NATIONAL Assessment Centre Services. por 130001. MNA 118155132. Done by Date & Time Completed Date In: Jeb description 30/11/18 14:36 Rel No. SAS c-filing NAI AIG1802160614. E-mail (within this, AIC 2hrs) Veh No: SGY 2882T i-Motor Claim Form DOA : 30111118. 11:20 . I-Motor W/O (Within; OD 2his, TP 4brs) OD / Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Tol: Face Proforred Wksp / INC Assign Wksp / QW: ( )/Non-INC ( INC ( TP Particulars: Veh No: SHA 1020K. Owner / Driver: ( Tcl: ) Cover Type: ( Policy No: ( Period: ( Time: Confirmed by: ( Date: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 30-100%] Insured/Driver Liability: ( )/NO( Warranty: YES ( Year of Registration: ( Excess: (\$ Loading: \$1,000 ( )/\$2,000 ( General Remarks ) Walk-In Customer's Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mall Insurer URGENTLY. Drive-In ( ); Towing Co: ( )/Towed-In ( ); Invoice: YES ( ) / NO ( Remarks: 4 (INC hothue) 6788 6616) 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection .) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Date/Lime Malie MA1807825 1) AR : Accident Reporting (530); Chumant's Particulars :--> NC (550) 2) DA : Demage Assessment (5100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) PT : Follow-Through Survey (Resurvey) Contact No: Por claiming against INC Only (wef 10 Jon 200) \$75 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): 53 \* NS; Courtesy Car / Tpt Allowance 510 \* N6: Repair Co-ordination 523 \*N7: Post Repair Inspection Auditors Comments :-22 \*NR: DV / Collect Excess Coordination TP (N11): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idao Mobile Fee Charged Involve dated 10 2 / 3; MOTIN Fee Charged Involce dated

5 - per 65 1 - 22

### 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 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.
  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.

	ACCIDENT STATEMENT
Date Of Report	30/11/2018 14:36
Date Of Accident	30/11/2018 11:20
Exact Location Of Accident	LOR 6 TOA PAYOH
Country/State of Loss	SINGAPORE
CONTRACTOR OF THE PROPERTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGY2882T
Insured/Policyholder	
Name Of Registered Owner	LAU LEE CHEN (LIU LICHENG)
NRIC No	S7105562J
Email Address	HUCKFRIEND1@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-86868366
Alternative Phone No	OFFICE-86868366
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250
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	2100190957-08
Cover Note Number	9-
Driver	
Name of Driver	LAU LEE CHEN (LIU LICHENG)
NRIC No	S7105562J
Date Of Birth	20/02/1971
Occupation	INDOOR
Date Of Driving Pass	09/11/1990
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86868366
Fax Number	
Contact Number	OFFICE-86868366
EMail Address	HUCKFRIEND1@HOTMAIL.COM

Address 6 JLN BELIBAS

Postcode 578658

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

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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? YES
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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : TAN SOEK KEE

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

### Circumstances of Accident

I WAS TRAVELLING ALONG LOR 6 TOA PAYOH WHILE APPROACHING A BUS STOP, VEH INFRONT OF ME STOP, AS SUCH I FOLLOW TO STOP. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED THE TAXI FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

### Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES

Remarks/ Reasons: HAVENT RETRIEVE

Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHA1020K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

### No. Of Passenger (Including Driver)

	DETAILS OF INJURED PERSON 1
Name	TAN SOEK KEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGY2882T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

### SKETCH PLAN

### 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.
- 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.
- 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)

lunderstand, 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 pu
  - 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.

Policybolder Signature

Date & Time:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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1000					A =	SGY	28827
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A		Lor	G	TOR	Payoh.		

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	40	Statement
			1

the foregoing particulars are true in every respect.

Policyholdens Signature Daye & Time:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7105562J





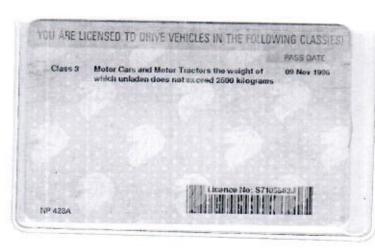
LAU LEE CHEN (LIU LICHENG) 刘礼诚 RACK CHINESE Date of District See 20-02-1971 M

SINGAPORE











# CERTIFICATE OF INSURANCE

### MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder

: Lau Lee Chen (Liu LiCheng)

Period of Insurance

: 09 Feb 2018 To 08 Feb 2019

Engine No. Chassis No. : 27186030018774 : WDD2073472F028114 Vehicle No.

: SGY2882T

Policy No.

Issued Date

: 2100190957-08

Endorsement No.

: 01 Feb 2018

### ABOUT THE COVER

Make/Model

MERCEDES BENZ E250 CGI BE COUPE

Engine Capacity/Tonnage : 1,796.00 CC

Sum Insured : Market Value

First Year of Registration : 2010

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : Yes

### Person or Classes of Persons Entitled to Drive\*:

at The Policyholder

D) 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 "Inexpendenced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving expenience.

Age Condition

: 40 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 tuition, driving test, racing, pace-making, reliability trial or policy for any purpose in connection with Motor Trade.

Loss of Use 2000cc

Limitations randered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 96 of the Road Transport Act, 1987 (Malaysia), are not to be

Fire - \$1/ Own Damage - \$1000 Theft - \$0 Flood Cover - \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Lau Lee Chen (Liu LiCheng) - \$1000 (Own Damage)

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

LEuring Bernice Center (For accident repairing only). Add. 330 Ubi Road 3 Singapore 408650 67412336. 3 Pandan Loop Service Center – Body Care & Repair (For accident repair & accident reporting). Add. 188 Pandan Loop Singapore 128378 67778388.

For other Approved Reporting CantrewAlG Authorised Repairers, please contact our 24-hour accident emergency hottine at +65 6335 6200. Alternatively, you may refer to AlG website www.arg.com.sg or AlG SG Mobile App. Simply search and download "AlG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

In/No memby 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).

0500660332

CYCLE & CARRIAGE - ATAY 239 ALEXANDRA ROAD SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE