumed that it was to signal early to turn right at the next junction of Upper Serangoon Road and Tampines Road. It stopped suddenly at the junction of upper Serangoon Road and Hougang St 21 to turn on the same lane as I was on which is a straight going lane. I stopped hard on brakes but could not stop in time.

Attachment(s)

| | |
|-----------------------------------------------|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------------|
| Vehicle Registration Number | SJP8844B |
| Vehicle Make/Model/Colour | JAGUAR (BLACK) |
| Details Of Properties | |
| Vehicle Category | |
| Name of Driver | KIONG AH IM |
| NRIC/Passport Number | F7053184N |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 2 |

Accident Sketch Plan

SKETCH PLAN


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 - (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.
- (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:
 - (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.

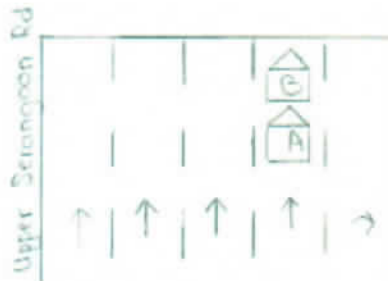

Policyholder's Signature
Date & Time: 13/04/2018
11:09am

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Person's Signature
Name: Jessy Soe
NRIC/FIN No.: G2031072W

Accident Sketch Plan

SKETCH PLAN Vehicle A: SFB 2478Z Vehicle B: SJP 8844 B



Junction of
Upper Serangoon Rd
&
Hougang St 21

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date of Accident: 12/04/2018 Time of Accident: 20:05pm

The car signalled to turn right from 1st or 2nd lane from the right. Assumed that it was to signal early to turn right at the ^{next} junction of ^{upper} Serangoon road and Tampines road. It stopped suddenly at the junction of ~~se~~ upper Serangoon road and Hougang st 21 to turn at on the same lane as I was on, which is a straight going lane. ~~As~~ Stepped ^{hard} on brakes hard but stepped hard on brakes but could not stop in time.

DECLARATION

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

Policyholder's Signature _____
Date & Time: 13/04/2018
11:09 am

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Jessy Soe
NRIC/FIN No.: G2031072W



Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

| | |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Cert No./Policy No. | D17MTPV01017204 |
| Insured | POH THYE MINQ |
| Motor Car (Registration No.) | SGS24787 |
| Cover | Comprehensive - ExcelDrive GOLD |
| Policy Commencement Date | 10 DECEMBER 2017 00:00 |
| Policy Expiry Date | 09 DECEMBER 2018 23:59 |
| Maximum Liability (Section 1) | Market value at time of loss |
| Excess* | \$300 - Section 1 (Waived up to S\$1,000 if accident repair is done at ExcelDrive Workshops for the first claim per policy year) |
| Voluntary Excess* | N/A |
| Windscreen Excess* | S\$100.00 - Waived if Repair at ExcelDrive Workshop |
| Loss of Use | Per Policy Schedule |

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

- The Insured
- Any other person who is driving on the Insured's order or with his permission
- In the event of the death of the Insured,
 - any member of the Insured's family, or a paid driver who has been driving the Motor Car during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
 - any other person who has been given permission to drive the Motor Car prior to the death and such permission had not been withdrawn by the Insured

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Car. And provided further that the Motor Car is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

ExcelDrive Workshops and Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Car can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 5226 3323.

NOTE: SECTION 18(1)(b) of the policy is subject to the Certificate conditions issued in accordance with (1) the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Rule 10 of the Road Transport Act 1987 (Malaysia) and (2) the Policy terms, conditions and schedule of the Motor Car Policy (ref NTP 02).

Sompo Insurance Singapore Pte. Ltd.

Stallagh

Authorised Signatory

Date/Time of issue: 23 NOVEMBER 2017 11:38

IMPORTANT NOTICE

- Read the Certificate of Insurance.
- Drive the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) in Malaysia and for other persons (Section 18(1)(b)) in the event of the death of the Insured with a valid policy of insurance under the Act.
- On the loss of the Motor Car or, for any reason the Insured is involved in a claim, the Insured must receive the Certificate of Insurance and the Policy or the relevant schedule. If the Third Party Risks and Compensation Act (Chapter 189) or the Road Transport Act 1987 (Malaysia) or the Policy or the relevant schedule of the Motor Car Policy (ref NTP 02) require the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189).
- The Policy is issued only to the Motor Car and does not cover other persons. The Policy is not transferable to the www.sompo.com.sg Motor Car.

Emergency Code & Name: 1741555-6 ACTOINS INSURANCE AGENCY 01 Code: 22A L100P2002-1 BY 1718

NRIC & DL

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7103468B



POH THYE MING
(MO TAIMING)

吳泰銘

Chinese

Date of Birth: 02-02-1971 Sex: M

Country of Birth:
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7103468B

Name: POH THYE MING (MO TAIMING)

Birth Date: 03 Feb 1971

Issue Date: 04 Sep 2003

1008022320

0820311

NRIC No. S7103468B

NRIC No. S7103468B

Place of Birth: 10-11-1992

APT BLK 2010 COMPASSVALE DRIVE #11-560
SINGAPORE 544201

NRIC No. S7103468B Date: 07-08-2000 No. 2748195

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

PASS DATE: 16 Sep 1995

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

NP428A

Licence No. S7103468B

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



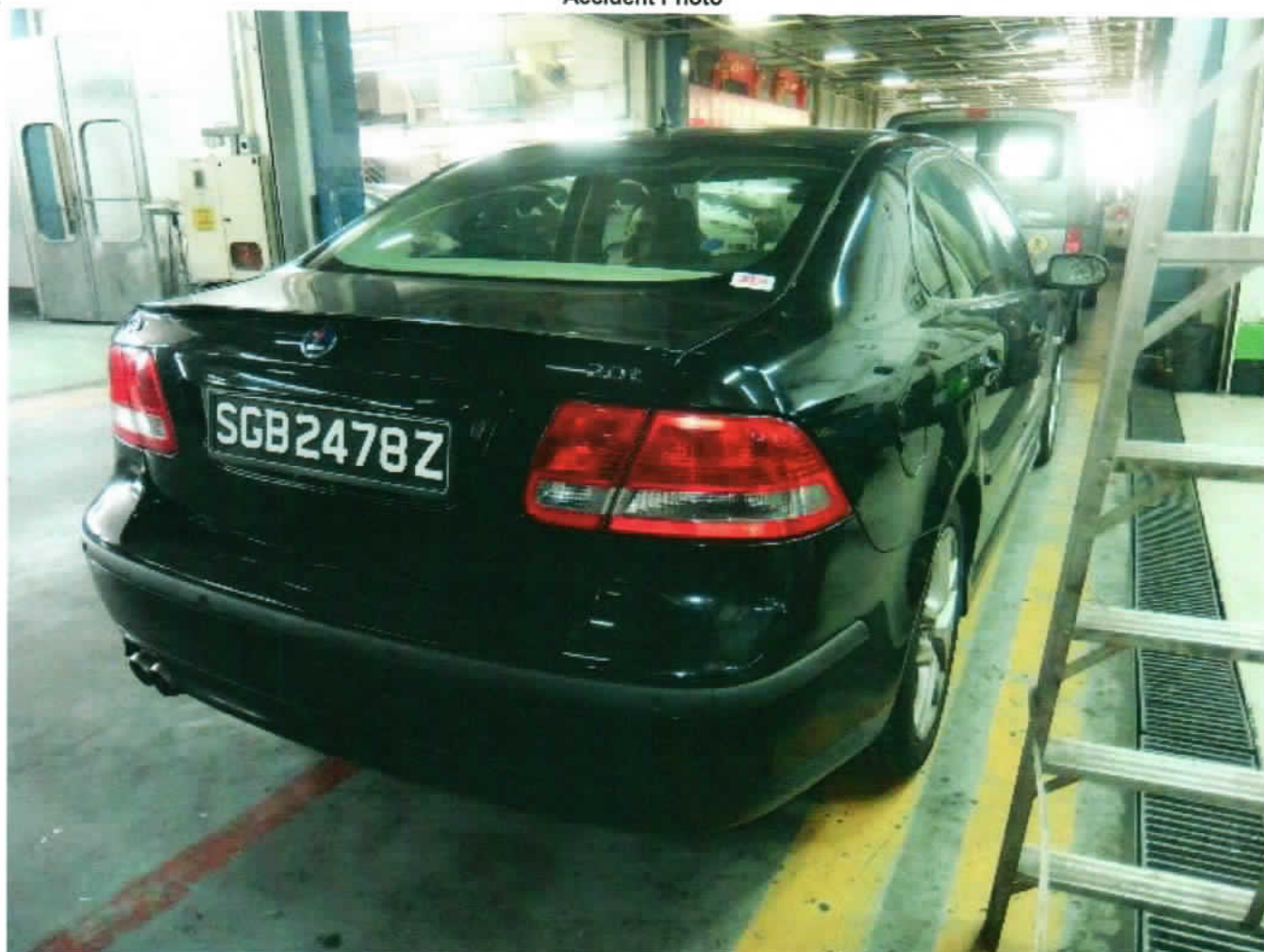
Accident Photo



Accident Photo



Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAAS18049025 Vehicle Registration No: SGB2478Z
Name (as shown in NRIC) : POH THYE MING (MO TAIMING) NRIC/FIN/Passport No : S7103468B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 201D COMPASSVALE DRIVE #11-569 Singapore (544201)
Contact (Tel) : 96889548 Mobile No. : _____
Email Address : D3R3KTM@GMAIL.COM
Date of Accident : 12/04/2018 Time of Accident : 20:05
Place of Accident : UPPER SERANGOON ROAD
Insurance Company: SOMPO INSURANCE SINGAPORE PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Relationship of the Driver with the Insured should be "OWNER".



Policyholder / Driver's Signature
Date: 13/04/2018



ALCORP AUTO SERVICES PTE. LTD.
10 Ang Mo Kio Industrial Park 2A
#03-11 AMK Autopoint
Singapore 569047

Reporting Centre Personnel's Signature
Name: See Jie Yi
NRIC/FIN No.: G2031072 W
Date: 13/04/2018