NATIONAL Assessment Centre	11	wel I Janos) .	i am o	alata d	D'one l	hv.
Date In: 02/11/18	Jeb description		Date &Time Con	pleted	Done	0,
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Vch No: 5647986E	E-mail (within 5	ihrs, AIC 2hrs)			1200011000000	
D.O.A: 02/11/18 1100	i-Motor Clair	n Form	6			
OD / TP (Reporting Only)	i-Motor W/O	(Within: OD 2hrs	7P 4hrs)			
OD TO STEEPONING OIN	i-Photo Uplo:	aded	1			
TP Insurer:	Assessment/Su	rvey Report				
17 Insurer.	Ass't Report by	Fax/Handt	Owner/Wksp			-
Preferred Wksp / INC Assign Wksp / QW: (Tol;	Fax:		
TP Particulars: Veh No: A77	TENBANT ST	ATION/INC (.)/Non-INC()		
Owner / Driver: (Tel:			
Policy No: () Peri	od: ()	Cover Type: (
Confirmed by : (Date:	Time:	D. 00 1000	,	
The second secon			0%; P: 21-79%.	r: 80-100%	0]	
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Drive-In ()/ Towed-In (); Invoice:		0();1	owing Co: (3	CMPRISIAC TOAT	kini
Remarks: (INC holine: 6788 4616)			Date&Time Com	ple of a second	Done	by
	urtesy Car ()		•		
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()				
Injury:					2. 500 / 2	
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Date/Fine Actions	i (militare e e e e e e e e e e e e e e e e e e	SOLEN TO PAYMENT	ST. CHARLES	RECTIONSERVE	SHARK KEY	
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4		AND THE PERSON NAMED IN COLUMN	Reporting (530);	ALAMA CURDA	Carefine	. Morion
laimant's Particulars :-	No.	2) DA : Damage	Assessment (\$100);	INC (\$80) \$40/\$45		
Priver/Owner:		3) TF: Towing F 4) FT: Follow-T	hrough Survey	\$120		
Contact No:	* .	For claiming a	hrough Survey (Resurve	0 Jan 2005)		
amaged Portion:		6) TR: Re-inspe 7) N1: Idao DA	etion	\$75		
Ser i vision		8) NTUC Additi	onal Services:-			
C Checked by (Engr-In-Charge):	à constitution de la constitutio	OD*	Car / Tpt Allowands	\$3		
Constitution of the consti		*N6: Repair C	n-ordination	510 \$25		
uditors' Comments:		*N8: DV / Co	mir Inspection liect Excess Coordinatio	in 55		
of, 1:	the solute and the bet	TP (N11) : TF 9) N12: Idae Mo	(N'in INC) against INC	30		
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1000		Involce dated	Fe	Charged	ALIEN LAND	

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SINGAPORE ACCIDENT STATEMENT

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</u> as possible. Any wilful misrepresentation or witholding 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. 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 consent to the archiving of this report at the centre and to copies of the report being made available
 aforesaid.

atoresaid.	
Specific and the second section of the contract	ACCIDENT STATEMENT
Date Of Report	02/11/2018 15:28
Date Of Accident	02/11/2018 11:00
Exact Location Of Accident	GEYLANG EAST AVE 3 IND PARK(ATTENDANT STATION)
Country/State of Loss	SINGAPORE
Market Charles and	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGG7946E
Insured/Policyholder	
Name Of Registered Owner	CHIN HONG HUA(CHEN FENGHUA)
NRIC No	S7623708E
Email Address	HONGHUAC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96535177
Alternative Phone No	OTHERS-96535177
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	VISIT FRIENDS
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	0100640513-12
Annual Company of the	

n	riv	10	

Cover Note Number

Name of Driver	CHIN KIAN YOONG	
NRIC No	S0091392H	
Date Of Birth	07/01/1939	
Occupation	INDOOR	
Date Of Driving Pass	15/12/1962	
Driving Experience	55 YEARS AND 10 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-96535177	
Fax Number		
Contact Number	HOME-62888020	

EMail Address HONGHUAC@GMAIL.COM

Address

31E JALAN HOCK CHYE

Postcode

538250

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

PARENT

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PROPERTY

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

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

PLS REFER TO THE ATTACHED STATEMENT.

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

Vehicle Make/Model/Colour

Details Of Properties

ATTENDANT STATION

Vehicle Category

NA/UNKNOWN

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.
- 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
- 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:

- (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

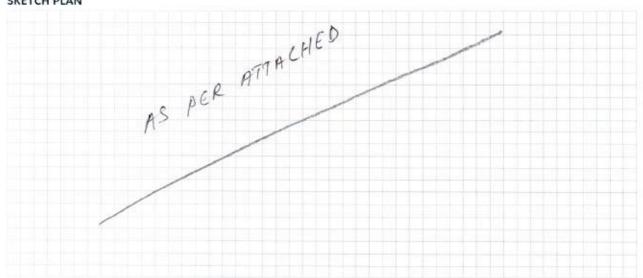
Date & Time:

(If driver is not the policyholder)

Name

NRIC/FIN No .:

2-11-18 4.00pm 2-11-2018 4,00 pm



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCONISTA	INCES OF THE ACCIDENT
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at least	twice. I mistakenly depressed the accelerator on the
moned for	pt to reverte the car, and the car
The cur	hit the extendants station, and the car
Stopped &	bit the parking attation, and the car ortunarily; the parking attendant section was the chy dumaged and no body was hurt.
ADC OVE	The state of the s

DECLARATION

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

Policyholder's Signature
Date & Time:

02/Ø11/18

4-00ph

Driver's Signature
(If driver is not the policyholder)
Date & Time:
02/11/18

4-00pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Google Maps BLK 1066 GEYLANG INDUSTRIAL PARK

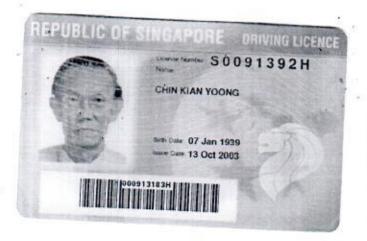


Image capture: Feb 2018 @ 2018 Google

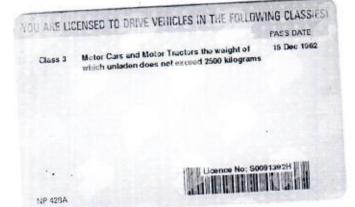
Street View - Feb 2018 Google, Inc.

1 - 5997946E

B - ATTENDANT STATION











CERTIFICATE OF INSURANCE

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder

: Chin Hong Hua (Chen Fenghua)

Period of Insurance

: 23 May 2018 To 22 May 2019

Engine No.

: 3ZZ-4568912

Chassis No.

: MR053ZEC10-7120383

Vehicle No.

: SGG7946E

Policy No.

: 0100640513-12

Endorsement No.

Issued Date

: 26 Apr 2018

ABOUT THE COVER

Driver Restriction

Make/Model

: TOYOTA COROLLA ALTIS 1.6

Engine Capacity/Tonnage: 1,598.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2006

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

: NA

a) the Policyholder b) Any other parson 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.

Age Condition

: 30 years old and above

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 fuition, driving test, racing, pace-making, reliability frial 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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

EXCESS

Fire - \$0 Theft - \$0

Section 2

Property Damage - \$0

Windscreen: NA

Named Driver and Excess (where applicable)

Chin Kian Yoong, Quek Siew Khim, Chin Hong Hua (Chen Fenghua)

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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency holline at +65 6338 6200. 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: HSBC 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 Party Risks and Compensation) Act (Cap. 189), Part IV the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030210458

AIG - AUTO DIRECT

78 SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE