NATIONAL Assessment Centre	Services per various	MNA 118165690	
	Jeb description	Date &Time Completed	Done by
Ref No: NAI AIG 18023 - 89/44.	SAS c-filing		
Vch No. SEW 3384H	E-mail (within 5hrs, AIC 2hrs		
D.O.A : 24 (12 18 21:00.	i-Motor Claim Form		
	I-Motor W/O (within; OD :	Zhrs, TP (hrs)	-
OD : TP : Reyoung Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Repor		1 147
	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (A THE PROPERTY OF THE PARTY OF	Tol: F	ıx:
TP Particulars: Veh No: 521	8532× . INC	()/Non-INC()	47
Owner / Driver: (-		Tcl:)
Policy No: () Period	: () Cover Type: ()•
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note	-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-10	00%]
	ranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000 (··
General Remarks, S.			Cor Si
() Walk-In Customer: Customer's informa	tion strictly Confidential &	Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insurer U	RGENTLY.	No. 1.3	-
Drive-In ()/ Towed-In (); Invoice: Y		Towing Co:	,)
Cemarks: 4 (486-160) acc 6788 6616) 812		Bull Diese Tame Coloride 547 P.	Doneby
	lesy Car ()		
2) QC Check / Post Repair Inspection	(·)		
3) Upload Resurvey Photo [Repair Cost > \$3000] () .		
Injury:			
A CONTRACTOR OF THE CONTRACTOR	Tarihin kana en de en antanten a	alkanianaki estapen estapinak	Page 1 depart of the
Dutertime (Actions	il de la constant de		MEGADAT
		,	
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MAIS	0 8531 1) AR: Accide	经经济的 经现代的 化二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二	30.00
Claimant's Particulars :- (7)	2) DA : Dames	o Assessment (5100); INC (530)	
Driver/Owner:	3) TF : Towing 4) FT : Follow-	Through Survey \$1	20
Contact No:	5) FT : Follow-	Through Survey (Resurvey) 5 against INC Only (wof 10 Jan 2005)	30
Damaged Portion:	6) TR : Re-insp	section 3	75
	7) NI : Idao DA 8) NTUC Addi	A + SMRT Survey	60
C Checked by (Engr-In-Charge):	OD:		23
6	•NG: Repair	Co-ordination 5	10
Auditors Comments:			53
at. 1:	TP (NII): 7	P (Non INC) against INC 5	30
at 2/3;	9) N12: Ideo M Involve dated	Pee Charged	21/1/2017 (2)
	Javolce dated	Fee Charged	CATES IT SN

1 . p./t. c1 / .30

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.
- 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	26/12/2018 14:36	
Date Of Accident	24/12/2018 21:00	
Exact Location Of Accident	JUNC OF HOUGANG AVE 10 & BUANGKOK DR	
Country/State of Loss	SINGAPORE	
C	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFA3389H	
Insured/Policyholder		
Name Of Registered Owner	LAY JACKSON KUET NHANG	
NRIC No	S2186375J	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-92331969	
Alternative Phone No	OFFICE-92331969	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	S400L BE SEDAN	
Exact Purpose for which vehicle was being used at ime of accident	(CSAC)	
Are you claiming under your own insurance policy or repair to your vehicle?	NO	
f No, Please state action to be taken	REPORTING ONLY	
/ehicle Category	PRIVATE CAR	
nsurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
ype Of Coverage	COMPREHENSIVE	
leet Policy	NO	
Policy Number	2100402638-03	
Cover Note Number	*	
Oriver		
lame of Driver	KOK YUET LENG	
IRIC No	S1684185D	
ate Of Birth	17/05/1965	
Occupation	INDOOR	
ate Of Driving Pass	11/09/1990	
riving Experience	28 YEARS AND 3 MONTHS	
ender	FEMALE	
lobile Number	(LOCAL) +65-98163545	
ax Number	5000 are 0000 files 0000 (file 5000 file 500)	
ontact Number		
Mail Address	YUETLENG@SINGNET.COM.SG	

Address 93 AROOZOO AVE

Postcode 539850

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - U-TURN

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Was there any audio recorded?

Vehicle Registration Number

SLV8532X

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)

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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)
 - (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
- 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.
- 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

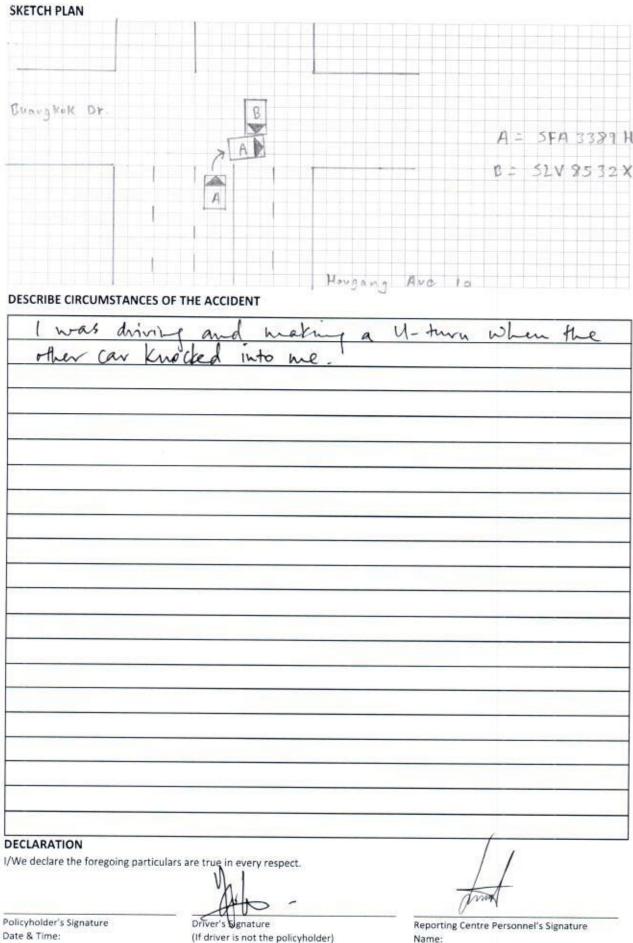
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



Date & Time:

(If driver is not the policyholder)

Date & Time:

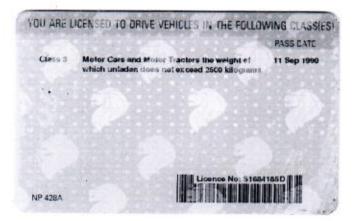
NRIC/FIN No.:

ACCIDENT STATEMENT

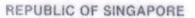
LOC	CATION: June of Housang Ave 10 & Buangkok br.
	1. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: SFA 3389 H
	b)INSURANCE COMPANY: AIG.
	c)POLICY NUMBER:
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:
	f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME: Private USE
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER Nhang 1233
	A)NAME: LAY JACKSON KYC + NE (MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:CONTACT: 9816 3545.
9 8	CJADDINESS.
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
The of passenge Concluding driver	B. DRIVER
(Included)	a) NAME: Kok Yuet Leng. (MALE / FEMALE)
concluding aniver	b)NRIC/FIN/PASSPORT: CONTACT: 9
(1)	c)ADDRESS:
	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)
5	e)OCCUPATION: (INDOOR / OUTDOOR)
	f) YEARS OF DRIVING EXPRERIENCE:
4	. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
2	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse
5	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
F	b)ROAD SURFACE: (DRY / WET / OTHERS)
	WAS ANYBODY INJURED (YES / NO)
×	a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
8	THIRD PARTY VEHICLE
4 No of passenger	a) VEHICLE NUMBER: SLV 8532 X MODEL:
	b) DRIVER'S NAME:
Man and the second seco	c) NRIC/FIN/PASSPORT: CONTACT:
() 9.	
* No of passenger	d) VEHICLE NUMBER:MODEL:
(Including drive	f) NRIC/FIN/PASSPORT:CONTACT:
()	
112.00 00 06	5 39 850
1 AND THE STATE OF	
uniting CI by	today.
-	email = Yuetleng@singnet.com.sg
	fax = 62816293
	VIDEO =
	VIDIO











IDENTITY CARD NO. \$2186375J





LAY JACKSON KUET NHANG



Race CHINESE

Date of birth 12-01-1964



Country of birth



AUSTRALIAN 15-01-2010

93 AROOZOO AVENUE SINGAPORE 539850



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder Period of Insurance

: Lay Jackson Kuet Nhang : 12 Feb 2018 To 11 Feb 2019

Engine No. Chassis No.

: 27682430140396 : WDD2221652A133361

Vehicle No. Policy No.

: SFA3389H : 2100402638-03

Endorsement No.

Issued Date

: 11 Jan 2018

ABOUT THE COVER

Make/Model

MERCEDES BENZ S400L BE SEDAN

Engine Capacity/Tonnage : 2.996.00 CC

Sum Insured : Market Value

First Year of Registration : 2015

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF

Person or Classes of Persons Entitled to Drive*:

a) the Policyrology 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 heishe 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 tution, 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 2000cc

* Limitations reindered 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 Own Damage - \$2000 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Lay Jackson Kuet Nhang - \$2000 (Own Damage)

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

Euros Service Center (For accident reporting only). Add: 330 Uto Road 3 Singapore 408650 67412338.
 Pandari Loop Service Center – Body Care & Repair (For accident repair & accident reporting). Add: 188 Pandari Loop Singapore 128378 67778388.

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour eccident emergency hotline at +65 8338 8200, Alternatively, you may refer to AIG website www.aig.com.ag or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific 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 of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500660413

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

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE