

NATIONAL Assessment Centre Services: [wef 1 Jan'09] MWA118143684

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 7/11/18-11:27 | Job description | Date & Time Completed | Done by |
| Ref No: NA/A161802133/24 | SAS e-filing | | |
| Veh No: JVG1220 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 4/11/18-13:00 | i-Motor Claim Form | | |
| OD TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: JJA29777 | 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% P: 80-100%] | |
| Year of Registration: (| Warranty: YES () / NO () | |
| Excess: (\$ | Loading: \$1,000 () / \$2,000 () | |

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

| Remarks:- (INC hotline: 6788 6616) | Date & Time Completed | Done by |
|---|-----------------------|---------|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury : _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-----------------------|-----------------------|
| NA807258 | Invoice Preparation Checklist | Am't (\$) Inc Bill | Am't (\$) Add Bill |
| Claimant's Particulars:- | 1) AR : Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TP : Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT : Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT : Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2009) | | |
| | 6) TR : Re-inspection \$75 | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11) : TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile \$0 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

Anditors' Comments :-

Sat 1:

Sat 2 / 3:

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 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.
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 | 07/11/2018 11:27 |
| Date Of Accident | 04/11/2018 13:00 |
| Exact Location Of Accident | 200 TURF CLUB CARPARK |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLU9122U |
| Insured/Policyholder | |
| Name Of Registered Owner | BOBBY SNG AIK TIONG |
| NRIC No | S7834924G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81808777 |
| Alternative Phone No | OFFICE-81808777 |
| Vehicle Particulars | |
| Manufacturer | PORSCHE |
| Model | CAYMAN S SPORT |
| 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 | 1800103960 |
| Cover Note Number | |
| Driver | |
| Name of Driver | BOBBY SNG AIK TIONG (BOBBY SUN AIZHONG) |
| NRIC No | S7834924G |
| Date Of Birth | 15/11/1978 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/03/2000 |
| Driving Experience | 18 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81808777 |
| Fax Number | |
| Contact Number | OFFICE-81808777 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 74 WHAMPOA DRIVE #04-324 |
| Postcode | 320074 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| 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) | 0 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | SERANGOON GARDENS NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: 51 SERANGOON GARDEN WAY , POSTCODE: 555947 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2879999 - FAX NO: 62815969 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20181104/2056.

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 Witness 1

| | |
|---------------|----------|
| Name | MR KOH |
| Phone Number | 93371645 |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHA2977T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

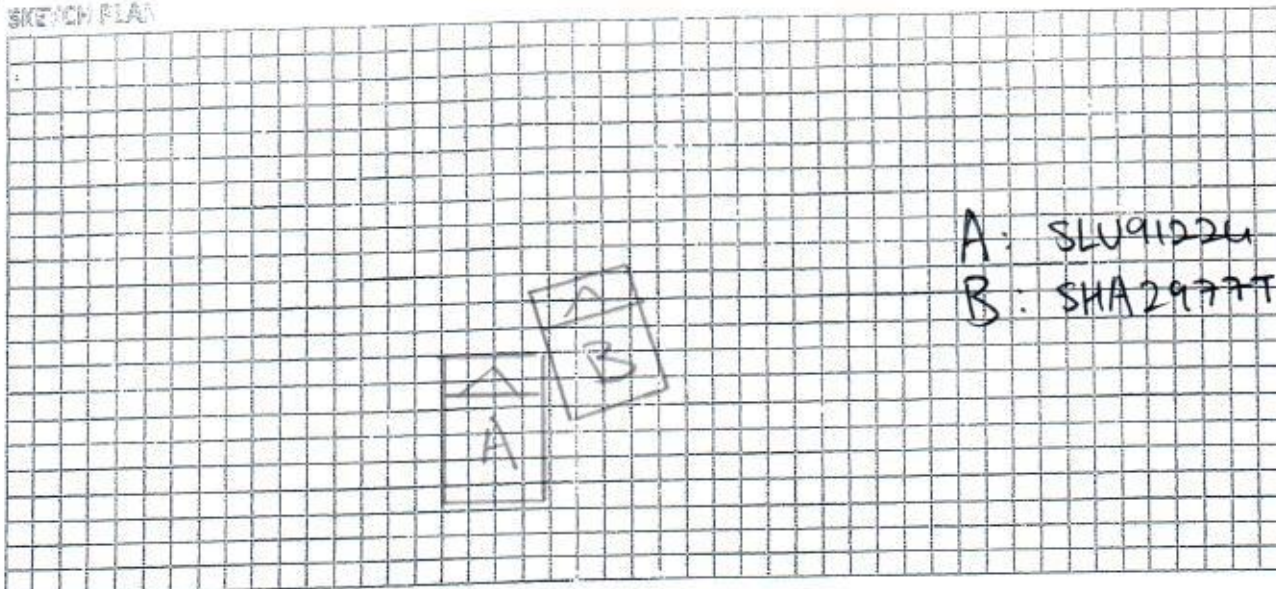
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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:

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

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

SKETCH PLAN



A: SLU9122L
B: SHA2977T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
T/2018/1104/2056

DECLARATION

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ◆ Complete and submit this form to the individual insurance authorised reporting centre.
- ◆ Please report correctly on the details of the accident to speed up the claim process.
- ◆ This form must be filled up by the policy holder and/or authorised driver.
- ◆ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ◆ 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 traffic police department for investigation.

ACCIDENT DETAILS

| | | |
|----------------------------|-------------------------|------------|
| Date of accident | 04/11/18 | (DD/MM/YY) |
| Time of accident | 1300 | (HH:MM) |
| Exact location of accident | 200 Turf club, car park | |

DETAILS OF VEHICLE

| | | | |
|--|--|---|---|
| Vehicle registration number | SLU91224 | | |
| Vehicle make and model | Porsche Cayman | | |
| Type of vehicle | Saloon <input checked="" type="checkbox"/> | MPV <input type="checkbox"/> | CRV <input type="checkbox"/> Van <input type="checkbox"/> |
| | Lorry <input type="checkbox"/> | Bus <input type="checkbox"/> | Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category | Private <input checked="" type="checkbox"/> | Commercial <input type="checkbox"/> | Motorcycle <input type="checkbox"/> |
| Purpose of using at said time | | | |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | If no, please select: |
| | Third part claim <input checked="" type="checkbox"/> | Reporting only <input type="checkbox"/> | |

INSURANCE INFORMATION

| | | | |
|-------------------|--|---|----------------------------------|
| Insurance company | AIG | | |
| Policy number | | | |
| Type of policy | Comprehensive <input type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

INSURED / POLICY HOLDER

| | | | |
|------------------------------|---|--|---------------------------------|
| Name | Bobby Sng Aik Tiong | Male <input checked="" type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S7834924G | | |
| Contact | 81808777 | | |
| Address | Blk 74 Whampoa Drive #04-324 S(320074) | | |

DRIVER

SAME AS INSURED ABOVE ☒ (SKIP TO D.O.B)

| | | | |
|------------------------------|--|--|---------------------------------|
| Name | | Male <input checked="" type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | | | |
| Contact | | | |
| Address | | | |
| Email address | Sngbobby@gmail.com | | |
| Date of birth | 15/11/1978 | | |
| Occupation | Indoor <input checked="" type="checkbox"/> | Outdoor <input type="checkbox"/> | |
| Driving date pass | 10/03/2000 | | |

| | | |
|--|--|---|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If no, relationship of the driver and insured: <u>owner</u> |
| Accident captured by camera? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ | |
| Road surface | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> | |
| No of passenger | <u>0</u> | (Inclusive of driver) |

| PASSENGER 1 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 2 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 3 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 4 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 5 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 6 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| OTHER INFORMATION | |
|----------------------------|---|
| Was anybody injured? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| DETAILS OF POLICE ACTION | |
|--------------------------|--|
| Reported to police? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station. |
| Police station name | <u>Serangan Gardens NPP</u> |

| WITNESS 1 | |
|-----------|--|
| Name | |

| WITNESS 2 | |
|-----------|--|
| Name | |

| | |
|------------------------------|-----------|
| Vehicle registration number | SHA 29777 |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 2 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 3 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 4 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 5 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 6 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 7 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| INJURED PERSON 2 | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| INJURED PERSON 3 | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| INJURED PERSON 4 | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| INJURED PERSON 5 | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| INJURED PERSON 6 | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



**SINGAPORE
POLICE FORCE**



T/20181104/2056

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947

Tel No: 1800-2879999

1 of 3

Report No. T/20181104/2056

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 04/11/2018 15:26 | | Vide Report No.: E/20181104/0121 | | Station Diary No.: 12 | |
| Informant's Particulars | | | | | |
| Name of Informant: BOBBY SNG AIK TIONG | | | Address: APT BLK 74 WHAMPOA DRIVE #04-324 SINGAPORE 320074 | | |
| ID Type / ID No.: NRIC NO / S7834924G | | | Contact No.: Home/Office: Mobile: 81808777 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 39 | Date of Birth: 15/11/1978 | Type of Informant: Vehicle Owner | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: HOUSING AGENT | | | Driving Licence Information: Class: Date of Expiry: | | |

| | | | | |
|--|---------------------------|----------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 04/11/2018 13:00 | Type of Location: Car Park |
| Location: Along Road 1 TURF CLUB ROAD 200 Turf Club, Car Park | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: No |

| | | | | | | |
|------------------------------------|------|------|-------|-------|-----------|-----------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SHA2977T | Car | | | | | 0 |
| SLU9122U | Car | | | | | 0 |



**SINGAPORE
POLICE FORCE**



T/20181104/2056

2 of 3

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

Report No. T/20181104/2056

CONTINUATION OF REPORT

Brief Details.

On 04/11/2018 at about 0945hrs, I parked my car, SLU9122U at the car park near Kidzland at the Grand Stand. Everything was in tact. At about 1300hrs, I went to my car when I saw Traffic police standing beside my car and that was when I saw my right front portion bumper came out a bit, scratches and dent. After which he told me that a witness called for them and told that me that a taxi SHA2977T, hit onto my car and left the place. After he took a statement from me, he gave me a note and advised me to report the matter to my insurance company to claim insurance. I wish to state that the witness is one namely, Mr Koh, HP: 93371645, and he left a note on my windscreen and assisted to called for police.



SINGAPORE
POLICE FORCE



T/20181104/2056

3 of 3

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

Report No. T/20181104/2056

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:

F-1
Sgt 2 TEO JING XIAN

Singapore Police Force

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

04/11/2018 15:26

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7834924G



Name

BOBBY SNG AIK TIONG
(BOBBY SUN AIZHONG)

孙艾忠

Race

CHINESE

Date of birth

15-11-1978

Sex

M

S7834924G

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7834924G

Name

BOBBY SNG AIK TIONG
(BOBBY SUN AIZHONG)

Birth Date 15 Nov 1978

Issue Date 23 Jul 2014



002328660C

5338762



NRIC No: S7834924G



Date of issue

23-07-2014

APT BLK 74 WHAMPOA DRIVE #04-324
SINGAPORE 320074

NRIC No: S7834924G

Date: 18/07/2018

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 27 May 1999
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 10 Mar 2000

NP 428A



Licence No: S7834924G



CERTIFICATE OF INSURANCE

ELITE AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : BOBBY SNG AIK TIONG
Period of Insurance : 06 Sep 2018 To 10 Sep 2019
Engine No. : 66802661
Chassis No. : WPOZZZ98Z8U773697

Vehicle No. : SLU9122U
Policy No. : 1800103960
Endorsement No. :
Issued Date : 05 Sep 2018

ABOUT THE COVER

Make/Model : PORSCHE CAYMAN 3.4 [Sports]
Engine Capacity/Tonnage : 3,387.00 CC
Driver Restriction : Named Driver Basis
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2009
Insuring with COE/PAF : Yes

a) The Policyholder
b) Any person who is named as a "named driver" under this Policy.

Age Condition : Not Applicable
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. 189) and Section 65 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - \$5000 Outside Singapore Cover - \$10000 Own Damage - \$5000 Theft - \$5000 Theft Outside Singapore Cover - \$10000 Flood Cover - \$5000

Section 2
Property Damage - \$0

Windscreen : \$500

Named Driver and Excess (where applicable)

BOBBY SNG AIK TIONG - \$10000 (Outside Singapore Cover) \$10000 (Theft Outside Singapore Cover) \$5000 (Fire) \$5000 (Own Damage) \$5000 (Theft), \$5000 (Flood Cover)

APPROVED REPORTING CENTRES/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).
For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. 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: NA

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

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ALLINK INSURANCE AGENCY
BLK 153 BUKIT BATOK ST 11 #02-290
SINGAPORE 650153

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mobile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

See Khiam Jennifer Lim