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Owner / Driver: (Tel:			
Policy No: ()	Period: ()	Cover Type: (-
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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	26/12/2018 13:53		
Date Of Accident	26/12/2018 08:50		
Exact Location Of Accident	UPPER SERANGOON ROAD INFRONT OF HALFWAY HOUSE		
Country/State of Loss	SINGAPORE		
CAR CONTRACTOR OF THE PARTY OF	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	SDE3131L		
Insured/Policyholder			
Name Of Registered Owner	AGNES KWEK CHOON ENG		
NRIC No	S1752135G		
Email Address	AGNESKWEK77@GMAIL.COM		
Mobile Phone No.	(LOCAL) +65-97857618		
Alternative Phone No	OTHERS-96383189		
Vehicle Particulars			
Manufacturer	тоуота		
Model	COROLLA ALTIS-1.6 L CVT (A)		
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	REPORTING ONLY		
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	2100422359-03		
Cover Note Number			
Driver			
Name of Driver	KWEK THIAN TIONG @ MICHAEL KWEK		
NRIC No	S0001431A		
Date Of Birth	21/06/1942		
Occupation	INDOOR		
Date Of Driving Pass	17/03/1961		
Driving Experience	57 YEARS AND 9 MONTHS		
Gender	MALE		

(LOCAL) +65-97857618

AGNESKWEK77@GMAIL.COM

OTHERS-96383189

Address

31C LOWLAND ROAD

Postcode

547426

PARENT

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

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?

Details of Police Action

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

SHB5448D

Vehicle Make/Model/Colour

TOYOTA

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)

SKETCH PLAN

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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

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:
 - 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:
 - 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.:

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: 26/15/18

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

ACCIDENT STATEMENT ACCIDENT DATE: 126/12/2018 (DD/MM/YYY), TIME: L LOCATION: Upper Serrycan Rd 1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SDE 313 b)INSURANCE COMPANY: CIPOLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) Wyoler e)MAKE & MODEL: I)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (XES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: TIMALE / FEMALE b) NRIC/FIN/PASSPORT: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ANO of passanga DRIVER Kindele (Including driver) a) NAME: b) NRIC/FIN/PASSPORT: CADDRESS: "d) DATE OF BIRTH: (_ J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) FIDATE OF DRIVING PASC 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b)ROAD SURFACE: [DRY / WET / OTHERS] 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES! NO) IF YES, PLEASE STATE WHICH POLICE STATION

8. THIRD PARTY VEHICLE 4 No of passenger

(Including driver)

VEHICLE NUMBER b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT

CONTACT:

THIRD PARTY VEHICLE * No of passenger VEHICLE NUMBER

e) DRIVER'S NAME:

(Including driver) f NRIC/FIN/PASSPORT

VIDEO

REPUBLIC OF SINGAPORE IDENTITY CARD NO. SOOO1431A





KWEK THIAN TIONG @MICHAEL KWEK





CHINESE

Diste of birth 21-06-1942 Country/Place of both SINGAPORE





5658399



Date of leave 23-09-2016

31C LOWLAND ROAD SINGAPORE 547428

NRIC No.: \$8001431A

Date: (2)12/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FULLOWING CLASS!

Class 28 Motorcycles not exceeding 200 cc
Class 24 Motorcycles between 501 cc and 400 cc
Class 2 Motorcycles exceeding 400 cc
Class 2 Motorcycles exceeding 400 cc
Motor Care and Motor Tractics the weight of
which unleden does not exceed 2500 kilograms

FASS DAT

24 Oct 1962 24 Oct 1962 24 Oct 1962 17 Mar 1961



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Kwek Choon Eng Agnes : 24 Jul 2018 To 23 Jul 2019

Period of Insurance Engine No.

: 1ZRX527592

Chassis No.

: MR053REH104537652

Vehicle No.

: SDE3131L

Policy No.

: 2100422359-03

Endorsement No.

Issued Date

: 23 Jul 2018

ABOUT THE COVER

Make/Model

: TOYOTA COROLLA ALTIS 1.6 DUAL

Engine Capacity/Tonnage : 1,598.00 CC

Sum Insured : Market Value

First Year of Registration : 2015

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : 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 end/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 tuttion, 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 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$0 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Kwek Choon Eng Agnes

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vahicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singepore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. For other Approved Reporting Centrastyl Authorised Repairers, please contact our 24-hour accident emergency holline at +65 6336 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: HONG LEONG FINANCE LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is lesized 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 (Maleysia) and Motor Vehicles (Third Party Risks Rules, 1989 (Maleysia).

0691714000

KWEK CHOON ENG AGNES 371 ALEXANDRA ROAD #10-20 AIA ALEXANDRA SINGAPORE 159963 SP-AUDREYLAU Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

SSPJVZ